

# Inspection Report

25 June 2021



## The Laurels' Day Centre

Type of service: Day Care Setting  
Address: Dromalane Road, Newry, BT35 8AP  
Telephone number: 028 3026 1570

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Southern Health &amp; Social Care Trust(SHCST)</p> <p><b>Responsible Individual:</b> Mr Shane Devlin</p>	<p><b>Registered Manager:</b> Mrs Paula Margaret Farrell– acting, no application required</p> <p><b>Date registered:</b> - acting</p>
<p><b>Person in charge at the time of inspection:</b> Assistant Manager</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>The Laurels' is a Day Care Setting with 78 places that provides care and activities for people with learning difficulties. The service operates Monday to Friday.</p>	

## 2.0 Inspection summary

An announced inspection took place on 25 June 2021, from 09.30 to 11.30 am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service
- Reviewing a range of relevant documents, and policies and procedures relating to the day care settings governance and management arrangements

#### 4.0 What people told us about the service

We spoke to staff including the manager. Due to Covid-19 restrictions and the reduced number of service users' involved in individual groups we were unable to meet face to face. However, we provided a number of questionnaires to service users and or relatives to facilitate them to provide comments on the quality of service provision. We observed a variety of activities and good communication between staff and service users.

The returned questionnaires show good satisfaction levels. We noted some of the comments received:

- "All the staff at the Laurels are very pleasant and helpful."
- "You can ring them at any time and they are able to accommodate your needs."

No staff comments were received from the electronic survey prior to the issue of this report.

Comments received during the inspection process:

##### Staff comments:

- "Good communication."
- "My induction was comprehensive and I had good support from all staff."
- "We provide a wide range of activities."
- "Training is good."
- "Supervision is regular with managers."
- "The manager is excellent and has an open door policy."
- "We feel safe and secure with Covid-19 guidance."

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to The Laurels' Day Centre was undertaken on 11 June 2019 by a care inspector.

All areas of the Quality Improvement Plan (QIP) have been reviewed and were met satisfactorily.

<b>Areas for improvement from the last inspection on 11 June 2019</b>		
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	<p>The registered person shall ensure the fire risk assessment is reviewed within the stated timeframes. The date of the review should be detailed in the returned QIP.</p> <p>Ref: 6.4</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The fire risk assessment was in place and available for review. Satisfactory.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (b) (e)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	<p>The registered person shall ensure that prior to the admission of a service user to the day centre:</p> <p>(a) The day care setting has obtained an up to date assessment.</p> <p>(b) The day care setting is appropriate to meet the service user's needs.</p> <p>Ref: 6.5</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed a number of risk assessments in place. Satisfactory.</p>	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 14 (1) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2019	<p>The registered person shall ensure that;</p> <p>(a) Risk assessment and safety plans are in place for service users who presented with challenging behaviour.</p> <p>(b) Risk assessments are personalised and include information specific to each person and their needs and detail the level of supervision the service user requires.</p> <p>Ref: 6.5</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed a number of risk assessments in place. Satisfactory.</p>	<b>Met</b>

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2019	The registered person shall ensure that the officer undertaking monthly monitoring visits reports on action taken to minimise a re-occurrence of accidents/incidents and ascertains if an risk assessment and/or a safety plan where necessary is in place.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A number of monthly monitoring reports were reviewed and were in line with the standard. Satisfactory.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The ASC Position report was not available for review; however the manager will contact the HSC Trust and update information that will inform RQIA.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting has a system for recording referrals made to the SHSCT adult safeguarding team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

The day care setting has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported to RQIA since the last inspection.

All staff had completed DoLS training appropriate to their job roles, records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

### 5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the NISCC, It was noted that two staff are registered with the Nursing and Midwifery Council (NMC). Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training, and staffing arrangements. The manager discussed the current report format and details of the plans to review the engagement process with the senior manager and update the format.

We noted some of the comments made by service users; relatives, staff and HSCT staff during the monthly quality monitoring:

#### Service users:

- "I feel happier meeting my friends again."
- "I like the Laurels'."
- "Nothing I'm unhappy with."

**Staff:**

- “Staff support each other.”
- “I’m happy with the safety measures in place.”
- “We work well together.”

**Relatives:**

- “I would be lost without the centre.”
- “Happy with the centre.”
- “\*\*\*\*\* is so happy to see friends.”

**HSC Staff:**

- “The staff are always well prepared.”
- “Staff work very hard with IPC guidelines.”
- “Happy with communication.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the centre had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users’ dysphagia needs; this was to ensure that the care provided to service users was safe and effective. Staff were aware of the procedures in place regarding SALT guidance.

Staff described their role in relation to reporting poor practice and their understanding of the centres policy and procedure on whistleblowing.

It was established during discussions with the manager person in charge that the centre had not been involved in any Serious Adverse Incidents (SAI’s)/Significant Event Analysis’s (SEA’s) or Early Alert’s (EA’s).

The annual provider report as required by Regulation 17 was available for review. The day care setting completed an annual Quality Survey in 2020 and we have noted some of the comments from relatives highlighting the quality of service provision:

- “I think the staff are all very pleasant at the Laurels. They have done their utmost best during this trying time; to keep things as normal, and as fun as they can.”
- “XXXX, XXXXXX and all the staff have been so welcoming towards my daughter. Her whole mood has changed since she started at the Laurels and she is getting back to her friendly self. Thank you.”
- “Communication is excellent with the key worker. The drivers and guide helps are always friendly and show great respect to the service user.”
- “I would just like to add that my daughter loves the Laurels and her mood and general overall wellbeing has improved dramatically. She is very happy at the Laurels.”

- “My son loves the Laurels; he was so devastated when it closed. He missed his key worker and the friends he has made. I know at times it can be difficult, but they do a great job.”
- “I am delighted that day care services have been able to reopen. My family member who is a service user experienced many emotions during lockdown and it was clear that he missed the connection of attending day care. Thank you.”

It was positive to note that all annual care reviews had been completed and the day setting must be commended for their actions. We noted some of the comments from service users during their review:

- “I love coming to the Laurels’.”
- “I look forward to new people.”
- “It’s like a family.”
- “I feel safe here.”
- “The laurels’ is good.”

## 6.0 Conclusion

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

## 7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified during this inspection.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Manager as part of the inspection process and can be found in the main body of the report.





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