

Inspection Report

Name of Service: Laurelhill House

Provider: South Eastern Health and Social Care Trust

Date of Inspection: 24 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mrs Glynis Ellison
Service Profile –	
This home is a registered residential care home which provides health and social care for up to 30 residents living with dementia. The home is separated into two units. There are a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 July 2025, between 9.40 am and 5.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of this report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection, four areas for improvement were assessed as having been addressed by the provider. One regulation was not met and will be stated again for a second time. One standard has been carried forward for review at a future inspection.

RQIA met to discuss one repeated area for improvement that had been partially met; an improvement notice was considered to further drive these improvements and embed this into practice, however this was not deemed proportionate at this time. This area for improvement has been subsumed into two regulations. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents who were able to make their wishes known provided positive feedback about their experiences residing in the home. Some of the comments shared included, "I'm very happy, the people are all friendly and good" and "the staff are lovely." Residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

Visitors and relatives spoken with provided positive feedback about care delivery in the home and their relatives experiences. Some of the comments shared included, "mum is thriving since she came in here" and "it is absolutely brilliant in here, it feels like a community. The staff are so patient."

It was observed that residents were able to choose how they spent their day. For example, residents could have a lie in or go up to the lounge to sit with other residents and watch TV.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing for support workers and care staff in the home.

The systems in place for the recruitment of support service staff continued to require further improvements. There was evidence that pre-employment checks were completed by the support services staff line manager. However, these records were not held on site and did not evidence the home manager's review or oversight of these checks.

There was no evidence that inductions had been completed for support service staff working in the home. Assurances were provided these had been completed with their support service line manager. This area for improvement was stated for the first time on 14 June 2023.

The previous area for improvement has been partially met and the elements of this that have not been met have been subsumed into two new regulations.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Discussion with staff confirmed that they attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Some staff commented that only designated staff were trained and authorised to administer fluid thickening agents. The importance of having contingency arrangements was discussed with the manager.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard advising of future events. This required updating in the Maple unit, the manager provided assurances this would be updated.

Residents' needs were met through a range of individual and group activities such as jigsaw puzzles, wellness exercises, reminiscence with music and hand massage.

3.3.3 Management of Care Records

The manager confirmed, a suitably qualified member of staff assessed residents' needs at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents' care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care.

There was evidence of gaps in records regarding resident's engagement in activities. The manager provided assurances this will be addressed with staff and actions taken as appropriate. Daily progress notes required further detail regarding care delivery for residents. The manager provided assurances regarding the actions in place to address this with staff.

3.3.4 Quality and Management of Residents' Environment

The home was clean, neat and tidy. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were warm and comfortable. There was evidence of refurbishments that continued to be required across the home. For example; paintwork and handrails requiring attention. A time-bound refurbishment plan was submitted to RQIA in writing following the inspection, which outlined and detailed the plans in place for refurbishments across the home.

The manager confirmed structural changes were required as part of the refurbishment plan to the bathroom area. A variation was submitted to RQIA following the inspection to request approval for these works and assurances were provided by the manager that this would not progress until approval was authorised by RQIA.

The outdoor seating area required review to ensure this is safe and comfortable for residents to have access. The manager provided assurances this had been addressed since the last inspection and that further plans were in place to ensure this is accessible for residents. An area for improvement was identified.

There was evidence that some residents did not have access to a call bell lead. The manager confirmed, this was based on individuals assessed need. The manager provided assurances this would be reviewed and updated in resident's care plans.

Residents' toiletries were stored in their bedrooms. A number of toiletries were observed to be accessible in resident's wardrobes. The manager confirmed the actions taken on the day to address this and provided assurances regarding the action plan in place to ensure these were managed appropriately. This area for improvement was not met and has been stated again for a second time.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Glynis Ellison has been the Registered Manager in this home since 21 December 2022.

Residents, relatives and staff commented positively about the manager and the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* The total number of areas for improvement includes one regulation that has been stated for a second time and one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Glynis Ellison, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: Second time To be completed by: 17 July 2024	<p>The registered person shall ensure that unnecessary risks to residents are appropriately managed. This relates to the appropriate storage of toiletries.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Toiletries in the identified rooms will be stored in the locked sluice room until locks on bedside drawers can be fitted by the Estates department</p>
Area for improvement 2 Ref: Regulation 21 (4) (a) (b) (i) Stated: First time To be completed by: 24 July 2025	<p>The Registered Person shall ensure there is a system in place for the manager to have oversight of support service staff pre-employment checks prior to these staff commencing work in the home.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager will receive a recruitment checklist from the Support Services Manager before staff commence employment in the home. The checklist includes details of pre-employment checks</p>
Area for improvement 3 Ref: Regulation 20 (1) (c) (i) Stated: First time To be completed by: 24 July 2025	<p>The Registered Person shall ensure support service staff receive an induction to the home prior to commencing work in the home. Records of these inductions should be maintained.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: .ThThe Registered Manager will receive a completed induction record from the Support Sevices manager before a support services staff member commences work in the home. The Registered Manager will complete a local induction checklist in the home and maintain a record.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6	<p>The Registered Person shall review the management of medicines prescribed for distressed reactions to ensure that a patient specific care plan is in place and that the reason for and outcome of each administration is recorded.</p>

<p>Stated: First time</p> <p>To be completed by: 30 April 2024</p>	<p>Ref: 2.0</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2025</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>The Registered Person shall ensure the outdoor seating area is kept: tidy, safe, and made accessible for all residents.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The outdoor seating area has been power hosed and hedges trimmed and is accessible for Residents, Staff and families to use.</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews