

Inspection Report

Name of Service:	Laurelhill House
Provider:	South Eastern Health and Social Care Trust
Date of Inspection:	29 June 2026

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: Laurelhill House is registered as a residential care home providing health and social care needs for up to 30 persons living with dementia. The home is built on one level and has two units. Each unit comprises of a number of single bedrooms with communal toilet and shower/bathing facilities. Residents have a choice of a number of different seating areas and a main dining room in each unit. There is an easily accessed central garden and patio area for residents and their families to use.	

2.0 Inspection summary

An unannounced inspection took place on 29 June 2026 from 10:30am to 2:30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA during the last care inspection on 24 July 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective, 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 the 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 and that staff were attentive and kind. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, all of the previous areas for improvement identified in July 2025 were assessed as having been addressed by the provider.

One medicines management area for improvement has been carried forward for review and one new area for improvement was identified. Details can be found in the main body of this report.

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 spoken with said that they were well cared for, that the food was tasty and when they called for assistance, staff came to them as quickly as possible. Some of the residents did say that they would prefer to be at home but given they could not be at home the home was good and that staff were attentive, caring and kind.

One relative spoken with confirmed that they were content that their loved one' was well cared for.

No resident or relative questionnaires were returned within the timescale set. Any that are received after this date will be followed up with the manager.

Staff spoken with confirmed how long they had worked in the home. Some had just started, some were bank staff and others had worked in the home for up to 10 years or more. The staff spoke positively about their work, the support from their manager and colleagues and the training they had been provided with. Staff said they worked very well as a team and believed they delivered good care for their residents.

There were no staff responses to the survey within the timescale set. Any that are received after this date will be followed up with the manager.

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 robust systems in place to manage staffing.

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

Residents said that there was enough staff on duty to help them.

Staff said there was good team work and that they were satisfied with the staffing levels and that on occasions they would work extra shifts.

While being 'short staffed' was mentioned by some staff; review of the staff duty rotas and discussion with senior staff revealed that while there were known staff vacancies and on occasions there would be short notice leave; planned staffing levels, particularly in the delivery of care, were maintain. Senior staff could also book bank or agency staff when needed.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual residents' needs, their daily routine as well as their wishes and preferences. Staff were skilled in communicating with residents demonstrating respect, understanding and compassion.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and by offering personal care discreetly. Staff were also observed offering residents choice in how and where they spent their day, what they wished to eat/drink 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.

Where a resident was at risk of falling, measures to reduce this risk were in place. For example, level floor, good lighting, and support from staff for those residents who required it to mobilise. There was evidence of effective monitoring systems in place to review the number and frequency of falls occurring in the home. These reviews are necessary to establish any patterns or trends that may be emerging or that require adjustments to daily practice, referral to other healthcare professionals or to the environment.

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 over lunchtime was relaxed and an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. The meal served smelt and looked tasty and residents were able to choose which meal choice they preferred. .

It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Throughout the foyer and communal areas, it was evident that the residents and staff participated in social activities. An activity planner was displayed setting out various events over the incoming week. Staff understood the importance of meaningful engagement with the residents and their families.

The home's central garden and patio area is to undergo refurbishment, this was welcomed by staff. The garden was easily accessed by residents, offered a choice of seating and space to walk. Some residents were observed enjoying the sunshine and others were surveying the plants and looking for some small tasks to complete.

3.3.3 Management of Care Records

Review of a sample of care records evidenced that there were robust systems in place to ensure care records were person centred, reflected the residents' care needs and the care delivered to them daily. Staff regularly reviewed and updated care records to ensure they continued to meet the residents' needs; and to record their evaluation of the care delivered and/or any actions required.

3.3.4 Quality and Management of Residents' Environment

The home was spotlessly clean, tidy and well maintained in terms of décor, flooring, furnishings and equipment.

Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Where possible residents' bedrooms included personal and 'homely touches' that held important memories for the resident.

Since the last inspection, refurbishment work to bedrooms, bathrooms/toilets, communal areas and general decoration had commenced; with some areas still to be completed. This action by the provider has evidently had a positive impact on the quality of the residents' environment, the management of infection prevention measures and the management of cleaning/housekeeping duties.

The kitchen, laundry and staff room area is located in a separate area for the home behind a key padded fire door. The fire doors beyond this entry door to the kitchen, laundry and staff room were wedged or propped open to assist with airflow. Staff said that recent high temperatures had been problematic as the temperatures in these areas, particularly the laundry, was very high and hard to work in. Following discussion with senior staff it was agreed that they would seek the view of the home's fire risk assessor as a matter of urgency. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change to the management arrangements of the home since the last inspection. Mrs Glynis Ellison has been registered with RQIA as the manager of Laurelhill House since December 2022

Staff commented positively about the manager and the management team and described them as supportive, approachable and able to provide guidance and reassurance.

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 and the senior management team responded to any concerns raised with them and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	1	1*

* the total number of areas for improvement includes ones that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Harsha Suresh, Senior in charge, and the second senior on duty 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 27 (4) (a) (b) (c) and (d) Stated: First time To be completed by: 3 July 2026	The Registered Person shall ensure that an urgent review of the management of fire doors in the ancillary area is undertaken to ensure the safety of those who live, work and visit the home is not compromised. Ref: 3.3.4 Response by registered person detailing the actions taken: All staff have been advised that fire doors are required to be closed fully and regularly checked
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 30 April 2024	The Registered Person shall review the management of medicines prescribed for distressed reactions to ensure that a resident specific care plan is in place and that the reason for and outcome of each administration is recorded. Ref: 2.0 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.

Please ensure this document is completed in full and returned via the Web Portal



The Regulation and
Quality Improvement
Authority

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