The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Rowan Centre**

Provider: **Southern Health and Social Care Trust**

Date of Inspection: **6 August 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 HSC Trust
Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mrs Laura Fleming
Service Profile – The Rowan Centre is a day care setting with up to 40 places that provides care and day time activities for service users with physical care needs, sensory impairment and/or acquired brain injury.	

2.0 Inspection summary

An unannounced inspection took place on 6 August 2026 from 9.55 a.m and 2.45 p.m. by a care Inspector.

The last inspection completed on 3 June 2025 identified no areas for improvement. This inspection was undertaken to evidence how the service was performing in relation to the regulations and standards and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Good practice was identified in relation to service user engagement. There were good governance and management arrangements in place.

Service users said that the care and support provided by the Rowan Centre was an enjoyable experience.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. However improvements were required to ensure the safety of the environment. One new area for improvement was identified during this inspection. This is discussed in more detail in section 3.3.7. Details of the findings of this inspection can be found in the main body of the report and in the quality improvement plan in section 4.0.

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 service 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 day care setting. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those working and visiting the day care setting; and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

We spoke to a number of service users, relatives, staff and healthcare professionals to seek their views of attending, visiting and working within the day care setting.

The information provided indicated that there were no concerns in relation to the care and support provided to service users attending The Rowan Centre.

Service users whom we spoke with said that they enjoyed their experience at the Rowan Centre. Comments received included: "The staff are lovely" and "I love it here and come five days a week".

Relatives who provided feedback on the service said that they had no concerns with the care and support provided at the day care setting.

Returned questionnaires indicated that the respondents were satisfied/very satisfied with the care and support provided.

Staff who spoke with the inspector said that they felt that service users enjoyed their time at the Rowan centred and that the manager is good and approachable with any queries they have. Staff said that training was useful for their role.

A number of staff and service users responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. A staff member provided the following statement comment: "A great place to work".

Healthcare professionals who provided feedback on the service said that the service users have a lovely time in the day care setting and that the manager works well with other healthcare staff

to ensure that the service users receive the right support and will work towards finding a solution to any issues that arise.

3.4 Inspection findings

3.3.1 Adult Safeguarding and Incident Reporting

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. It was positive to note that all adult safeguarding concerns were recorded on a centralised recording system which had been developed to assist staff in checking that all actions had been completed as appropriate in line with the adult safeguarding policies and procedures.

The day care setting's governance arrangements for the management of accidents/incidents was reviewed and confirmed that an effective incident/accident reporting policy and system was in place. The manager maintained a centralised record of incidents / accidents arising and this was reviewed on a monthly basis. The manager was aware that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

3.3.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016) (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and,

where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained the correct documentation confirming DoLS are in place and the day care setting maintains a register of those service users who have DoLS.

There was a policy for the use of restrictive interventions and a register was in place

3.3.3 Staffing Arrangements (recruitment and selection and induction)

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 service users. The manager had a documented system in place to manage staffing and reviewed this daily to ensure appropriate allocation of staff. An examination of this record evidenced that there was no formalised staff roster system to evidence the anticipated staffing levels on any given day and to clearly identify managerial presence or who was in charge of the day care setting when the manager was not present. The manager took on board advice with respect to Schedule 3 of the day care setting regulations. A rota was drawn up by the manager and shared with the inspector after the inspection which was satisfactory. This will be kept under review.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Staff said they felt well supported in their role.

A review of the day care setting's staff recruitment records of an employee recruited since the last inspection evidenced that enhanced AccessNI checks had been completed for staff prior to commencing direct work with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for the monitoring of professional registrations by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

3.3.4 Staff Training

Staff were provided with training appropriate to the requirements of their role, which was recorded on a colour-coded matrix. A review of the training matrix confirmed that staff had completed training appropriate to their roles including Adult Safeguarding, fire safety, moving and handling, medicines management, dysphagia, basic life support, DoLS and infection control. Staff who spoke with the inspector said that they felt the training provided was useful and helped them to carry out care tasks as required in line with their roles and responsibilities.

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All day care staff had been provided with training in relation to medicines management which is refreshed every two years and consists of both online and face to face training. A competency

assessment is undertaken for all staff who assist with medication to ensure they are competent in assisting with this task.

3.3.5 Management of Dysphagia and Recommendations for Eating, Drinking and Swallowing Documents (REDS)

A number of service users had been assessed by a Speech and Language Therapist (SALT) with recommendations in place regarding the consistency of their food and fluids. Staff had completed training in dysphagia and were familiar with how food and fluids should be modified and had completed training in Dysphagia and in relation to how to respond to choking incidents. Staff followed a clear programme for each service user with SALT requirements at meal times to ensure the care received in the setting was safe and effective.

3.3.6 Care Records and Service User Input

A review of service users' care records identified that each service user had a detailed, person centred support plan and robust risk assessment. Care records evidenced multi-disciplinary working and regular communication with relevant professionals from the commencement of the day care placement. Care plans contained details about their likes and dislikes and the level of support they may require. These plans are kept under regular review and service users and / or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur, in keeping with the day care setting's policies and procedures. Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

The day care setting held service user meetings on a regular basis to discuss activities service users would like to participate in when attending The Rowan Centre. A review of the minutes of these meetings evidenced that activities included bird-house decorating, gardening, visits from farm animals, arts and crafts and pizza making. Advice was given to the manager around ensuring that actions arising from meetings should be documented and timeframes set so that these can be reviewed and service users updated on any progress made. The manager agreed to implement this advice for future service user meetings which will be reviewed at a future inspection. It was positive to note that the service users had also been involved in the design of the day care setting's Service User Guide.

An annual survey had been completed by service users and the manager confirmed that this led to improvements with the menu which service users said they were satisfied with.

3.3.7 Quality and Management of the Environment

The day care setting was observed to be tidy and suitably furnished. It was positive to note that service users had recently engaged in the design of the day care settings' newly decorated quiet room which provided a quiet space for service users. The day care setting was warm and comfortable however a radiator positioned on a corridor off the dining room was very hot to touch which could pose a risk to service users who may brush against this surface.

One area of the day care setting included a number of unopened chemical containers that were not safely locked away under Control of Substances Hazardous to Health (COSHH) guidance. There was also some floor cleaning equipment left beside manual handling and physiotherapy equipment. An area for improvement was identified.

There was evidence that fire safety checks had been completed as required and that staff had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

3.3.8 Governance and Managerial Oversight

There has been no change in the management of the day care setting since the last inspection. Mrs Laura Fleming has been the manager in this day care setting since 15 December 2020.

Staff spoke positively about the support provided by the manager and described her as approachable and able to provide support when needed.

There were monthly monitoring arrangements in place in compliance with the regulations and standards. A review of a sample of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was recommended that the designation of the person completing the report is documented. This will be reviewed at a future inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

There was a system in place for managing instances where a service user did not attend the day centre as planned.

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	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Laura Fleming (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 Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 14 (1)(a) **Stated:** First time **To be completed by:** Immediately and ongoing	The Registered Person shall ensure that all parts of the day care setting which service users have access are free from hazards to their safety. This includes ensuring that any sluicing facilities and lockable cabinets are used for safe storage of cleaning equipment and chemicals in line with COSHH. Radiators that are hot to touch should be suitably covered to prevent potential injury to service users and staff. Ref: 3.3.7
	Response by registered person detailing the actions taken: The Day Centre Manager has highlighted to support services staff that cleaning equipment and chemicals must be stored securely at all times in line with COSHH. Support services have been asked to avoid ordering excess stock due to limited storage facilities on site. Signage has been put in place to remind staff to keep cleaning stores locked. A cover has been ordered for a radiator that was hot too touch and this will be installed once it arrives. The temperature of radiators will be monitored on an ongoing basis and corrective action taken if required.

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