The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Laurels Day Centre**

Provider: **Southern Health and Social Care Trust (SHSCT)**

Date of Inspection: **24 August 2026**

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

1.0 Service information

Registered Provider:	Southern Health and Social Care Trust (SHSCT)
Responsible Person:	Mr. Steve Spoerry
Registered Manager:	Mrs. Geraldine Carragher
Service Profile – The Laurels is a Day Care Setting located in Newry. The service provides care and day activities for 78 service users with Learning Disabilities. The Centre operates Monday to Friday and is run by SHSCT.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 24 August 2026 between 8.30am and 1.00 p.m.

This inspection was undertaken to evidence how The Laurels Day Centre is performing in relation to the regulations and standards; and to assess progress with the two areas for improvement identified by RQIA, during the last care inspection on 10 November 2025; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well managed.

To that end, the inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The Inspector also examined the processes for reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

The Inspector identified good practice in relation to monthly quality monitoring, transportation records, safeguarding documentation, and feedback from service users, staff and relatives. There were good governance and management arrangements in place.

As a result of this inspection the areas for improvement previously identified were assessed as having been addressed by the provider. No new areas for improvement were identified during this inspection.

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 Laurels Day Centre 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.

Throughout the inspection process, inspectors seek the views of those working for or receiving support from the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the day care setting?

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The service users who spoke with the Inspector gave very positive feedback. One service user stated that that 'they are all amazing'. Another commented that 'I'm very happy here. I love the staff'. Another stated that 'I really like it'. Throughout the inspection, the Inspector noted that all service users appeared very happy and relaxed. There appeared to be good communication and rapport relationship between staff and service users.

Several members of staff on duty gave very positive feedback about the day care setting, the support provided by the manager and how much they appreciated the support from the manager and assistant managers. One stated that 'there is a great atmosphere here. It is such a friendly team'. Another commented that 'I love it here. I just started recently and the induction and shadowing have been great'. The managers have been great'. Another stated that 'I wouldn't want to work anywhere else. That is why I have stayed so long'.

One relative of a service user stated that 'I find the Laurels great. My relative is very happy here'. Another commented that 'my relative comes three days a week. We couldn't live without the Laurels'.

One visiting professional who spoke with the Inspector commented that 'I'm very happy with The Laurels. There is always plenty of stimuli. There are very few screens which is great'. Another stated that 'my recommendations are always followed. It's a really good place'.

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 service users. There was evidence of robust systems in place to manage staffing. The person in charge reported that the day care setting has faced some staffing challenges and had found it difficult to get agency staff but that staff from other centres worked bank shifts. The Inspector confirmed that these staff were SHSCT staff whose AccessNI and training were all in date.

Recruitment for the day care setting is managed regionally through Recruitment Shared Services (RSS) which is part of the Business Services Organisation (BSO). The Inspector subsequently gained access to recruitment documentation through the Amiqus system. The Inspector subsequently confirmed that all pre-employment checks, including criminal records checks (AccessNI), were completed before members of staff commenced employment and had direct engagement with service users. The person in charge had recently completed an internal transfer and an Access NI check had been completed. The person in charge was knowledgeable in this area.

The person in charge confirmed that two new members of staff had been recruited since the last inspection.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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. There was a robust, structured, induction programme, which also included shadowing of a more experienced staff member.

Checks were made to ensure that staff were appropriately registered with the (Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Records of all staff training were retained and the person in charge reported that both the manager and one of the senior day care workers maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia etc., at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge. The Inspector reviewed the training matrix and confirmed that the majority of training was up to date. Where training was about to expire, the day care setting had booked updates.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Records evidenced that supervision was carried out according to the policies of the day care setting and that appraisals had been completed on an annual basis.

The day care setting held staff meetings every month and retained the minutes.

3.3.2 Care Delivery

The Inspector confirmed that staff met the needs of service users' through a broad range of support activities located in several rooms. The day care setting promotes the independence of the service users. The Inspector was reassured to note that the communication between service users and staff was extremely positive and staff appeared to have in-depth knowledge of the service users' needs and personalities. Service users reported that staff consulted them about the activities they preferred, ensuring their views informed and shaped day care activities. The Inspector viewed the extensive programme of day care activities for service users.

The Inspector viewed records of regular service user meetings which were held by the day care setting.

3.3.3 Management of Care Records

The Inspector reviewed care records on the Epic system and found them to be person-centred, well maintained, regularly reviewed by nominated support workers, and updated to ensure they continued to meet the service users' needs. The support workers reviewed support plans monthly and care records evidenced this. Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

Where service users required dietary modification, care plans reflected the Speech and Language Therapy assessment.

The person in charge confirmed that none of the service users was subject to Deprivation of Liberty Standards (DoLS). The person in charge stated that the SHSCT was actively reassessing all DoLS cases within the trust and services users who had previously been on the DoLS register had now been reassessed as requiring either Flow Charts or Emergency Provision Letters (EPLs). The Inspector viewed these records which were all up to date. The day care setting kept a DoLS folder for staff to reference.

There was a policy in place for the use of restrictive interventions. However the person in charge reported that there were no current service users who were subject to this type of intervention.

3.3.4 Quality of Management Systems

The Inspector reviewed of a sample of monthly monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Inspector reviewed the day care setting's process for the management of complaints and noted that the day care setting had not received any complaints since the last inspection. The Inspector noted that the day care setting had received several compliments during the same time period. The person in charge commented that all staff receive Stage 1 complaints training. The manager and deputy managers undertake further complaints training in the model for complaints handling, which has been developed by the Office of the Northern Ireland Ombudsman.

The Inspector's review of incident records, which are completed via the SHSCT datix system, identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis, to establish any patterns/trends. The day care setting also reviewed incidents as part of the monthly quality monitoring process.

The Inspector viewed the annual quality report, which included stakeholder feedback.

The Inspector confirmed that the day care setting had very effective systems and processes in place to manage the safeguarding and protection of adults at risk of harm. There was a nominated Adult Safeguarding Champion (ASC). The day care setting had managed three safeguarding incidents since the last inspection. The Inspector confirmed that these had been handled appropriately and had subsequently been closed. The Inspector was able to cross-reference safeguarding incidents with datix incidents. The person in charge was aware of the need to notify RQIA of any incidents, which involve the Police Service of Northern Ireland (PSNI).

A fire risk assessment had been completed for the day care setting on 26 September 2024/and is next due for review in 2028. There was evidence that staff completed fire safety checks as required. Staff had completed training in fire safety and had participated in a fire evacuation drill.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Geraldine Carragher (Registered Manager), the person in charge and representatives from management and governance, as part of the inspection process. These can be found in the main body of the report.

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