The Regulation and Quality Improvement Authority

Inspection Report

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

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

Date of Inspection: **10 November 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:	Southern Health and Social Care Trust
Responsible Individual:	Mr Steve Spoerry
Registered Manager:	Mrs Geraldine Carragher (Acting)
Service Profile – 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.	

2.0 Inspection summary

An unannounced inspection took place on 10 November 2025 between 8.45 a.m. and 3:15 p.m. This was conducted by a care Inspector.

The inspection examined the day care setting governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

The last care inspection of the day care setting was undertaken on 8 October 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is 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.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, such as the maintenance and review of transport documentation and staff supervision.

Full details, including 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 day care setting 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.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

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

We spoke to a range of service users and staff to seek their views of the day care setting. The information provided indicated that there were no concerns.

Service users spoke positively about their experience of the day care setting; one told us they loved coming to the day centre, they like to write poems and undertake art projects. A service user shared many jokes with the inspector and another discussed their love of tractors showing the display they made in the day care setting.

Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff spoke very positively in regard to the care delivery and management support in the day care setting. One told us that they felt they loved coming to work, another stated that there was great support from the manager. One expressed concern regarding the temporary decrease in staffing levels. This was discussed with the manager who provided assurance of ongoing recruitment activities.

3.3 Inspection findings

3.3.1 Staffing Arrangements

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to Northern Ireland Social Care Council (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.

Review of theday care setting's staff recruitment identified that one staff member currently employed within the day care setting had done so without an enhanced AccessNI check having been received specifically for this service. This staff member's employment had changed from one regulated service within the Trust to another. An enhanced Access check was undertaken prior to a previous role. This is contrary to RQIA's expectation that this would be completed for every staff member, regardless of whether or not they moved internally within the trust. RQIA is aware of ongoing discussion between the Department of Health and Health and Social Care (HSC)Trusts in respect of this, and will keep this matter under review.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

Procedures were in place for appraising staff performance; but on review of supervisions these had not consistently taken place. An area for improvement has been identified.

3.3.2 Delivery of care

There was a meeting held at the beginning of each shift, called a 'Safety Huddle'; this included the sharing of information about any changes to the service users' care, that the staff needed to assist them in their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff interactions with service users were observed to be friendly and supportive.

Service users' needs were met through a range of individual and group activities, such as" Fit 4 U", movies, concert practice, walking, shopping, art, strength and balance, yoga and book club. There was evidence on display of parties and celebrations attended by service users. The service users were observed celebrating the birthday of a service user during the inspection.

3.3.3 The systems in place for identifying and addressing risks

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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. 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.

Staff were provided with training appropriate to the requirements of their role. It was good to note that staff had been provided with training specifically in relation to service users' needs, these included epilepsy awareness, positive behaviour support and dementia.

A review of care records identified that risk assessments and care plans were up to date.

All relevant staff had been provided with training in relation to medicines management. An audit of medication practices is consistently undertaken monthly.

The Mental Capacity Act (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 DoLS training appropriate to their job roles.

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

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 day care setting was safe to attend. For example, fire safety checks, electrical installation checks and water temperature checks.

There was evidence that systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

The fire risk assessment and staff fire training were found to be in date. During the inspection fire exits were observed to be clear of clutter and obstructions. Daily, weekly and monthly fire checks had been undertaken and Personal Evacuation Emergency Plans (PEEPS) were completed. A fire evacuation drill was undertaken on 30 June 2025.

3.3.4 The arrangements for promoting service user involvement

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also positive to note that the day care setting had service user meetings on a regular basis, which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

3.3.5 The arrangements to ensure robust managerial oversight and governance

There has been no change in the management of the day care setting since the last inspection. Mrs Geraldine Carragher continues to be the acting manager in this day care setting. An application for registration has been received. Staff spoken with commented positively about the manager, describing them as “approachable and supportive”.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed in detail.

There was a process in place to manage any complaints; none had been received since the last care inspection.

Review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

There was a protocol in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus. However, the transport documentation did not consistently contain full information of transport times or evidence of review by the manager. The recent inclusion of service users from another day care setting on the same transport was not included in transport risk assessments. An area for improvement has been identified.

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 within the day care setting.

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

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Geraldine Carragher, 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 Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 22.2 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person will ensure that all staff have a recorded individual formal supervision completed no less than every three months in line with day care setting's proceedures.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall ensure that transport documentation is fully completed and subject to review to include the risk assessment for the carriage of service users who are not attending this day care setting. Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered person will ensure transport is provided in line with expectations outlined within the standards. The Regsitered Person has requested transport documentation is fully completed by Adult Community Services to include the risk assessment for the carriage of servce users who are not attending this day care setting. The Registered Person and Head of Service for Day Care have engaged with Adult Community Services Managers to ensure this task is priortised in January 2026.

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