The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Meadows Rehabilitation Centre**

Provider: **Southern HSC Trust**

Date of Inspection: **24 March 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:	Southern HSC Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Ms Paulina Konieczna
Service Profile – Meadows Rehabilitation Centre is a day care setting that provides care and day time activities for people living with dementia and who may have needs arising from a mental health diagnosis. The day care setting operates Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 21 March 2026 between 10.25 am and 4.00pm by a care Inspector.

The inspection was undertaken to evidence how the day care setting 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 11 March 2025. The inspection also sought to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Overall, 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 agency.

As a result of this inspection one area for improvement identified during the previous inspection was assessed as not met and is stated for the second time. The second area for improvement identified was assessed to have been addressed by the provider. Further details on this can be found in section 3.3.8. One new area for improvement was identified during this inspection relating to the follow up in relation to medication incidents. This is discussed in section 3.3.1. Further details of the findings of this inspection can be found in the main body of the 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 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, 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, inspectors will seek the views of those attending and working within the day care setting and review a sample of records to evidence how the day care setting is performing to the regulations and standards.

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 staff survey.

3.2 What people told us about the service

We spoke to service users, relatives, staff and HSC professionals to seek their views of the day care setting.

During this inspection, service users who spoke with the inspector said that attending the Meadows Rehabilitation Centre was an enjoyable experience and that they received good support from the staff. The feedback received from the service user/relative surveys indicated that staff were helpful, kind and easy to approach. Service users said that they looked forward to attending the Meadows Rehabilitation Centre. A good rapport was noted between service users and staff in the communal areas of the day care setting and service users spoke very positively about the benefits which attending the day care setting brought them.

Relatives who spoke with the inspector indicated that they were happy with the care and support provided to their loved ones at the day care setting and that it provided the opportunity to get out and to socialise. One relative advised that they felt there could be a better range of activities and board games. This was discussed with the manager who advised of plans to consult service users about activities they would like to partake in.

Staff who spoke with the inspector said they were satisfied with the care provided to service users and that the training they received was of good quality. Staff stated that they felt their colleagues were approachable and available to offer assistance and guidance as needed. One response from the electronic survey indicated that the staff member felt very satisfied that the service users experienced safe, effective and compassionate care and that they valued the support they received from their line manager who was supportive and approachable.

Healthcare professionals who provided feedback about the service commented positively about the care and support provided to service users at the Meadows Rehabilitation Centre. One comment described the day care setting as a “life-line” for service users and their families however it was felt that the waiting lists for the service were very lengthy and that the service was not always available in a timely way for those who needed it most. This was relayed to the manager to consider and action as appropriate.

Other comments from Healthcare Staff indicated that staff working in the Meadows Rehabilitation Centre were very knowledgeable about the needs of the service users and described it as an “excellent service with fabulous staff”.

3.3 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 person in charge 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. 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’s governance arrangements for the management of accidents/incidents was reviewed and confirmed that an incident/accident reporting policy and system was in place. Incidents/ accidents that occurred within the day care setting were recorded on a centralised tracker document that was collated on a monthly basis for reviewing trends or patterns. On review of a sample of these however, it was identified that some records were not fully completed, did not clearly identify the incident type and did not include the follow up actions taken or outcomes. This was discussed with the person in charge who immediately amended the tracker document to incorporate the recommended changes. This will be reviewed at a future inspection.

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A review of a records relating to medication incidents that occurred within the day care setting identified that staff did not complete the requisite reporting template in the event of a missed medication incident as outlined in the medication policy. There was no follow up record to confirm that recommended actions and learning were embedded into practice to prevent further errors as required per the policy. An area for improvement has been identified.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately however on review of the incidents which occurred since the last inspection, it was noted that one incident had not been reported to RQIA in line with the regulations. The person in charge explained that this was an oversight and proceeded to submit a notification to RQIA immediately. Further discussion took place with both the person in charge and the manager to ensure understanding of the requirements under Regulation 29 (1) (d).

3.3.2 Mental Capacity and Restrictive Practice

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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Staff who spoke with the inspector demonstrated their understanding of service user's rights as outlined in the MCA. There were arrangements in place to ensure that service users who required high levels of supervision, monitoring and restriction had had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. The day care setting maintained a register of those service users who had authorised DoLS in place. On review of this however, it was noted that this included the names of service users who had been assessed as not requiring authorised DoLS. Furthermore, it was noted that the register did not include the date of expiry for those service users with DoLS for ensuring timely follow up in respect of the next DoLS review.

It was explained to the person in charge that the DoLS register should enable staff to clearly ascertain which service users have authorised DoLS in place so that any pertaining MCA documentation can be retrieved for the service user's care records and shared with staff as appropriate. This helps to ensure that any restrictions on liberty are subject to regular review so they are not applied disproportionately or for longer than is necessary in line with the legislation. The advice was welcomed and the revised documentation was later shared with the Inspector.

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. There was evidence of robust systems in place to manage staffing.

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 agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the 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 registration up to date.

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 agency's policies and procedures. The induction programme also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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 identified that one staff member required to refresh training in respect of Adult Safeguarding. Reasons for this were outlined by the person in charge and it was later confirmed to the inspector that this training had been completed. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

Where service users required the use of specialised equipment, training in the safe usage of equipment was included within the agency's mandatory training programme.

All day care staff had been provided with training in relation to medicines management and administration. A competency assessment is completed with staff who are required to assist with medication to ensure they are proficient to carry out this task. This is reviewed on a yearly basis and it was positive to note that the staff training matrix highlights when competencies are due within a three-month period. The person in charge advised that this is further supported by monthly medication audits to ensure ongoing oversight and compliance.

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

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided regarding the consistency of food and fluids. Staff were familiar with how food and fluids should be modified and 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. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.3.6 Care Records and Service User Input

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. 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 are kept under regular review and services 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. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The day care setting had service user meetings on a regular basis to discuss the activities service users would like to participate in when attending the Meadows Rehabilitation Centre. Some activities arranged included table-top games, dominoes, mobility games, craftwork and jigsaws. A review of the minutes taken at the service user meetings identified that no actions arising from previous meetings had been recorded so service users could not be updated of any progress made in relation to any agreed objectives. Advice was given to the person in charge about ensuring that service users are given the opportunity and support required to discuss what they want from attending the day centre and to suggest any activities they would like to become involved in. Agreed actions should be taken forward and reviewed at each meeting to ensure service users are kept updated of any progress made with regards any matters they raise. This will be reviewed at a future inspection.

3.3.7 Quality and Management of the Environment

The day care setting was observed to be clean, tidy and suitably furnished, decorated, warm and comfortable. Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A review of the most recent fire risk assessment indicated that all actions had been completed. 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

An area for improvement identified at the previous inspection related to monthly monitoring arrangements which had not been completed in a timely manner and one report did not include engagement with relatives to obtain their views of the service. On review of the monthly monitoring reports completed since the last inspection it was identified that one report had not been completed for the month of August 2025 and relatives views had not been obtained for several reports. This area for improvement was stated for the second time.

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

An area for improvement identified during the last inspection related to the Annual Quality Report. On review of the most recent annual report, it was good to note that surveys had been completed by both service users and their representatives. Respondents commented positively about the care provided to their loved ones. There were actions arising from the report for the day care setting to subsequently progress. This area for improvement is deemed to have been addressed by the provider.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The manager advised that no complaints had been received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend and procedures for staff to check vehicles after each journey to ensure that no service users remain on the transport.

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. Details of the Quality Improvement Plan were discussed with Paulina Konieczna, (Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

	Regulations	Standards
Total number of Areas for Improvement	1*	1

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

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 28 **Stated:** Second time **To be completed by:** immediately and ongoing	The Registered Person shall ensure that the day care setting is visited monthly to monitor the standard of care provided, and the opinions of service users and their representatives will be obtained for inclusion within the written report. Ref: 3.3.8
	Response by registered person detailing the actions taken: While the monthly visit had been completed there was a delay in the submission of the report to the Registered Manager as the Monitoring Officier was on annual leave. The Registered Manager has reviewed and strengthened the process inculding reminding the Monitoring Officer of the timely completion and submission of the Monthly Monitoring reports especially prior to periods of annual leave. The Montioring Officer has been reminded that the opinions of Service Users and their representatives are to be obtainined and included in the Monthly Monitoring report. The Registered Manager will review the quality of the completed reports to ensure they are completed to the standard outlined in the Regulations.
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised) August 2021	
Area for improvement 1 **Ref:** Standard 29.6 **Stated:** First time **To be completed by:** immediately and ongoing	The Registered Person shall ensure that medication errors and incidents are reported and recorded in accordance with the medication policies and procedures. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Registered Manager will review weekly all the medication errors and incidents that occurred the previous week. This will ensure that all required documentation has been completed by the staff and that follow-up actions have been progressed and clearly recorded. Any learning from the medication error or incidents will be noted and shared with staff and implemented into practice.

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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