The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Larne Care Centre

Provider: Electus Healthcare (Larne) Ltd

Date of Inspection: 22 and 23 October 2025

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

1.0 Service information

Organisation:	Electus Healthcare (Larne) Ltd
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Miss Joanne Elizabeth Alderdice – not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 87 patients. The home is divided into four units over two floors. The Carnlough and Olderfleet units on the ground floor and first floor provide care for people with learning and physical disabilities. The Ballygally unit on the first floor provides general nursing care and the Glenarm unit which is on the ground floor provides care for people living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 22 October 2025 from 7.00 pm to 8.30 pm and continued on 23 October 2025 from 9.00 am to 2.05 pm by two care inspectors.

The inspection was undertaken to evidence how the home 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 16 April 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 and compassionate care was delivered to patients 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 established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection twelve areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new 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 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 patients, 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

Patients who were able to share their opinions on life in the home said they were well looked after. Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff.

Patient comments included "they (the staff) are all nice to you" and "I'm getting very well looked after", "I am happy, the staff are pretty good" and "All is well, I have no complaints other than too much food!"

Relatives spoken with told us "I have no concerns, I am very happy with the care, there is good communication from the staff" and "I have no issues, I visit twice a day and x is always well presented".

Staff spoken with said that Larne Care Centre was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team were approachable and they thoroughly enjoyed working in the home. Two staff told us they "loved it" and "I am happy working here" when asked to describe working in the home.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day staff attended flash meetings to ensure good communication was maintained across the home.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed; referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 was an opportunity for patients to socialise; the atmosphere was calm, relaxed and unhurried. The daily menu was displayed appropriately in all three units. An effective system was in place to identify which meal was for each individual patient, a mealtime champion was identified and there was evidence of the implementation of a "safety pause" to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer to patients' preferred dining area. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us they enjoyed their meal.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The programme of social events was displayed on the noticeboard advising of future events. The range of activities included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

3.3.3 Management of Care Records

Review of care records specifically for those patients who required enhanced supervision and nursing care for a diagnosis of dementia evidenced they person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. However, a review of a selection of records for patients who required bedrails confirmed that they did not have their care plan updated appropriately to reflect a change in their assessed need. An area for improvement was identified.

Patients care records were held confidentially.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. It was evident that the home had been painted since the last inspection; it was bright airy and welcoming. New curtains and chairs gave it a homely touch. The manager advised of the ongoing refurbishment and redecoration plan for other areas within the home and agreed to share this with the inspector.

Within the Glenarm unit, food and fluids were observed unsecured within two patient bedrooms. Denture cleaning tablets and a razor were seen in an unlocked bathroom cabinet. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Joanne Alderdice has been the manager in this home since 11 August 2025.

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 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 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 one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Joanne Elizabeth Alderdice, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** Second time	The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 2.0 and 3.3.4
To be completed by: 23 October 2025	**Response by registered person detailing the actions taken**: Management team are completing regular daily walk rounds and will ensure residents do not have access to any hazards which can impact on their safety.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time	The Registered Person shall ensure care plans are updated to reflect the current assessed needs of the patient. This is stated specifically in relation to the use of bed rails. Ref: 3.3
To be completed by: 23 October 2025	**Response by registered person detailing the actions taken:** Care plans continue to be updated to reflect the needs of residents. Care plans are reflective of bedrail assessments and all other assessments. A selection of care file audits are completed each month. When completing resident of the day care plans are reviewed and are updated to reflect any changes in assessments.

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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