The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Age NI**

Provider: **Age NI**

Date of Inspection: **2 December 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:	Age NI
Responsible Individual/Responsible Person:	Ms. Linda Robinson
Registered Manager:	Mrs. Sharon Fitzpatrick

Service Profile –

This is a day care setting with 10 places that provides care and day time activities for people living with dementia. The day care setting is open Monday, Tuesday and Wednesday and operates from premises in Ballyclare town centre. The service is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 2 December 2025, between 10.20 am and 3.30 pm. It was carried out 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 on 24 February 2025; 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. As a result of this inspection the areas for improvement previously identified were assessed as having been addressed by the provider. 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.

Service users said that the care and support provided by the day care setting was a supportive experience. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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 AgeNI Ballyclare. 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 seek the views of those working in, attending and visiting 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.

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

Service users told us how much they enjoyed attending the day care setting. All spoke of the friendly atmosphere and the high level of support offered by the staff.

Relatives were very positive about the care and support offered to their loved ones and told us that they had no concerns. One commented that 'my xxx would have deteriorated more quickly if it hadn't been for the day care setting'.

No staff or visitors responded to the electronic survey.

One service user raised the issue of transport with us. This was discussed with the provider and they are involved in ongoing attempts to resolve this.

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.

It was noted that there was sufficient staff in the day care setting to respond to the needs of the service users in a timely way; and to provide service users with a choice on how they wished to spend their day.

No new staff had been appointed within the day care setting since the last inspection.

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 professional registrations to be monitored by the manager.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as diabetes awareness, information governance and dysphagia.

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

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

3.3.2 Care Delivery

It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Service users' needs were met through a range of individual and group activities. It was reassuring to note that service users were consulted about the activities they preferred, ensuring their views informed and shaped the day-to day activities. The activities on offer were commended by both service users and relatives.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. One service user told us 'I know I am safe when I am here'. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The dining experience was an opportunity for service users to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that service users enjoyed their meal and their dining experience. It was evident that staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed. Service users described the meals on offer as 'excellent'.

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 centre and any activities they would like to become involved in. Some matters discussed included fire safety, feeling safe and activities.

Care reviews had been undertaken 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.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care records had been audited to ensure compliance with the day care setting's policies. It was noted, however, that there was no record that actions identified as a result of these audits had been carried out. This has been stated as an area for improvement.

Review of records identified that the care plans were reflective of the recommendations outlined within the Speech and Language Therapy (SLT) Care Plan. Risk assessments such as Transport Assessments and Moving and Handling risk assessments were in date.

A review of a sample of service users' Personal Emergency Evacuation Plans (PEEPs) identified that some had not been updated for period of time. The manager agreed to action this immediately after the inspection. This will be reviewed at the next inspection.

3.3.4 Quality of Management Systems

Mrs. Sharon Fitzpatrick has been acting manager since 20 April 2023 and also manages an unregulated service, which is not subject to RQIA regulation.

RQIA acknowledge that the provider has made ongoing attempts to recruit into the permanent manager role and will keep this matter under review. An examination of the staff duty roster indicated that this did not consistently record the name of the person in charge within the day care setting. This matter will be examined in detail at the next inspection

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; however, advice was given in relation to ensuring that any areas for improvement included in the RQIA QIP are reviewed in detail every month up to the next inspection.

The Annual Quality Report was reviewed. This required one update. This was amended immediately after the inspection and the updated copy sent to the inspector.

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

During the course of the inspection it became evident that staff employed by the registered provider but not directly involved with the service, used some office space within the day care setting's registered premises. RQIA is currently engaging with the provider in this regard.

There was a process in place to manage any complaints; none had been received since the last care inspection. It was positive to note that the day care setting had received a range of compliments since the last inspection.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

3.3.5 Quality and Management of the Environment

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

A Fire Risk Assessment had been completed on 15 October 2025; this was in the process of being sent to the manager on the day of inspection. Assurances were received from senior managers after the inspection that all the required recommendations had been carried out.

Staff had completed training in fire safety and participated in a fire evacuation drill. There were no identified fire wardens within the day car setting. This has been stated as an area for improvement.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed the Registered Individual and Head of Care, 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 Minimum Standards (2021)

Area for improvement 1 **Ref:** Standard 17.9 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure any actions identified as a result of audits are carried out. This relates specifically to audits of care records. Ref: 3.3.3 **Response by registered person detailing the actions taken:** All actions identified as a result of audits carried out are actioned on the monthly regulatory report, these going forward will also be actinoed on the file audit report.
Area for improvement 2 **Ref:** Standard 28.5 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that there is an identified competent person who is responsible for fire safety in the day care setting. Ref: 3.3.5 **Response by registered person detailing the actions taken:** Both staff within the centre have completed Fire Warden training on 19th March 2026. Both will be suported in this role by the organisation.

Please ensure this document is completed in full and returned via the Web Portal

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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