The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: George Sloane Centre

Provider: Northern Health and Social Care Trust

Date of Inspection: 20 February 2026

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

1.0 Service information

Organisation:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual:	Mrs. Suzanne Pullins (Acting)
Registered Manager:	Mr. Tony Breen
Service Profile: George Sloane Centre is a day care setting situated in an industrial estate on the outskirts of Ballymena. It provides care and a range of daytime activities and work opportunities for adults living with a learning disability. The setting can provide day care facilities for up to 75 service users. The day care setting is open Monday to Friday from 8.30am to 4.30pm, 8.30am to 7pm on Tuesday and on Saturday from 10am to 1pm.	

2.0 Inspection summary

A Care Inspector carried out an unannounced inspection on 20 February 2026, between 9.00 am and 2.00 pm.

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 reviewed the day care setting's reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

The Inspector did not identify any Areas for improvement during this inspection. The Inspector assessed the Areas for Improvement identified at the last inspection as having been addressed.

The Inspector identified good practice in relation to the feedback from service users, relatives and staff, care planning and staff training. The Inspector confirmed that there were good governance and management arrangements in place.

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 George Sloane 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.

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

Throughout the inspection process, the Inspector will seek the views of service users and their relatives, as well as staff working for the agency and visiting Health and Social Care professionals; the Inspector will also examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

The Inspector provided information 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

Respondents spoken to by the Inspector gave positive feedback. One service user said 'I really enjoy coming to the day centre'. Another said that 'I try my best to help the staff as much as I can. I want to open a tuck shop'.

One relative of a service user stated that 'I have seen a lot of good changes. The building needs replaced but what goes on here is great'. Another said that 'all the staff are lovely. Any issues are dealt with promptly. My relative loves coming'.

Staff reported that they felt well treated and supported. They stated that they appreciated the support of the manager. One stated that 'the induction was great'. Another stated that 'this is where I am supposed to be. I love it'.

3.3 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 5 November 2025 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 November 2024		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 16(2)(b)(c) **Stated:** First time	The registered person shall ensure that service users' care plans are up to date at all times; signed and dated by the Manager; and include sufficient detail in regard to any Deprivation of Liberty Safeguards (DoLS) in place.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that all service user care plans are on the Epic system and those viewed by the inspector were up to date and with full DoLS information. DoLS file also viewed.	
Area for improvement 2 **Ref:** Regulation 26(2)(c) **Stated:** First time	The registered person shall ensure that the premises are of sound construction and kept in a good state of repair externally and internally.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that the day care setting has been repainted and the planned renovation of the toilets is due to commence on 26/3/26.	
Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 13.7 **Stated:** First time	The Registered Person shall ensure written records are kept of all safeguarding concerns and include details of the investigation, the outcome and action taken by the day care setting.	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that record of safeguarding incidents, actions and outcomes is available for inspector to view.	

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the day care setting's provision for the welfare, care and protection of service users was. 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. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that he was 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. 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that the manager had handled these referrals appropriately.

The manager was aware that he must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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 they received. 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 day care setting provided staff with training appropriate to the requirements of their role. The manager advised that some service users required assistance with moving and handling. Care plans for these service users clearly identified the name of equipment required for their care. A review of care records identified that risk assessments and care plans were up to date. The day care setting had undertaken care reviews in keeping with its policies and procedures.

The day care setting had provided staff with training in relation to medicines management. The manager advised that all staff complete medication management training and that this followed up with regular spot checks. The manager advised that no service users required the administration of oral medication via syringe.

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 receive help 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 who spoke with the Inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that a number of the service users was subject to DoLS. The Inspector confirmed that all documentation was up to date and included in the Epic care plans. A resource folder was available for staff to reference if needed.

4.2 What are the systems in place for the promotion of service user involvement?

From reviewing service users' care records, the Inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans on the Epic system contained details about their likes and dislikes and the level of support they may require. The day care setting keeps care plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the day care setting and the commissioning trust.

The Inspector viewed the annual quality report and the service user satisfaction survey, which demonstrated evidence of regular service user consultation. The service user survey for the current year finished on the day of inspection and the day care setting is currently reviewing responses.

4.3 What are the systems in place for meeting the Dysphagia needs of service users?

The manager reported that several service users required a modified diet. The Inspector viewed a sample of these care plans on the Epic system and confirmed that these followed the Speech and Language Therapy (SLT) assessments. Staff training records confirmed that all staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

4.4 What systems are in place for recruitment and are they robust?

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 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. The manager was knowledgeable in this area. The manager checked regularly to ensure that staff had current registration with the Northern Ireland Social Care Council (NISCC). The Inspector spoke with staff who were aware of their responsibilities to keep their registrations up to date.

4.5 What arrangements are in place for staff induction and training?

There was evidence that all newly appointed staff had completed a structured orientation and induction programme, having regard to NISCC's Induction Standards for new workers in social care. This ensured that 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 formal induction programme of at least three days, which included shadowing of a more experienced staff member.

The day care setting retained written records of the staff member's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The Inspector reviewed the training matrix maintained by the agency and found that where training was due to expire, the manager had booked future dates.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

The Inspector confirmed that the day care setting has monthly monitoring arrangements in place in compliance with regulations. 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.

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

The Inspector confirmed that day care setting's registration certificate was up to date and displayed appropriately.

The Inspector viewed the day care setting's last fire risk assessment, which was completed on 02 April 2025. The last drill/evacuation was carried out on 28 January 2026.
The Inspector confirmed that there was a system in place to ensure that the day care setting managed complaints in accordance with its policy and procedure.

The manager reported that the day care setting had received one complaint since the last inspection. The Inspector confirmed that the manager had managed this appropriately. The manager confirmed that the day care setting reviewed complaints monthly as part of the monthly quality monitoring process. The manager confirmed that NHSCT is currently implementing a new Model Complaints Handling process, developed by the Northern Ireland Ombudsman. The manager confirmed that she has completed the two stages of the training, while all staff have completed the first stage.

The inspector reviewed records of regular staff supervision as well as annual appraisals. Examination of appraisal and supervision records indicated that the agency carried these out regularly as per its policies and procedures.

5.0 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 Mr. Tony Breen (Registered Manager), as part of the inspection process. These can be found in the main body of the report.

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