The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Larne Adult Centre

Provider: Northern Health and Social Care Trust

Date of Inspection: 26 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:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual/Responsible Person:	Mrs. Suzanne Pullins
Registered Manager:	Mrs. Kellie Ritchie
Service Profile – Larne Adult Centre is a day care setting with 84 places. It provides care and day time activities for people with learning disabilities. Some service users have additional needs such as sensory impairment, mental health needs, challenging behaviours or complex physical health needs. The day care setting is open Monday to Friday, including one evening a week, and is managed by NHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 26 March 2026, between 9.45 am and 4.10 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 area for improvement identified, by RQIA, during the last care inspection on 17 September 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Service users said that the care and support provided by Larne Adult Centre was a positive experience. 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.

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.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. As a result of this inspection the area for improvement previously identified was 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.

The inspector would like to thank the person in charge, service users, relatives and staff for their help and support in the completion of the inspection.

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 Larne Adult Centre. This included the previous area 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 will seek the views of those attending, visiting and working in the day care setting; and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

We spoke to a range of service users, relatives and staff to seek their views of attending and working within the day care setting.

Service users were very positive about the care and support offered by the day care setting. Comments received included 'there is nothing I don't like' and 'the Centre is good'.

Staff told us they had no issues and felt very well supported in their role.

A relative described the day care setting as 'absolutely fabulous'.

The information provided indicated that they had no concerns in relation to the day care setting.

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.

A review of the day care setting'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). There was a system in place for professional registrations to be monitored by the manager.

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 day care setting's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies. It was positive to note that there was robust system in place that allowed the manager to monitor and prompt staff when any aspects of their training may be due to expire.

Service user specific training had also been provided to staff. Service users commended staff on their knowledge and skills and one service user told us 'staff had good training to take me to the bathroom'. Another told us' they look after me when I've had a wee turn'.

Staff spoken with commented on the good teamwork in place and described the day care setting as 'one big family'.

3.3.2 Care Delivery

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

Service users' needs were met through a range of individual and group activities such as singalong groups, parachute games, choir, ten pin bowling, colouring, reading, story books, bowling, Zumba, drama, and Multisports. Service users were well informed of the activities planned and of their opportunity to be involved and looked forward to attending the planned events. We were told repeatedly by service users how much they enjoyed the activities on offer within the day care setting. One told us that the Easter Bunny was due to visit the following week.

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 activities, food, improvements required to the building and transport.

There was evidence of service users' active involvement in improving aspects of service provision within the day care setting. An example to this included a recent change to the food on offer. We were told by a service user in post-inspection feedback that 'the dinners are nice. I like the new menus'. In addition, several service users told us on the day of the inspection that they were going to draft a letter to a Trust manager in relation to an issue with transport.

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. Comments received from service users included 'staff make me feel safe', 'I talk to staff if I have a problem' and 'staff make sure everything is ok'.

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.

Service users care records were held confidentially.

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.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty (DoLS), the care records contained the relevant authorisation documents. A central register was in place to enable tracking of any DoLS due for review.

Risk assessments such as transport risk assessments and Moving and Handling risk assessments were in date.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs. Kellie Ritchie is currently the acting manager. She has submitted an application to RQIA for registration as manager; this will be reviewed in due course. Staff spoke positively about the management team.

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.

The Annual Quality Report was reviewed and was satisfactory.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy.

A specific individual was identified as the day care setting's ASC. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. This included maintenance of a Safeguarding Log.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process. It was positive to note that the day care setting had received multiple comments from various sources. These included one from a service user's relative who described the day care setting as a 'life saver'.

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.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 23 September 2025. Discussion took place with the person in charge about the need to carry out another drill in the near future to ensure that new staff were aware of the evacuation procedure. Fire exits were observed to be clear of clutter and obstruction.

Records examined identified that a number of safety checks were undertaken including fire extinguishers and fire alarm tests. The current Fire Risk Assessment for the day care setting was carried out on 31 October 2025. There was evidence of follow up on the recommendations contained within this.

There were infection prevention and control measures in place such as personal protection equipment which was available for staff. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

An examination of recent service user meeting minutes, discussion with staff and inspector review indicated that there was no automatic door in place at the entrance where service users alight from and board their transport. This impacts on service user independence. This has been identified as an area for improvement

A review of the day centre's environment was undertaken. The following deficits in relation to the exterior of the day care setting were noted:

- There was dirt on the awning where service users alight from and board their transport
- The tarmac in this area was uneven in parts. This presents a trip hazard for staff and service users
- The garden area was generally unkempt with grass overgrown
- There was dirt on the exterior surrounds of each of window

These areas have been identified for 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 with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the Locality 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 Setting Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 26(2)(j) **Stated:** First time **To be completed by:** 31 October 2026	The Registered Person shall ensure there are suitable adaptations in place to meet the needs of the service users. This relates specifically to the provision of an automatic door at the area where service users alight from and board their transport. Ref: 3.3.5
	Response by registered person detailing the actions taken: A minor works request has been submitted for this recommended adaption and has been costed by our Estates department. The registered manager will liase with our estates department to ensure this is progressing for completion within a reasonable timeframe.
Area for improvement 2 **Ref:** Regulation 26(2)(b) **Stated:** First time **To be completed by:** 31 October 2026	The Registered Person shall ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following deficits must be addressed: • Dirt on the awning where service users ingress and egress transport • Uneven tarmac in this area • The garden area was generally unkempt with grass overgrown • Dirt on the exterior surrounds of each window Ref: 3.3.5
	Response by registered person detailing the actions taken: The following deficits identified have been formally submitted to the Estates department for action. - Dirt on the awning where service users ingress and egress tranpsort - The Garden area was generally unkempt with grass overgrown Dirt on the exterior surrounds of each window - The required maintenance and environmental improvements will be addressed to ensure the premises are maintained in a clean, safe and suitable condition internally and externally. The registered manager will ensure that this deficit is raised urgently - Uneven tarmac in area - will be submitted as a work request and to be considered in this financial year.

	All required maintenance and environmental improvements will be addressed to ensure the premises are maintained in a clean, safe and suitable condition internally and externally.

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

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27/4/26

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