

Inspection Report

Name of Service:	Larne Care Centre
Provider:	Electus Healthcare (Larne) Ltd
Date of Inspection:	5 and 6 August 2026

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

1.0 Service information

Registered Provider:	Electus Healthcare (Larne) Ltd
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Miss Joanne Elizabeth Alderdice
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 5 August 2026 from 8.40 am to 5.20 pm and on 6 August 2025 from 9.45 am to 2.20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection one area for improvement was assessed as having been addressed by the provider. Full details, including one restated and 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who they described as helpful and friendly. Patients' comments included: "I have been here three years and I think it is great. They (the staff) keep the place clean and tidy. I have my own radio and comfy seats", "The care is super. I couldn't get any better. The staff are so kind and the food is good", "I am really happy here" and "Everyone is nice to talk to. The food is nice. I enjoy the activities and when visitors come in."

Relatives and visitors commented positively about the overall provision of care within the home. Comments from relatives included, "My relative has gained weight due to the good care and the good food", "My relative is well looked after. I am very happy with the care" and "The staff are very good. No complaints. My relative seems content here."

Staff spoken with said that Larne Care Centre was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments included, "The teamwork is good when you're in a par, it is efficient", "The teamwork is brilliant now we have a proper level of staffing" and "We communicate all the time. The manager makes sure we are doing things right and encourages us to be our best."

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

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 patients. There was evidence of systems in place to manage most aspects of staffing. A review of a selection of recruitment records confirmed that not all pre-employment checks had been completed prior to each staff member commencing in post. For example, review of one staff recruitment file evidenced that gaps in employment had not been explored and the reason for leaving previous jobs had not been recorded. An area for improvement was identified.

Staff said that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly.

Management of wound care was examined. Review of care records confirmed that at least three patient's wounds were not redressed as prescribed and evaluations did not consistently comment on the progress or condition of the wound. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that patients were appropriately supervised in keeping with their assessed needs.

Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good. A formal structured observation of the morning meal in the Glenarm unit was carried out. Following feedback, the manager agreed to review the mealtime experience in keeping with the comments provided.

Management and staff understood the importance of engaging with patients. Patients were encouraged to participate in their own activities such as watching TV, listening to music, reading or chatting to staff and visitors. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as dominos, board games, arts and crafts, balloon and beach ball therapy, quizzes, baking buns bowling and sing-a-longs. Patients said they were looking forward to the hairdresser, external entertainer and church services.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Review of a selection of care records evidenced that care plans were in place to meet patients assessed needs in a timely manner.

Nursing staff recorded regular daily evaluations about the delivery of care.

Information relating to patient care and treatment was observed to be accessible in an identified storeroom as the door was unlocked and the room was unsupervised. This was discussed with the manager who agreed to meet with staff and review the current arrangements.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were warm and comfortable. For example, patients' bedrooms were personalised with items important to them.

A small number of environmental issues were identified, some of which were addressed before the end of the inspection. This was discussed with the manager who provided assurances that they would review their environmental audit to include all environmental actions to be completed, by whom and when.

Concerns about the management of risks to the health, safety and wellbeing of patients were identified. Cleaning chemicals and food and fluid thickening agent were accessible in an unlocked kitchenette and store room allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action. An area for improvement was stated for a third time. An additional area for improvement was made to ensure that current systems are reviewed to make sure that patients are not exposed to hazards.

Fire safety measures were in place to protect patients, visitors and staff in the home.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Joanne Elizabeth Alderdice has been the manager in this home since 11 August 2025.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received. Review of complaints' records evidenced that some improvements were required in how some complaints were recorded, particularly in relation to any investigations held, how levels of satisfaction were determined and how any learning was shared. This was discussed with the manager who agreed to review their current complaints template and complete any necessary documentation retrospectively.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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	2*	2

*The total number of areas for improvement includes one that has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Joanne Elizabeth Alderdice, Registered 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: Third time To be completed by: 6 August 2026	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
	Response by registered person detailing the actions taken: Management complete daily walkarounds, and spot checks to ensure that all areas accessible to patients are routinely reviewed and maintained to ensure they are free from hazards. A new door locking system has also been introduced to provide greater security and reduce the risk of patients being exposed to unsafe areas or potential hazards.
Area for improvement 2 Ref: Regulation 10 (1) Stated: First time To be completed by: 6 August 2026	The registered person shall ensure that they review their current systems to make sure that patients are not exposed to hazards. Ref: 3.3.4
	Response by registered person detailing the actions taken: The existing arrangements have been reviewed and strengthened to ensure that doors remain secure and locked at all times to prevent patients from accessing areas that may present a risk or hazard. Management checks are undertaken to monitor compliance.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 38.3 Stated: First time To be completed by: 6 August 2026	The registered person shall ensure that all pre-employment checks are completed before all staff commence working in the home. Recruitment records should evidence of managerial oversight. Ref: 3.3.1
	Response by registered person detailing the actions taken: Recruitment records are reviewed and signed off by management to confirm that all required pre-employment checks and supporting documentation are in place prior to any new staff member starting in post.

Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance. Ref: 3.3.2
To be completed by: 6 August 2026	Response by registered person detailing the actions taken: A new wound management and oversight system has been implemented to ensure that wounds are assessed, monitored and managed in accordance with the individuals care plan and current best practice guidance. Regular management checks and audits are completed to maintain oversight and monitor compliance.

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