The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Antrim Day Centre**

Provider: **Northern Health and Social Care Trust**

Date of Inspection: **6 November 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:	Northern Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms. Suzanne Pullins
Registered Manager:	Mrs. Heather McNeill
Service Profile – Antrim Day Centre is a registered day care setting with a maximum of 50 places. It provides care, support and day time activities for people aged over 18 years of age with a range of care and support needs.	

2.0 Inspection summary

An unannounced inspection took place on 6 November 2025, between 9.35 a.m. and 12.50 p.m. It was carried out a by 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 inspection on 21 November 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 evidenced that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Antrim Day Centre was a good experience. Refer to Section 3.2 for more details.

It was established 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 inspector would like to thank the person in charge, service users, relative, manager and staff for their help and support throughout the inspection process.

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 this service. 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 will seek the views of those attending and working in the service; 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 day care setting, describing it as 'fabulous'

A relative told us that the staff were very caring and well trained.

Staff said that they enjoyed their jobs and were confident that if they raised a concern, it would be dealt with.

The information provided indicated that those who fed back to us 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.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend.

Service users were very complimentary of the day care setting staff, describing them as 'very thoughtful' and 'excellent'. They gave us numerous examples of this e.g. 'staff help me make sure my lights are off and my front door is locked before I go to the day centre'.

3.4.2 Care Delivery

Staff in the day care setting held a meeting at the beginning of each day. Information about any changes to the service users' care, that the staff needed to assist them in their roles and the daily presence of the manager were discussed. It was good to note that these meetings were recorded.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. Service users were very positive about the activities offered. The activities records were reviewed on a monthly basis by the manager.

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. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely. 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.

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 and any activities they would like to become involved in. Some matters discussed included: outings, Christmas dinner and the day care setting's waiting list.

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 were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those service users who required a modified diet. It was clear that staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

3.4.3 Management of care records

Service users' needs were assessed when they were first referred to the agency/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.

A number of service users had been assessed by a Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. These were recorded within care plans along with associated SALT dietary requirements.

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, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. A central register was in place to enable tracking of any DoLS due for review.

It was noted that the day care setting had retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. However, there was no safeguarding log in place. Consequently, the manager had reduced oversight of any potentially open or ongoing safeguarding referrals within the day care setting. The manager agreed to establish a log immediately after the inspection. This will be examined in detail at the next inspection.

3.4.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs. Heather O'Neill has been the manager in Antrim Day Centre since 3 October 2017. Those consulted with commented positively about the manager and described her as supportive, approachable and able to provide guidance.

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The use of the day care setting by external healthcare professionals to undertake appointments with their (own) service users had ceased following the last inspection. The manager reported they welcomed this development.

Review of incident records identified that they were managed appropriately. RQIA had been notified appropriately of any incidents as per the regulations. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend. There was also a process for an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport.

3.4.5 Quality of 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 walls were decorated with art work undertaken by service users as part of the activity programme offered.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment to ensure compliance.

It was noted that the last full evacuation drill was undertaken on 20 February 2025. Fire risk assessments for the setting were available for the inspection and had been completed on 30 July 2025. All staff had completed fire training. It was positive to note that a high proportion of staff were trained as fire wardens. During the inspection fire exits were observed to be clear of clutter and obstructions.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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