The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Antrim Adult Centre**

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

Date of Inspection: **8 January 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:	Mr Marc Carey
Service Profile: Antrim Adult Centre is a day care setting with a maximum of 65 places that provides care and day time activities for people aged over 18 years of age who have learning disabilities, physical disabilities and/or sensory impairments. The day care setting opens Monday to Saturday; and they also provide a late opening day on Thursdays.	

2.0 Inspection summary

An unannounced inspection took place on 8 January 2026, between 9.45 am and 4 pm by a care Inspector.

The inspection was undertaken to evidence how 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 14 January 2025; 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 Antrim 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. Refer to Section 3.2 for more details.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as risk assessments, care plans, the service user agreements, recruitment records, complaints records and the monthly quality monitoring process.

Furthermore, an area for improvement was identified in relation to the lack of governance and managerial oversight of a small number of staff, who are not directly employed by the NHSCT. Following the inspection, RQIA invited the Registered Manager and representatives of the Responsible Individual to a meeting on 23 January 2026, alongside the senior management

team of the cohort of staff not employed by the NHSCT. The purpose of the meeting, was to provide feedback on the inspection findings and to discuss how they intend to address the identified issues. It was agreed that an action plan would be submitted to RQIA, within an identified timeframe, detailing how these matters are to be addressed.

As a result of this inspection two of the five areas for improvement previously identified were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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.

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 day care setting 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 Quality Improvement Plan 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.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

The day care setting was described as 'great', 'cool' and 'relaxing'. Service users told us that they 'really enjoy(ed)' attending the day care setting and told us all the different activities they were supported with. They said that they liked 'having a chat', 'meeting the lads' and that the food was good. Service users said that they can speak to the staff when they need to and that makes them feel safe. One respondent said that they felt that the staff were there 'to protect' them and others.

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.

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.

Staff spoken with stated that the staffing levels were never below the required numbers, but they stated that the use of different agency staff members all the time, causes them frustration as planned activities often had to be rescheduled. The Inspector was informed by the manager of the recent efforts made to recruit staff. Through discussion and review of the staffing vacancies, we were assured that there were sufficient staff in place to meet the needs of the service users. The staffing arrangements will be reviewed at a future inspection.

An area for improvement had been identified at the last inspection; this related to the need for criminal records checks (AccessNI) to be undertaken on staff who transferred internally within the Trust. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this matter; and given that there had been no such staff transfers since the last inspection, the area for improvement will be carried forward for review at the next inspection.

As part of the recruitment process, the records pertaining to pre-employment checks are uploaded to an electronic records management system (Amiquis) to enable review by the manager. Review of the records identified that the employment references did not include a reference from the staff member's last employer. Given that the recruitment checks had been undertaken by a third party, we were unable to verify whether or not attempts had been made to obtain the appropriate reference. The manager was advised that there should be records kept of the efforts made to obtain the reference from their last employer and that this should be retained on the Amiquis system. An area for improvement has been identified.

Where staff from recruitment agencies were used, there was evidence that these staff had been provided with a local induction to the day care setting. Information confirming that their recruitment, induction and training was in compliance with the day care setting's regulations was available. This information was recorded in the form of an agency staff 'profile', provided to the day care setting by the recruitment agencies. The names of any agency staff used was also recorded on the staffing rota and the agency staff signed in and out of the building.

It was identified however, that there were a small number of staff attending to support specific service users' needs, who were not subject to the provider's usual staffing and assurance arrangements, including recruitment checks and training oversight. As a result, the manager was unable to demonstrate the same level of assurances for these staff, as they had for staff provided by the recruitment agencies. In addition, the names of these staff were not recorded on the staff rota, and they did not sign in or out of the building. This meant the manager could not maintain accurate oversight of who was in the day centre at any given time. Following the inspection, RQIA invited the Registered Manager and representatives of the Responsible Individual and the employers of this cohort of staff to a meeting on 23 January 2026. The purpose of the meeting was to discuss the governance and managerial oversight of these staff.

It was agreed that an action plan would be submitted to RQIA within an identified timeframe, detailing the specific management arrangements that will be put in place regarding, the fitness of the staff, compliance with relevant training, recording of names on the staffing roster; staff signing in and out of the building and their inclusion in the fire evacuation processes; incident/accident management; and any associated contingency arrangements/insurance implications. An area for improvement has been identified.

While the above concerns related to a small number of staff attending outside the provider's usual arrangements, the provider had effective systems in place for the induction, training and supervision of its day centre staff. Newly appointed staff, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. Records of all staff training were retained and were noted to be up to date. Procedures were in place for appraising staff performance and staff received regular supervision.

3.3.2 Care Delivery and Care Records

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles.

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.

Eating and drinking care plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

There was a system in place for the staff to attend 'safety pauses' prior to mealtimes to ensure that the service users' specific dietary needs were met. Whilst the staff were able to explain the process undertaken as part of this process, the safety pause records had not been consistently completed. Given that there was a contributing factor as to the reason for this, and that the manager took immediate action to rectify the matter, this will be reviewed at a future inspection.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. It was evident that the service users' views on the activities provided were taken into account.

Service users' needs were assessed as part of the referral process and before care delivery commenced, a care plan was provided by the person making the referral. However, an assessment of need or care plan had not been completed in the day care setting, despite the service user attending regularly. Whilst RQIA acknowledges that the staff in the day care setting need a period of time, to build relationships with service users and to get to know their specific needs and preferences, the timeframe for completion of the risk assessments and care plans should be adhered to. Two areas for improvement previously identified in this regard have been stated for the second time.

Each service user should have an individual agreement in place before the service users' start attending the day care setting, or if this is not possible, it is put in place within the first five days of attending the setting. Review of records identified that this had not been completed. An area for improvement has been identified.

Arrangements were in place to ensure that the capacity of service users who required higher levels of supervision, monitoring, or restriction was considered and, where appropriate, formally assessed in line with relevant legislation. Where a service user was experiencing a deprivation of liberty, the care records contained the relevant authorisation records.

There was a procedure in place for the use of restrictive interventions and a register was in place to assist the manager's oversight of the restrictions. During the inspection, there was a privacy screen observed being used in a corridor for a specific purpose. RQIA was satisfied this temporary measure was the least restrictive option available to manage the identified risk. However, a restrictive practice risk assessment needs to be completed to ensure the use of the screen is reviewed on a regular basis; the impact on other service users is considered, and appropriate mitigating actions are identified. An area for improvement has been identified.

There was a protocol in place for staff to follow when service users did not attend as planned. The bus transport was checked to and from the day care setting, to ensure that every service user had safely exited the bus. This ensures that staff respond consistently and in a timely manner, supporting the safety and welfare of service users.

3.3.3 Quality of Management Systems

Mr Marc Carey, has been the registered manager since 05 March 2024 and also manages an unregulated service, which is not subject to RQIA regulation.

A number of service users share the same transport with individuals from the unregulated service. Whilst RQIA acknowledges that the practice of sharing transport is being phased out, compatibility assessments must be undertaken to mitigate against the risk of harm to the service users/individuals; and a procedure must be developed to ensure effective communication between the unregulated service and Antrim Adult Centre. This should ensure a robust system of risk assessment, regardless of whether or not the unregulated service is managed by the same manager. An area for improvement has been identified.

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 a visit is undertaken every month; and that two visits should not be undertaken in the same calendar month. Additionally, it is recommended that the areas for improvement included within the RQIA QIP are reviewed each month as part of the quality monitoring process, to avoid repetition of the same deficits. An area for improvement has been identified.

A small number of complaints had been received since the last inspection. The complaints records were disorganised, therefore it was difficult to verify whether acknowledgements and responses had been provided in line with the provider's policy and procedures. Following the inspection, the manager provided assurances that this issue had been addressed; however, the proposed complaints log was not sufficiently robust. As a result, an area for improvement has been identified.

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.

There was information about safeguarding displayed on a noticeboard; advice was given in relation to displaying this in a more understandable way, to ensure that the service users can read the information.

The annual quality report was reviewed and noted to include stakeholder feedback. An area for improvement previously identified in this regard had been addressed.

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.

3.3.4 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.

There was evidence that systems and processes were in place to manage infection prevention and control.

A fire risk assessment had been completed on 7 October 2025; and priority recommendations which were identified had been actioned. All substantive staff had taken part in a fire evacuation drill. An area for improvement previously identified in these matters had been addressed.

Fire safety checks were undertaken on a regular basis.

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

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations and the Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	5

* the total number of areas for improvement includes two that have been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Marc Cary, 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 21 (3)(d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that criminal records checks (AccessNI) are undertaken prior to employment and direct engagement with service users; this includes all staff regardless of whether or not they have transferred internally within the Trust; and any other NHSCT staff. Ref: 3.3.1
	Action required to ensure compliance with this regulation is carried forward to the next inspection.
Area for improvement 2 **Ref:** Regulation 15 (a) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that any service user transitioning from Children's services have all relevant risk assessments completed. Ref: 3.3.2
	Response by registered person detailing the actions taken: The risk assessment discussed with the Registered Manager at time of inspection was completed on Encompass 09/01/2026. All future transitions will be discussed and approved at the NHSCT Learning Disability Day Services Screening Meeting. A key function of this meeting will be to ensure referrals to the service contain relevant and up to date risk assessments. The referral documentation to include risk assessments, will be shared with the relevant registered manager through Encompass System and actions progressed prior to transition service user commencing the service. Risk assessments will be reviewed by the relevant professional in line with changing needs.
Area for improvement 3 **Ref:** Regulation 16 (1) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that any service user transitioning from Children's services have a care plan in place. Ref: 3.3.2
	Response by registered person detailing the actions taken: The care plan discussed with the Registered Manager at time of inspection was immediately completed on Encompass 12/01/2026. All future transitions will be discussed and approved at the NHSCT Learning Disability Day Services Screening Meeting. A key function of this meeting will be to ensure referrals to the service contain relevant and up to date care plans. The referral documentation to include care plan, will be shared with the relevant registered manager through Encompass System and

	actions progressed prior to transition service user commencing the service. Care Plans will be reviewed in line with changing needs or annually as required.
Area for improvement 4 **Ref:** Regulation 21 (2)(b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that where there are staff working in the day care setting, excluding recruitment agency staff, who are not employed by the NHSCT, their names are recorded on the staff roster; they sign in and out of the building; information is retained in order to verify their recruitment, induction and training (profiles); they are included in the fire evacuation processes; and written evidence is retained in relation to contingency arrangements, incident/accident management and that insurance implications have been considered. Ref: 3.3.1
	Response by registered person detailing the actions taken: Following the inspection and subsequent meeting with RQIA on 23/01/2026, the Registered Manager acknowledges the issues identified relating to a small number of staff. Enhanced feedback was received from RQIA and it was agreed that an action plan would be developed and submitted outlining the specific management and governance arrangements to ensure full compliance with regulatory requirements. As part of the agreed action plan, an MDT meeting has been arranged with relevant stakeholders to formally discuss, agree and document governance responsibilities and managerial oversight arrangements. This will be incorporated into monthly monitoring inspections and will be reviewed in line with Standard 17.10 to ensure compliance.
Area for improvement 5 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that a risk assessment is put in place regarding the use of a screen that is in use for a specific risk. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Fire Risk Assessment was reviewed and updated on 07/10/25 to ensure all risks associated with the use of screens are fully assessed and controlled from a fire safety perspective. All individualised risk assessments have been updated to reflect identified risks and person-centred assessed needs. The General Risk Assessment and RAANT have also been reviewed and updated. Relevant risk control measures are clearly documented and referenced within person centred care plans to ensure consistent implementation by staff.

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 20.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that where an employment reference has not been provided by an applicant's current/last employer, records of the attempts made to receive same are retained on the Amiquis electronic records management system. Ref: 3.3.1
	Response by registered person detailing the actions taken: We will ensure that, in all cases where a reference is outstanding from an applicant's current/last employer, documented evidence of contact attempts is clearly recorded and accessible on Amiqus in line with standard 20.3, ref 3.31. This is effective immediately and will continue to be monitored to ensure ongoing compliance.
Area for improvement 2 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that each service user has an individual agreement in place before they start attending the day care setting, or if this is not possible, it is put in place within the first five days of attending the setting. Ref: 3.3.2
	Response by registered person detailing the actions taken: The service user agreement was discussed at the time of inspection has been actioned and uploaded to Encompass. With immediate effect, all future transitions will have a service user agreement prior to transition service user commencing the service.
Area for improvement 3 **Ref:** Standard 12.1 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that risk assessments are undertaken to assess the compatibility of service users who may share transport arrangements with individuals from unregulated services. Ref: 3.3.3
	Response by registered person detailing the actions taken: A generalised risk assessment has been completed with regard to compatibility of service users who share transport arrangements with individuals from unregulated services. Individualised risk assessment are being completed for those affected to include behavioural risks, safeguarding concerns and supervision levels required to meet assessed need on transport. This has been shared with staff and will be reviewed in line with risk management procedures.
Area for improvement 4 **Ref:** Standard 17.10 **Stated:** First time	The registered person shall ensure that the areas for improvement included within the RQIA QIP are reviewed in detail each month as part of the quality monitoring process, to avoid repetition of the same deficits. Ref: 3.3.3

To be completed by: Immediate from the date of the inspection	
	Response by registered person detailing the actions taken: Areas for improvement within the RQIA Quality Improvement Plan are reviewed monthly as part of Day Service's quality monitoring arrangements to ensure learning is embedded and recurrence of the same deficits across building based day care is prevented. Learning will be shared across localities and discussed at Registered Managers team meeting. Registered managers have full oversight of all monitoring reports for their settings and should idenitfy if the areas of improvement are omitted and decline report until this is actioned to prevent any reoccuring deficits.
Area for improvement 5 **Ref:** Standard 14.10 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the records pertaining to complaints are appropriately retained and made available for inspection; this includes records of the issues raised, acknowledgement letters, actions taken, response letters and a note as to whether or not the complainant was satisfied with the outcome. Ref: 3.3.3
	Response by registered person detailing the actions taken: Complaints are managed in line with the NHSCT/25/2195 Complaints and Compliments Policy and Procedure (incorporating the HSC Model of Complaints Handling Procedure) and recorded on NHSCT Datix complaint system. Issues identified at the time of the inspection have been remedied, and the complaints file held by the Registered Manager has been updated to include all required documentation. All future complaint records will be retained and managed in line with Day Care Minimum Standards and NHSCT policy and procedures.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

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