The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Age NI Anna House

Provider: Age NI Anna House

Date of Inspection: 19 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/Registered Provider:	**Age NI Anna House**
Responsible Individual:	Ms Linda Robinson
Registered Manager:	Ms Gillian Thompson
Service Profile: The day care setting is used to provide care and daytime activities for adults who are aged over 65 years; service users may also have a physical disability, be experiencing memory loss and/or have a diagnosis of dementia. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection took place on 19 February 2026, between 10.30 am and 2.30 pm. A care inspector carried out the inspection.

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 24 July 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. As a result of this inspection the area for improvement previously identified was assessed as having been addressed by the provider.

Service users said that the care and support provided by the day care setting was a safe and happy 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.

It was evident that the 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 manager, 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 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 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 living, working and visiting the centre; and review a sample of records to evidence how the setting is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included User Friendly questionnaires and an electronic survey.

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

We spoke to a range of service users and staff to seek their views in relation to the day care setting.

Service users told us that they loved coming to Anna House and meeting other people and staff. One told us that the service is "First class" and another said staff were "Trustworthy companions". They also commended the meals and transport, and said they valued the company and the varied activities on offer in Anna House.

Relatives spoke very positively about the kindness of staff and said the centre was "outstanding, fantastic". They outlined how important the centre was to their family and how accommodating staff were.

Staff were very complimentary about the support offered by management. They described a happy strong team who love their work and were proud of the service offered to service users.

A HSC Trust representative described how staff create a welcoming inclusive space and said the centre was very much a lifeline for service users and their families.

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.

It was noted that there was sufficient staff in the day care setting to respond to the needs of the service users in a timely way; and to provide service users with a choice on how they wished to spend their day.

No new staff had been appointed within the day care setting since the last inspection.

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.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities. Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.
Staff meetings were held regularly and minutes maintained of the meetings.

The inspector reviewed the rota and noted that volunteers who work in the centre are not included. The inspector advised that a record should be made of the dates and times volunteers are in the centre. The manager agreed to action this and this matter will be reviewed at a future inspection. The manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

3.3.2 Are there systems in place for identifying and addressing risks?

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. Fire safety checks were undertaken on a regular basis; and all staff had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed. There was a protocol in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus.

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 of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. The organisation had an appointed ASC for the day care setting. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The day care setting's provision for the welfare, care and protection of service users was reviewed. 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. 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.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

There had been no safeguarding referrals since the last inspection.

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 and the process for reporting concerns. 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.

Some service users were assessed by Speech and Language Therapist (SALT) with recommendations; some required their food and fluids to be of a specific consistency as assessed by a SALT. Staff were familiar with how food and fluids should be modified and followed a clear programme for each service user with SALT requirements at meal times to ensure the care received in the setting was safe and effective. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.3.3 Care Delivery.

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care records evidenced multi-disciplinary working and regular communication with relevant professionals from the commencement of the day care placement. Care plans contained details about their likes and dislikes and the level of support they may require. These are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in keeping with the daycare 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.

It was good to note that the day care setting had service user meetings on a regular basis, which supported service users to make choices around the activities they would like to participate in when at the day. Interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. 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.

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 Gillian Thompson has been the registered manager in this day care setting since 14 December 2010.

There were monthly monitoring arrangements in place in compliance with the regulations and standards and a review of the reports of 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 day care setting's registration certificate was up to date and displayed alongside the certificate of insurance.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency, as necessary.

A system was in place for managing instances where a service user did not attend the day care setting as planned.

Service users care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

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 Mrs Gillian Thompson (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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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