

Inspection Report

Name of Service: Cookstown Adult Centre

Provider: Northern Health and Social Care Trust

Date of Inspection: 28 May 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:	Ms Suzanne Pullins
Registered Manager:	Mrs Arlene Workman
Service Profile – Cookstown Adult Centre is a day care setting providing support for adults with learning disabilities. The day care setting offers a range of person centred activities designed to promote independence, social inclusion and community participation.	

2.0 Inspection summary

An unannounced inspection took place on 28 May 2026, between 9.30 am and 5.20 pm. A care Inspector conducted 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 areas for improvement identified, by RQIA, during the last care inspection on 24 October 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. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the day care setting, such as the recording of service users meeting minutes, access to restricted areas, fire safety and staffing arrangements.

Good practice was identified in relation to the provision of activities and service user involvement. There were good governance and management arrangements in place. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

As a result of this inspection one of the two areas for improvement were addressed by the provider. One area for improvement has been stated for a second time. 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 and staff team for their support and co-operation during 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 QIP 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 and attending 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.

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

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

During the inspection, we spoke with a number of service users and staff members.

Service users spoke very positively about their experience of attending the day care setting; they said they liked attending and staff were respectful and always took time to listen to their views. Discussion with service users confirmed that they were able to choose how they spent their day including the provision of social activities. Service users' comments included; "I like it here and everyone is nice", "I like baking and going out shopping" and "I would talk to the staff if something was annoying me".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the day care setting. Staff comments included; "All service users are supported on the basis of individual needs", "Staff work hard to provide an enjoyable day for service users" and "I am well supported by senior staff".

Whilst the staff spoke positively in relation to the care and support provided, a number spoken with commented on the continued reliance on agency staff and the impact of this. This matter is further discussed in section 3.3.1.

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.

Review of the 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.

An area for improvement, previously identified in regards to the development of an induction programme for the role of senior day worker had been addressed.

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

A competency and capability assessment had been completed for the staff member who was in charge of the day care setting in the absence of the manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. Discussions with the day care worker confirmed that they were aware of the day care setting regulations and standards which they use to guide practice.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including infection prevention and control, fire awareness and medicines management. The day care setting had also provided training in regard to risk management awareness and epilepsy awareness, which strengthened staff competence in these areas.

Review of a sample of staff rosters identified that the staffing levels were not consistently maintained; and there was also evidence that the manager had been included within the staffing numbers on a number of occasions. Whilst this arrangement may be acceptable in response to any short notice staff absences, this should not be a regular occurrence. The person in charge advised that recruitment efforts remain ongoing to fill vacant posts. Recent recruitment efforts had resulted in a number of offers of employment being made however, at the time of inspection no official start dates had been received in respect of these applicants. Due to the high number of vacant hours the service continues to utilise staff from agencies in order to maintain safe staffing levels. The person in charge advised that efforts had been made to block book these staff to increase consistency in care and support.

Review of a sample of monthly quality monitoring reports evidenced that an area for improvement detailed in the previous QIP in relation to the staffing levels being consistently reviewed and maintained as part of the monthly quality monitoring processes had not been addressed. This area for improvement has been stated for a second time.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a daily meeting 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.

Activities were found to be person-centred and tailored to individual preferences and the range of activities engaged in varied greatly from arts and crafts, baking, shopping trips, picnics, gardening, visiting cafes and games. Staff promoted autonomy and choice, supporting service users to make decisions about how they wished to spend their time and engage with their communities.

It was encouraging to observe staff actively seeking the views of, and offering choices to, the service users they were supporting. Staff demonstrated genuine interest and enthusiasm in relation to the service users' individual interests and preferences, promoting meaningful engagement and person-centred support.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the Inspector. Service users were keen to share with the Inspector how much they enjoyed attending the day care setting and the positive relationships they have with staff.

Service users had good access to food and fluids throughout their day. The dining area was observed to be clean and warm. Service users were safely positioned for their meals and the mealtimes were observed to be well organised and supervised.

Staff communicated well to ensure that every service user received their meals in accordance with their assessed needs; it was positive to note that one staff member is responsible for checking all meals before they are provided to service users. Food provided was observed to be well presented and service users were offered a choice.

The day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted to achieve from attending the day care setting and any activities they would like to become involved in. Review of minutes identified that evidence was not consistently maintained of actions taken to address matters raised by service users. An area for improvement has been identified.

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences and the level of care and support they may require. Care staff recorded regular evaluations about the delivery of care and support.

Care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care records were person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

A number of service users were assessed by a Speech and Language Therapist (SALT) and the documentation in place was satisfactory. A review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

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 Arlene Workman has been the manager in this day care setting since 7 September 2021.

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. As previously discussed in section 3.3.1 an area for improvement in relation monthly quality monitoring reports had not been addressed. This area for improvement has been stated for a second time.

The annual quality report was reviewed and noted to include stakeholder feedback.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the day care setting.

The person in charge and staff confirmed that there was an established pathway for staff to follow in regard to raising any safeguarding concerns. They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Staff confirmed they had access to a range of policies and procedures, which they used to guide and inform their practice. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the person in charge indicated that complaints had been managed appropriately. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the person in charge and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of regular update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

3.3.5 Quality and Management of the Environment

The environment was observed during a tour of the day care setting and there was evidence of Infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE), which was available for staff. Other IPC measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Staff followed effective hand hygiene procedures and used PPE appropriately.

The day care setting was found to be warm, fresh smelling and clean throughout. The day care setting was tastefully decorated and service users' artwork was displayed.

During a tour of the environment it was noted that an electrical switch room cupboard was unlocked which service users could potentially have access to. This was discussed with the person in charge and before the conclusion of the inspection, the cupboard was secured. The Inspector observed combustible materials stored in the electrical switch room cupboard. Areas for improvement have been identified.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. Staff had completed fire safety training and participated in an annual fire evacuation drill.

The day care setting's fire risk assessment, dated 1 August 2024, was reviewed. A significant finding had not been actioned. Discussion with the person in charge confirmed that management had endeavoured to progress this matter with relevant Trust staff. However, they were unsuccessful. An area for improvement has been identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 14 (1)(a)(c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure as far as reasonably practicable that all parts of the day care setting to which service users have access are free from hazards to their safety and unnecessary risks to the health or safety of service users are identified and so far as possible eliminated. Ref: 3.3.5
	Response by Registered Person detailing the actions taken: A process has been established whereby staff will undertake a daily check regarding this. This will form part of the buildings daily security inspection process. This will be clearly documented on daily check documentation and Registered Manager will retain oversight.
Area for improvement 2 Ref: Regulation 26 (4)(b) Stated: First time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall take adequate precautions against the risk of fire. This refers specifically to combustible material being stored in an electrical switch room cupboard. Ref: 3.3.5
	Response by Registered Person detailing the actions taken: Estates Department have now removed all combustible materials from the electrical switch room. The room has been designated as a "No Storage Area" and is used solely for housing electrical equipment. Signage stating "Electrical Switch Room – No Storage Permitted" has been displayed on the door, and appropriate alternative storage locations have been identified and communicated to staff.
Area for improvement 3 Ref: Regulation 26 (4)(a) Stated: First time	The registered person shall provide details of the action taken to address the outstanding significant finding highlighted in the fire risk assessment dated 1 August 2024. Ref: 3.3.5

To be completed by: Immediate and ongoing from the date of inspection	Response by Registered Person detailing the actions taken Process Mapping in relation to this was completed by Atlas World on 7 th July 2026. The Registered Manager will continue to work with colleagues in the Estates department to progress this urgently.
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Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 8.3 Stated: First time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall ensure a record is kept of the matters raised by service users and actions taken in response. Ref: 3.3.2
	Response by Registered Person detailing the actions taken: Cookstown Adult Centre hold monthly service user meetings, with minutes completed to record discussions, suggestions and agreed actions. A Day care worker has been nominated to lead this process and will be responsible for recording minutes, reviewing actions from previous meetings and documenting progress made. 'You said, We did' boards are in use and the Registered Manager will hold a file detailing what is captured on the board. This will also be discussed at the next staff meeting.
Area for improvement 2 Ref: Standard 17.10 Stated: Second time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall ensure that the monthly quality monitoring reports specifically focus on the staffing arrangements; this refers to the frequency the manager covers shifts, rather than focusing on their governance and management responsibilities; and the number of days each room is below their assessed staffing requirement; the reports should evidence meaningful review of these staffing arrangements until the next inspection. Ref: 3.3.1 & 3.3.4
	Response by Registered Person detailing the actions taken: Feedback from RQIA relating Monthly Monitoring report around this Area of Improvement will be discussed at the next Manager's Meeting on 21 st July 2026. Senior Day Services Managers will review the format of Monthly Monitoring forms and will ensure that it captures a review of staffing arrangements, contingency plans to ensure safe staffing and occasions when centre manager is on the floor. The Registered Manager and Locality Manager will continue to have oversight of staffing arrangements and this will be discussed in supervision.

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