

Inspection Report

Name of Service:	Daleview House
Provider:	Apex Housing Association
Date of Inspection:	21 August 2025

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

1.0 Service information

Organisation:	Apex Housing Association
Responsible Individual:	Ms Sheena McCallion
Registered Manager:	Mrs Marcella Harriet McCorkell
Service Profile – This home is a registered nursing home which provides nursing care for up to 30 patients who require general nursing care. The home is situated over two floors with access to communal lounges, a dining room and bathrooms. There is an outside space with mature plants and seating for patients use.	

2.0 Inspection summary

An unannounced inspection took place on 21 August 2025, from 9.50 am to 4.40 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection one area for improvement under the regulations and eight areas for improvement under the standards 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 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 patient's, 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.

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 spoken with said staff were very caring and were good to them. Patients also said the food was very good and there were enough staff on duty if they needed them.

Visitors said that they were very happy with the care provided by staff and were kept well informed of any changes to their relatives.

Staff were complimentary about the training, the support from the manager and said there was good teamwork in the home.

Patient and relative questionnaires returned confirmed that most patients and relatives were very satisfied that care was safe, effective, compassionate and well led. One relative said that it sometimes took staff a long time to answer requests. This information was shared with the manager for her review and action where required.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Review of the record of staff training identified gaps in completion of training for areas such as moving and handling and Deprivation of Liberty Safeguards (DoLS). This area for improvement has been stated for a second time.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the system to manage the registration of nurses and care staff evidenced that staff were appropriately registered with either the Nursing and Midwifery Council (NMC), or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day observation confirmed good communication across the team about changes in patients' needs.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that 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.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, patients were referred to the Trust's Specialist Falls Service or their GP.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

One patient required assistance with her meal and staff were assisting other patients. This was brought to the attention of the manager for her review.

Observation of the planned activities, board games and playing percussion instruments, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Staff understood that meaningful activity was not isolated to the planned social events or games.

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.

Patients care records were held confidentially.

Care records review were repetitive and lacked detail. This was discussed with the manager and this area for improvement has been stated for a second time.

3.3.4 Quality and Management of Patients' Environment Control

The home was tidy and welcoming, patients' bedrooms were personalised with items important to the patient, however, bathroom cabinets and a door required maintenance or repair. An area for improvement was identified.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

Staff were observed washing their hands correctly or at appropriate times and to use PPE inappropriately.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Marcella Harriet McCorkell has been the manager in this home since 31 December 2008.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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	0	3*

* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Marcella Harriet McCorkell, 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 Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2025</p>	<p>The responsible individual shall ensure all staff receive mandatory training for their role in a timely manner.</p> <p>Ref: 2.0 and 3.3.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has conducted a thorough review of all staff mandatory training, which will be audited monthly by the Registered Manager. In addition, the Housing and Care Services Manager will monitor this during monthly Quality Monitoring to ensure continued compliance</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2025</p>	<p>The responsible individual shall ensure the reviews of care records are detailed and meaningful.</p> <p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager is currently reviewing all care records to ensure they contain sufficient detail and reflect a person-centred approach. Staff have been advised, through one-to-one supervision and team meetings, that care records must include more comprehensive summaries to support quality care and regulatory compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2025</p>	<p>The responsible individual shall ensure bathroom cabinets and doors are maintained and repaired when required.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager arranged for maintenance to inspect all doors and cabinets to ensure they meet safety and compliance standards. Any necessary repairs or adjustments were promptly actioned to maintain a safe and secure environment for residents and staff.</p>

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