The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Railway Court**

Provider: **Apex Housing Association**

Date of Inspection: **21 April 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:	Apex Housing Association
Responsible Individual/Responsible Person:	Ms Sheena McCallion
Registered Manager:	Mrs Diane Alison Rafferty

Service Profile –

Railway Court is a domiciliary care agency which provides a range of supported living services, housing support and personal care services for service users, who live in a number of bungalows; they each have individual bedrooms and shared lounge, dining and bathroom faciities. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCT) and the Southern Health and Social Care Trust (SHSCT).

2.0 Inspection summary

An unannounced inspection took place on 21 April 2026 between 10.00 am and 4.25 pm by a care Inspector.

The last care inspection of the service undertaken on 11 April 2025 by a care inspector identified one new area for improvement relating to care records and one area for improvement carried over from the previous inspection relating to the complaints procedure. This inspection was undertaken to assess the progress with the areas for improvement identified at the previous inspection and to evidence how the service is performing in relation to the regulations and standards. It also sought to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the service was well led. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection both areas for improvement, previously identified, were assessed as having been addressed by the provider. There were no new areas for improvement identified during this inspection.

Railway Court uses the term 'residents' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 living, working and visiting the service and review/examine a sample of records to evidence how it 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 survey.

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

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.
We spoke to a range of service users, relatives and staff to seek their views of living, visiting and working within Railway Court.

Service users who spoke with the inspector said that they were happy living in Railway Court and that the support they received was good. Comments received included: "I like it here" I like the staff – they helped me to get a job".

Relatives who were approached for feedback on the service said that they were happy with the care and support their loved one receives in Railway Court and that the staff are good at communicating with them.

A number of staff who spoke with the inspector said that the service users received safe and effective care and that training and support from management was very good. Other staff said that although there could be staff shortages, the team were very good at helping each other out so service users did not miss out on any outings where possible.

Health and Social Care professionals who provided feedback on the service said that they felt the service users were happy and content and that there was a homely atmosphere with staff who know the service users very well.

3.3 Inspection findings

3.3.1 Safeguarding and Risk Management

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.
Discussions with the manager and staff 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.

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 in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency 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.
It was positive to note that these were recorded on a centralised electronic recording system which was reviewed monthly by the manager to aid in identifying any patterns or trends arising. On review of this it was identified that the screening outcome of referrals and any applicable protection plans was not included. Advice was given to the manager on how inclusion of this information would aid in assuring that all necessary actions had been completed in line with Adult Safeguarding policies and procedures. The manager welcomed this advice which will be reviewed at a future inspection.

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 provided. Service users were also observed approaching staff for assistance and it was good to note a warm rapport between both service users and staff who responded in a respectful ad helpful manner.

A review of the Incidents/Accident policy and procedure and management system evidenced that all incidents were recorded on a centralised incident tracker document which was reviewed on a monthly basis by senior management. Advice was given to the manager around the use of unique identifiers when recording incidents to ensure accuracy and adherence to data protection requirements. The manager agreed to review the centralised recording template which will be reviewed at a future inspection. A review of a sample of accident and incidents that occurred since the last inspection evidenced that these had been managed appropriately. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.2 Staffing Arrangements (Recruitment and Induction)

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.

On the day of inspection there was a deficit of senior support staff which the manager advised was due to unexpected absences. Whilst, there was enough staff on duty to meet the needs of the service users, it was evident that aspects of the care and support normally provided by the senior support workers was being covered by management staff. The manager confirmed that there were imminent plans to address the deficit in senior support worker roles though use of bank staff and agency staff. RQIA will keep this matter under review.

There was a process in place to ensure that any new staff had the correct pre-employment checks undertaken before staff members commenced employment and had direct engagement with service users.

Newly appointed staff, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Procedures were in place for appraising staff performance and all staff received regular supervision.

3.3.3 Staff Training

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Adult Safeguarding, Medicines management and Dysphagia. Staff confirmed that they were provided with opportunities to complete training commensurate with their role. The service provided specific training to meet individual Service user's needs such as Epilepsy and Diabetes management. It was positive to note that staff had also completed training in relation to legionella awareness and financial abuse awareness which included fraud and conflict of interest awareness.

It was highlighted to the manager that the training matrix did not include Mental Capacity Act/ Deprivation of Liberty Safeguards (DoLS), however the manager was able to evidence that all staff have completed the necessary training as per the legislation commensurate with their roles.

3.3.4 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager reported that a number of service users were subject to DoLS however these were not recorded on a centralised register to enable regular review of the required documentation as per the legislation. The manager agreed to implement this immediately. On review of the documentation pertaining to service users who were experiencing a deprivation of liberty, it was evident that the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. The implementation of the DoLS register will be reviewed at a future inspection.

Any restrictive practices such as the use of bed rails, were reviewed alongside the support plan and subject to multi-disciplinary assessment and review. It was recommended that all restrictive practices be recorded on a centralised register and subject to regular review with multidisciplinary input to ensure that any restrictive interventions applied within the service are assessed as necessary and proportionate and removed if no longer required in line with best practice guidance on restrictive practice.

3.3.5 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care and support. There was a system in place to ensure that the activities offered to service users were tailored towards their individual needs and preferences. The agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included Adult Safeguarding, Health and Safety, menu planning and exercise plans. There was evidence that service users were supported during meetings to choose activities they would like to participate in. A review of a sample of the minutes of the tenants meetings evidenced that actions from previous meetings were reviewed at the beginning to monitor and update the tenants of any progress made with respect to issues raised.

3.3.6 Management of Care Records

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

An area for improvement identified at the previous inspection found deficits in care records specifically in relation to the management of Diabetes. On examination of the identified care records, it was evident that a review had taken place and included a detailed Diabetes care management plan. This referenced glucose monitoring and the input from relevant nursing professionals. A review date had been set to ensure the care plan remains up to date with the individual service user's care needs. On this basis the area for improvement was deemed to have been addressed by the provider.

A review of a sample of other care records evidenced that whilst these were person- centred, well maintained, one care record required an update to include reference to a service user's medical condition that required use of inhalers. The manager advised that this had been an oversight and rectified the care plan immediately and agreed to review all care plans to ensure

that such information is clearly visible and shared with staff as appropriate so they continue to meet the service users' needs. This will be reviewed at a future inspection.

Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and records were available in a format suitable for each service user. Advice was given to the manager about the need to highlight health conditions

Care reviews had been undertaken in keeping with the agency'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.

3.3.7 Quality of Management Systems

There has been no change of manager in the agency since the last inspection, Mrs Alison Rafferty has been the registered manager in this agency since 1 July 2024. Staff commented positively about the manager whom they described as supportive and approachable.
The agency 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 agency. The reports of these visits were completed in detail.

An area for improvement carried forward from a previous inspection related to complaints management. On review of the complaints management system and complaints received since the last inspection, it was evidenced that complaints were managed in accordance with the agency's policy and procedure and that those received had been managed appropriately. It was recommended that the outcome of each complaint received should be noted and date of closure recorded within the documentation. This advice was welcomed and will be reviewed at a future inspection.

The annual quality report was reviewed and noted to include service user and representatives' feedback.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

Where staff are unable to gain access to a service users' home – There is a system in place that ensures that the service has an operational policy, procedure or protocol that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

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 Alison Rafferty (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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