

Inspection Report

Name of Service: St Julian's House

Provider: Apex Housing Association

Date of Inspection: 2 June 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 Geraldine Anne McCrory
Service Profile St Julian's House is a supported living type domiciliary care agency situated close to Omagh town centre. The agency's aim is to provide care and support to up to 15 people; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services with the overall goal of promoting health and maximising quality of life. Agency staff are available to support service users 24 hours per day. St Julian's House also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 2 June 2026 between 10.05 am and 3.10 pm by a care Inspector.

The last care inspection undertaken on 16 September 2025 by a care inspector identified four areas for improvement relating to recruitment practice, care records, management of medication errors and fire safety practices. This inspection was undertaken to evidence how the service 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; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection the four areas for improvement previously identified were assessed as having been addressed by the provider.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. There were no areas for improvement identified during this inspection.

Service users said that the care and support provided by St Julian's House was a good experience.

Full details of the findings of the inspection can be found in the main body of this report.

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

We spoke to a range of service users, relatives, staff and a Health Care professional to seek their views of living within, visiting and working within St Julian's House.

The information provided indicated that there were no concerns in relation to the service. Service users told us that they were happy living in St Julian's House. They said that they were supported well by staff and would make their own choices about how they wanted to spend their day. Service users we spoke with said that they liked the staff.

Relatives who spoke to the inspector said that they were very happy with the standard of care provided to their loved ones and that the manager was very responsive to any concerns raised.

Staff said that they really enjoyed working in St Julian's House and that they felt service users had a good experience. Training and support from management was said to be of a good standard. It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

A Health Care professional who spoke with the inspector said that the care and support given to service users was very good and that the management and care staff reported any concerns to them in a timely way.

3.3 Inspection findings

3.3.1 Adult Safeguarding and Accidents/Incidents 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.

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 the process for reporting and managing adult safeguarding concerns and their responsibility in identifying and reporting any actual or suspected incidences of abuse 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 raising concerns in the public interest (Whistleblowing). The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. The manager advised that there had been no adult safeguarding concerns raised since the last inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency's governance arrangements for the management of accidents/incidents was reviewed and confirmed that an effective reporting policy and system was in place and that the agency had responded appropriately to the concerns raised in line with the with the Trusts' reporting requirements. There was a monthly tracker for centrally recording accidents and incidents; this was reviewed regularly by senior management to ensure appropriate management and swift identification of any patterns or trends arising.

An area for improvement identified at the previous inspection related to the management of a medication incident. On review of all medication incidents which had occurred since the previous inspection, there was evidence that medication errors had been fully investigated and details of the investigation outcome were maintained. Where staff medication errors occurred, a reflective account of the event was completed by the identified staff member who was required to complete medication refresher training and a renewed competency assessment prior to undertaking medication tasks. On this basis the area for improvement was assessed as met.

3.3.2 Staff Recruitment, Induction and Training

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.

An area for improvement identified at the previous inspection related to recruitment practices where it was identified that a staff member's recruitment records did not evidence that gaps in employment were explored in line with the regulations and standards. The manager advised that there had been no new staff recruited since the last inspection. A review of the identified staff member's recruitment records found that this information had not been retrospectively obtained. A discussion took place with the manager to ensure understanding of the Regulation 13 (d) Schedule 3 and they proceeded to action this requirement immediately. Information was provided after the inspection to evidence that a full employment history, gaps in employment and reasons for leaving had been retrieved. The manager advised that changes would be made to the checklist to provide confirmation that all required recruitment checks had been undertaken in compliance with the regulations and standards. On this basis the area for improvement was assessed as 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.

A review of training records of the most recently recruited staff evidenced a structured orientation and induction had been completed having regard to NISCC'S Induction Standards for new workers in social care to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. This included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their role.

An examination of the electronic training matrix confirmed that all staff were not up to date with several mandatory training elements including Adult Safeguarding, Moving and Handling, Fire Safety, Infection Prevention and Control (IPC), Mental Capacity Act and Medications Management training. An action plan was drawn up to remedy this by the manager who confirmed after the inspection that the majority of staff were now up to date with their mandatory training and dates had been arranged for staff to complete refresher training in Basic Life Support/First Aid in the near future. This will be reviewed at a future inspection.

Procedures were in place for appraising staff performance and staff were provided with supervision on a regular basis.

An area for improvement identified at the previous inspection related to fire safety training where it was identified that a number of staff had not completed a fire drill in line with the agency's fire safety policy and procedure. A review of fire training records evidenced that all staff had attended fire drill training since the last inspection and the manager advised that these are completed every six months in an effort to ensure ongoing compliance with regulations. On this basis the area for improvement was deemed to have been met.

3.3.3 Management of Care Records

Service user's 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 user's needs and included any advice or recommendations from other healthcare professionals.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users'

health and social care needs were met within the agency. Staff who spoke with the inspector demonstrated a good knowledge of services user's wishes, preferences and assessed needs.

An area for improvement identified during the previous inspection related to the review of a service user's risk assessment where risks around mobility were not clearly identified. On examination of the identified service user's care records there was evidence the service user's mobility needs had been reviewed by a professional and an updated risk assessment had received. Records had been updated to include detail around falls risk and management of same. It was positive to note that a risk rating system had also been implemented to aid in identifying those service users at increased risk of falls. This was reviewed regularly by the manager and when changes or incidents occurred. On this basis the area for improvement was assessed as met.

The agency held service users' meetings on a quarterly basis which enabled service users to discuss the provisions of their care and discuss upcoming events and activities arranged within the service such as barbecues and other social events.

3.3.4 Governance and Managerial Oversight

There has been no change in the management of the agency since the last inspection. Mrs Geraldine Anne McCrory has been the Registered Manager since 28 June 2022. Staff spoke positively about the support provided by the manager and relatives advised that the manager was very supportive and attentive to the needs of the service users.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring 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.

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

The agency's registration certificate was up to date and displayed appropriately.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager advised that there had been no complaints received since the last inspection.

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 Geraldine McCrory, Manager as part of the inspection process and can be found in the main body of the report.



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