

Inspection Report

Name of Service: St Julian's House

Provider: Apex Housing Association

Date of Inspection: 16 September 2025

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
<p>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.</p> <p>St Julian's House also provides sheltered accommodation to a number of individuals who occupy the same building. RQIA does not regulate sheltered accommodation.</p>	

2.0 Inspection summary

An unannounced inspection took place on 16 September 2025, between 9.50 am and 5.00 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence how the agency 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 29 October 2024; and to determine if the agency 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. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment practices, risk assessments, fire drills and the management of medication errors.

Good practice was identified in relation to service user involvement, monitoring of professionals' registrations and monthly quality monitoring.

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 the four areas for improvement previously identified were assessed as having been addressed by the provider.

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.

We would like to thank the manager, service users and staff team for their support and co-operation during 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 agency 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 agency. 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 seek the views of those working for or being supported by the agency and review a sample of records to evidence how the agency 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

We spoke to service users and staff to seek their views of living and working within the agency.

The service users indicated that they enjoyed their experience of living in St Julian's House and they spoke highly of the staff and manager.

The service users told us that they were able to choose how they spend their day. Service users' comments included; "I am very well looked after" and "I am happy living here".

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 agency. Staff comments included; "Excellent organisation to work for", "I am well supported by the manager and I can raise matters at any time" and "Care and support is of a high standard".

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal records checks (AccessNI), were completed and verified before staff members commenced employment and had direct contact with service users. A recently recruited staff member's recruitment record did not evidence that gaps in employment were explored. An area for improvement has been identified.

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 and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, 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. There was a robust, structured, programme which also 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 job role.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, fire awareness and medicines management. It was positive to note that the agency provided training in regard to diabetes awareness and food safety.

Review of fire drill records evidenced that a number of staff had not completed a fire drill in line with the agency's fire safety policy and procedure. An area for improvement has been identified.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users. Service users said that there was enough staff on duty to support them.

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 handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included going shopping, visiting cafes, board games and bingo.

The service users told us they enjoyed the independence that living in St Julian's House affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, genuine, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

3.3.3 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.

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 service users' wishes, preferences and assessed needs which was positive to note.

Review of a service user's risk assessment evidenced that risks pertaining to mobility were not clearly identified or evaluated. An area for improvement has been identified.

Staff recorded regular evaluations about the care and support provided.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs McCrory has been the manager in this agency since 28 June 2022. Those consulted with described having good relationships with the manager.

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

The agency was visited each month by a representative of the registered provider. 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. The reports of these visits were completed in detail.

Review of a sample of incidents evidenced that a medication incident had not been fully investigated and details of the investigation outcome maintained. An area for improvement has been identified.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed and was found to be satisfactory.

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.

Staff were required to complete 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 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. Adult safeguarding matters were reviewed as part of the quality monitoring process.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Discussions 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 knew when 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 continuous update

training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

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	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Geraldine McCrory, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The Director of Corporate Services has introduced a mandatory practice of direct questioning regarding any gaps in employment during the interview and recruitment process.</p> <p>Explanations provided by candidates will be recorded in the recruitment documentation and made available upon request to relevant personnel, including the Registered Person.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2)(a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that risk assessments clearly identify, assess and manage risks.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager will ensure that all service users have appropriate and up-to-date risk assessments in place, with particular attention given to mobility-related risks.</p> <p>These assessments will be subject to regular audits to ensure accuracy, compliance with relevant standards, and effectiveness in mitigating identified risks.</p> <p>Audit outcomes will be reviewed during monthly Quality Monitoring Visits to support continuous improvement and sustained compliance.</p>

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure all staff complete a fire drill in line with the agency's fire safety policy and procedure.</p> <p>Ref: 3.3.1</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all staff participate in fire drills in accordance with the organisation's Fire Safety Policy and Procedures.</p> <p>To support compliance, fire drills will be scheduled at regular intervals and communicated clearly to all staff in advance. Attendance will be recorded for each drill, and any staff members who are absent will be required to complete a catch-up drill within a defined timeframe.</p> <p>Staff will receive periodic reminders and refresher training on fire safety procedures to reinforce the importance of active participation.</p> <p>The Registered Manager will conduct monthly audits of fire drill records and report compliance levels as part of routine Quality Monitoring Visits.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that all medication errors are fully investigated and a record is maintained of actions taken to prevent recurrence.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all medication errors are subject to a robust and thorough investigation. Detailed records will be maintained outlining the actions taken to prevent recurrence.</p> <p>In collaboration with the Learning & Development Manager, the Registered Manager will confirm that appropriate corrective measures have been implemented, including staff training, competency assessments, and reflective accounts.</p> <p>This process will be subject to ongoing review and monitoring as part of the monthly Quality Monitoring Visits, to support sustained compliance and continuous improvement.</p>

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