

# Inspection Report

**Name of Service:** Daleview House

**Provider:** Apex Housing Association

**Date of Inspection:** 19 September 2025

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

## 1.0 Service information

<b>Organisation:</b>	Apex Housing Association
<b>Responsible Individual:</b>	Ms. Sheena McCallion
<b>Registered Manager:</b>	Mrs. Marcella McCorkell
<b>Service Profile:</b>	
<p>Daleview House is a domiciliary care agency, supported living type, located in Derry/Londonderry. The agency offers domiciliary care and housing support to 13 older people. The agency's office is located in the same building as the service users' accommodation and accessed from a shared entrance. Service users have individual rooms and a range of shared facilities, which includes a lounge, bathrooms and a kitchen.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 September 2025, between 09.00 a.m. and 12.30 p.m. A care inspector carried out the inspection.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspection also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

There were no Areas for Improvement identified during this inspection.

The inspector identified good practice in relation to service user and relative feedback, as well as care planning and the use of service user journals. The inspector also noted that the agency produces a monthly training schedule, which highlights to staff the availability of upcoming courses, which was useful for staff. There were good governance and management arrangements in place.

Daleview House uses the term 'tenants' 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 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 any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the inspector will seek the views of those living, working and visiting the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The inspector provided information 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

Throughout the inspection the RQIA inspector spoke with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of using, visiting or working in the agency.

Respondents spoken to by the inspector gave generally positive feedback. One service user said 'You're looked after all the time here. The service is great and the food is excellent'. Another said that 'I love it here and the staff are great'. Relatives of service users stated that the staff were 'great and very approachable'.

Staff reported that they 'loved working in the agency'. One stated that Apex is 'a great company to work for'. They stated that training was good.

Returned service user questionnaires indicated that there were no concerns in relation to the agency and that service users were very happy with the care they received there. One service user stated that 'Daleview is just great and the staff are always at hand'.

The inspector spoke to one visiting professional who reported no issues with the agency.

## 4.0 Inspection findings

### 4.1 What are the systems in place for identifying and addressing risks?

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge 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. 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. The inspector discussed these with the person in charge and confirmed that the manager had managed these appropriately.

The person in charge was aware that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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 they received. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency provided staff with training appropriate to the requirements of their role. The person in charge advised that all current service users are independently mobile and do not require assistance with moving and handling. A review of care records identified that risk assessments and care plans for service users were up to date. A review of the policy pertaining to moving and handling identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

The agency had undertaken care reviews in keeping with its policies and procedures.

The person in charge advised that all staff, including agency staff, had received training in relation to medicines management. The manager advised that no service users required the administration of oral medication via syringe.

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 staff assist only when required to do so. 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.

Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that there were no service users subject to DoLS. A resource folder was available for staff to reference if needed.

The inspector viewed the agency's fire risk assessment and this was within date, with no actions outstanding from the previous assessment.

#### **4.2 What are the systems in place for the promotion of service user involvement?**

From reviewing service users' care records and through discussions with service users, the inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care and support plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

The inspector noted that the agency had service users' meetings on a regular basis, which enabled the service users to discuss the provisions of their care.

The inspector reviewed the annual quality report and this demonstrated evidence of service user consultation.

#### **4.3 What are the systems in place for meeting the Dysphagia needs of service users?**

The person in charge reported that no service users required a modified diet. She confirmed that all staff had received training in Dysphagia and were aware of action required in the event of a service user choking.

#### **4.4 What systems are in place for recruitment and are they robust?**

The inspector reviewed the agency's staff recruitment records and 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. The agency checked that staff held appropriate registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to check NISCC registrations. Staff who spoke with the inspector confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of Post Registration Training and Learning.

#### 4.5 What arrangements are in place for staff induction and training?

The inspector noted 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 formal induction programme of at least three days, which included shadowing of a more experienced staff member. The agency retained records of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Agency staff are deployed and they can avail of specific training such as a medication competency, which they cannot obtain through their agency. The inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date.

#### 4.6 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly 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 the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality report reviewed by the inspector and was satisfactory.

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 inspector viewed the agency's certificate of insurance and confirmed that this was both within date, and provided the appropriate level of cover.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. Where the agency had received complaints, the inspector found that these had been managed appropriately. Complaints were also reviewed as part of the monthly quality monitoring process.

The inspector reviewed records of regular staff supervision as well as appraisals, which are carried out annually as per the policies and procedures of the agency.

#### 5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The inspector discussed the findings of the inspection with Mrs. Mary Mortimer (Support Worker) and Mrs. Lorraine Hartin (Apex Housing Monitoring Officer) as part of the inspection process. These can be found in the main body of the report.



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