

Inspection Report

Name of Service: Railway Court
Provider: Apex Housing Association
Date of Inspection: 11 April 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:	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 facilities. 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 11 April 2025, between 9.20 am and 4.20 pm. The inspection was conducted by a care inspector.

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 17 and 21 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. One area for improvement was identified in relation to care records.

It was evident that staff promoted the dignity and well-being of service users.

Service users said that living in Railway Court was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement, with the exception of one, were assessed as having been addressed by the provider. One area for improvement 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.

Railway Court 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.

We would like to thank the manager, service users, the visiting relative 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 Quality Improvement Plan 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 living or working in agency; and review/examine a sample of records to evidence how the agency 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 and their quality of life

We spoke to a range of service users and staff to seek their views of living within and working within the agency. We also spoke to a visiting relative.

Service users indicated that they enjoyed their experience of living in Railway Court and they also spoke highly of the staff and manager. Service users appeared relaxed in their interactions with staff.

Service users told us that they were able to choose how they spend their day. Service users' comments included "I like it here.", "Everyone is nice to me." and "I am going to a music class today".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke very positively in to management support in the agency. One told us that they have no concerns about the care of the service users, that the manager is supportive and approachable.

A relative spoken with during the inspection commented positively about the provision of care and support provided by the agency. Comments included: "The care XXXX gets is second to none and she has an excellent quality of life here. XXXX is treated with great respect".

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

3.3.1 Staffing Arrangements

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. A review of the agency's staff recruitment records 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.

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.

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 induction programme which also included a two-week period of shadowing of a more experienced staff member.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically.

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. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid and moving and handling. It was positive to note that the agency provided training in regard to learning disability and autism and diabetes awareness.

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.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care and support, that the staff needed to assist them in their roles.

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 to the local arts centre, the cinema, music classes, shopping trips and visiting family.

Service users told us they enjoyed the independence that living in Railway Court affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, 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.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included advocacy arrangements and outings and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

3.3.3 Management of Care Records

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate. Care reviews had been undertaken in keeping with the agency's policies and procedures.

Diabetes management was considered during the inspection. A care plan and risk assessment was in place for the management of diabetes however, the care records did not clearly direct staff in regard to diabetes management including blood sugar management. An area for improvement has been identified.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

Records pertaining to consent were available.

Service users care records were held confidentially.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Diane Alison Rafferty has been the manager in this agency since 12 May 2022. Those consulted with commented positively about the manager and described her as supportive and approachable. It was positive to note that the manager spoke very highly of the staff and this was reciprocated.

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.

The annual quality report was reviewed and noted to include stakeholder feedback.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Review of the complaints record and discussion with the manager evidenced that no complaints had been recorded since the previous care inspection. An area for improvement made in the previous inspection report regarding complaints management is carried forward for review at the next inspection.

Discussion 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.

Discussions with staff identified they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this agency.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency.

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*	0

* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Diane Alison Rafferty, 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 15 (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that robust and effective arrangements are in place in relation to the management of diabetes; this includes but is not necessarily limited to a person centred and detailed care plan and risk assessment record.</p> <p>Ref: 3.3.3</p> <p>Response by Registered Person detailing the actions taken: The care and support plan referred to in the QIP has been updated and reviewed. Information around management of Diabetes including blood glucose monitoring is now included. There is also a staff sign sheet included to show evidence that staff have read and understood the additional information and this has been signed by all staff within a week of the inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 22 (6)(7)(8)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 21(1) shall apply to that record.</p>

	Ref: 3.3.4
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Please ensure this document is completed in full and returned via the Web Portal



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews