

Inspection Report

Name of Service: Abbey House

Provider: Apex Housing Association

Date of Inspection: 22 July 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 Elena Lynch
Service Profile Abbey House is a domiciliary care agency, supported living type that provides care and housing support to service users who live in individual flats. The agency's registered office is located within the same building as the service users' accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2025, between 10.55 am and 4.30 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 12 September 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, induction, training and care plans.

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

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 two areas for improvement previously identified were assessed as having been addressed by the provider and two areas for improvement have been stated for a second time. 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 person in charge, 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 within and working within the agency.

Service users indicated that they enjoyed their experience of living in Abbey 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 like living here and all my needs are met." and "Staff are nice and always friendly."

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

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, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Review of two recently recruited care staff members' recruitment records did not contain a written explanation of gaps in the staff members' employment histories. 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.

Review evidenced that induction records for two recently recruited care staff members had not been completed within the timeframes outlined in the induction record and these records were not appropriately signed. An area for improvement made in the previous inspection report has been stated for a second time.

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.

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, fire safety and medicines management. However, one care staff member had not received basic first aid training and was lone working, at night, in the agency. Immediate action was taken by senior management and assurances provided that the care staff member would not undertake lone working until appropriate training was provided. 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.

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

Procedures were in place for appraising staff performance.

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 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 shopping, pottery workshops and afternoon tea.

Service users told us they enjoyed the independence that living in Abbey House 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 health and safety 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

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.

Review evidenced that a care plan did not reflect the arrangements in place to support the service user with medicine administration. An area for improvement made in the previous inspection report has been stated for a second time.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives, as appropriate.

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

3.3.4 Quality of Management Systems

We discussed the acting management arrangements, which have been ongoing since 6 May 2024; RQIA will keep this matter under review. Those consulted with commented positively about the manager and described him as supportive, empathetic and approachable.

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.

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

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 ASC was known to the staff team.

The agency's annual Adult Safeguarding Position report was reviewed and 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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. 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.

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. One staff member commented: "Good communication."

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 training updates. 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*

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the Person in Charge, 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	
Area for improvement 1 Ref: Regulation 13 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless a written explanation of any gaps in employment has been obtained. Ref: 3.3.1 Response by registered person detailing the actions taken: The Director of Corporate Services has issued correspondence to relevant HR staff requesting that the following guidelines are implemented with immediate effect for all recruitment exercises: All gaps in employment are fully explored and documented on assessment sheets.
Area for improvement 2 Ref: Regulation 16 (2)(a) Stated: First time To be completed by: Immediate and ongoing from the date of the inspection	The registered person shall ensure that each employee of the agency receives training, which is appropriate to the work they are to perform. This specifically relates to basic first aid training. Ref: 3.3.1 Response by registered person detailing the actions taken: The Registered Manager will ensure that all employees receive appropriate and role-specific training to perform their duties effectively and safely. To uphold safe working practices, no employee is permitted to work alone until they have successfully completed First Aid training.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 12.1 Stated: Second time To be completed by:	The registered person shall ensure that newly appointed staff, including agency staff, complete a structured orientation and induction, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. Ref: 3.3.1

Immediate and ongoing from date of inspection	Response by registered person detailing the actions taken: The Registered Manager will ensure that all newly appointed staff, including agency staff, complete the appropriate induction training and documentation within the specified timeframes, in accordance with the organisation's policies and procedures. This process ensures that all staff are fully prepared to carry out their roles safely, competently and in line with regulatory and organisational standards.
Area for improvement 2 Ref: Standard 3.3 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered shall ensure that a care plan is in place for each individual service user and includes information on the administration or assistance with medication. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager will ensure that appropriate and up-to-date care plans are in place for all service users, particularly in relation to the administration of medications. These care plans will reflect the individual needs of each service user. The Registered Manager will audit all care plans regularly to ensure accuracy, compliance, and effectiveness. These audits will be further reviewed during the monthly Quality Monitoring Visits.

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



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