The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Alexander House**

Provider: **Apex Housing Association**

Date of Inspection: **25 November 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 Samantha Magee
Service Profile – Alexander House is a domiciliary care agency supported living service, which provides care and housing support for up to 20 service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services. Service users live in their own flats and have the use of communal indoor and outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 25 November 2025, between 10.25 am and 4.25 pm. A care Inspector conducted the inspection.

The last care inspection of the agency was undertaken on 15 October 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. However, improvements were required to ensure the effectiveness and oversight in relation to care records.

Good practice was identified in relation to service user involvement and mandatory training compliance. It was established that staff treated service users with dignity and respect. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

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 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 the agency.

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

Service users told us that they were able to choose how they spend their day. Service users' comments included; "Staff are respectful, helpful and always kind." "There are lots of activities here and our Christmas party is coming up." and "This is a great place to live and everything about the place is good".

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; "Great training provided and it meets the needs of the service users." and "Service users' needs come first".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided.

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 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 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.

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 infection prevention and control, fire awareness and medicines management. It was positive to note that the agency provided training in regard to Human Rights 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.

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.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

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, to the cinema, visiting restaurants, arts and crafts and bingo.

The service user told us they enjoyed the independence that living in Alexander House affords them and how they are encouraged to make their own decisions.

Discussion with service users', staff and observation of interactions demonstrated that service users are treated with dignity and respect while promoting and maintaining their independence.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed 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.

Review of a sample of care records identified that two service users' risk assessments and care plans did not clearly and accurately reflect the administration or assistance with medication and the management of identified risks. An area for improvement has been identified.

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.

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 user's 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.

Staff recorded regular evaluations about the care and support provided.

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 Samantha Magee has been the manager in this agency since 26 July 2022. Those consulted with described having good relationships with the manager.

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.

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

There was a system in place to ensure that complaints were managed in line 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.

Discussions with the manager 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

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Samantha Magee, 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	
Area for improvement 1 **Ref:** Regulation 15 (2)(a)(b)(c) **Stated:** First time	The registered person shall ensure that each service user has robust plans and risk assessments in place that specify the service user's needs and how those needs are to be met by the provision of prescribed service. Ref: 3.3.3
To be completed by: Immediate from the date of inspection	**Response by registered person detailing the actions taken:** The registered person will ensure that each service user has a comprehensive, person-centred care plan and risk assessment in place. This will be achieved through a thorough assessment of individual needs and potential risks at the point of admission. Support plans and risk assessments will be reviewed regularly and updated promptly to reflect any changes in circumstances. Compliance will be monitored through scheduled audits by the registered person to confirm that documentation adheres to best practice and meets all regulatory requirements. This will be further monitored through monthly Quality Monitoring Visits by the designated Quality Monitoring Officer.

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

The Regulation and Quality Improvement Authority

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