The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Killowen House

Provider: Apex Housing Association

Date of Inspection: 13 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 Brenda Cunningham**
Service Profile: Killowen House is a domiciliary care agency (DCA) located in Coleraine. The building is purpose built, containing 43 private rooms with en-suite facilities as well as communal spaces for service users to avail of. The agency offers a range of care and support services that are bespoke to each individual's assessed needs.	

2.0 Inspection summary

An unannounced inspection was conducted 13 November 2025, between 10.48 a.m. and 4.45 p.m. by a care Inspector.

The last care inspection of the service was undertaken on 3 December 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Killowen House was a good experience.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

No areas for improvement were identified during this inspection.

Killowen 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 service 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 service. 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 being supported by and working for the agency; and examine a sample of records to evidence how the service 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 survey.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users consulted were complimentary of both the staff and the service they receive in Killowen House. One service user told us, "it was hard moving from my house but I love it here and there isn't anything I don't like". Service users described staff as, "so nice", "very friendly and helpful" and "all so easy to work with". One service user advised, "the staff are very amenable. They know you by name and welcome suggestions". It was also positive to hear that one service user felt that "the staff are very approachable and always up for a chat".

One service user provided consent to view their home and advised they were very content and happy with their accommodation. Their bedroom was spacious and had a private bathroom. They had chosen their own décor and furnishings which were reflective of their own interests and preferences. Another service user told us "I am content … it is kept very clean and tidy and I more than happy. I love living here, honestly it's great".

One service user told us "the social aspect is very important. Company, somebody to chat to is vital". Several other service users also commented how they "enjoy the company" living within Killowen House. When asked if there was anything that could be improved upon none of the service users consulted had any further suggestions. A service user explained to us, "I am so happy to live here. I have been in here nine years and have never regretted my decision. My family really speak highly of Killowen House because they see how well I am looked after".

Service user representatives consulted spoke positively about Killowen House. One next of kin told us, “my mum has been a resident in Killowen for one year and has been very content and the staff have been extremely supportive and informative. Extremely happy with the care and facility”. Another service user representative talked about the ease of referral, the comfort gained from visiting the service and the support provided to the family surrounding their loved one moving in. They described Killowen House as “the ideal place” for their loved one and said “the staff are brilliant”.

Professionals consulted told us how Killowen House has “an excellent reputation”. They told us that they had no concerns surrounding the care and support offered to the service users. We were advised they found the staff to be proactive and engaging, stating communication between themselves and the staff within Killowen House was good.

Staff told us “the staff and tenants are great and there is good support”. Staff members spoken with said that they had a “fantastic team” and felt supported by their colleagues. They felt there was effective communication across the team and that everyone did their best day to day. Staff spoke positively about their probationary period and support gained from their colleagues and the Registered Manager during this time. They told us that they found the induction to be very good and that they love working within the service.

3.3 Inspection findings

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. There was evidence of robust systems in place to manage staffing.

There was evidence of adequate staffing, with staff readily available to respond to service user needs, whether this was via facilitation of activities, supporting with mealtime or responding to requests made via the call system utilised by the service. Service users appeared relaxed and at ease with staff; observed laughing with staff.

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. RQIA recently made in discussion with Apex Housing Association representatives had been assured issues identified regarding applications utilised by the organisation in failing to acquire full employment history from school leaving age would be addressed. Recruitment documents reviewed predated these discussions, due to this an area for improvement was not made however employment history of new employees will be reviewed again at a future inspection.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council’s (NISCC) 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. Written records were retained by the agency of the person’s capability and competency in relation to their job role.

Records of all staff training were retained and the Registered Manager maintained oversight of the training matrix to ensure compliance. It was positive to note that in person training due to expire had been scheduled to be completed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and were actively encouraged by the Registered Manager to develop new skills and knowledge.

Review of training also evidenced good systems in regards to medication training with a separate folder found to contain all staffs most recent medication competency assessments. Staff had undergone competency assessments to ensure that they were competent in their roles and responsibilities. Additional competency assessments were also evident for those staff expected to oversee the day to day operations of the service in the absence of the Registered Manager.

Review of records identified that supervisions had been undertaken with staff; these were noted to occur on a regular basis. Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place.

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. Staff were able to competently demonstrate how they would advise colleagues of changes in service user's needs, such as prescription of acute medication; examples of recent changes were also shown. Handovers were detailed outlining activities planned and responsibilities of staff on duty.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing. Minutes reviewed evidenced regular discussion of service user matters as well as complaints/compliments, adult safeguarding and other items. It was found that staff were able to add items to the agenda.

Service users advised that they felt able to talk to staff whenever they had any issues or concerns; I "would talk to anyone of the girls they are very good", ""I can talk to any of the girls here and the Manager". Another service user told us, "if anything goes wrong health wise or practical matters you can talk to somebody for assistance".

We were told, "staff get to know me and what I like through conversation. I am given choice". Service users told us that they felt that staff actively sought to know them as people, their likes and dislikes. We were told "resident meetings are very valuable" and provide the opportunity to service users to offer feedback and suggestions regarding aspects of service delivery.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The activities were reviewed on a regular basis by the Registered Manager. In terms of activities, service users advised that one to one support is offered as well as group activities. One to one support varied from person to person for example one service user told us that they were supported to access local shops to purchase supplies for their hobby and another who was visually impaired was supported to go walking.

Group activities included movie days, coffee club, knitting club, bowls, quizzes, games afternoons, get fit sessions, dances as well as seasonal parties, visiting entertainment and trips out. One service user told us, “you are encouraged to be as active as you can. A variety of activities are provided with no pressure just encouragement to attend”.

It was observed that staff respected service users’ privacy by their actions such as knocking on doors before entering and discussing service users’ care in a confidential manner. Service users had high levels of autonomy; information was readily available throughout the service as to activities allowing each individual to decide if they wished to partake.

Consultation occurred with service users regarding their preferred choice of meal. In terms of the food we were told that it “is very good”, “always very tasty” and that choice is provided everyday. Additionally, where service users required support with domestic tasks, the level of support required was included in their support plan. Medication was stored within service user’s own accommodation and staff attended to administer as required. There were systems in place to review staff’s handling of service user’s medication.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users’ needs were assessed when they were first referred to the agency~~/day care setting~~ 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.

Service and tenancy agreements were in place and signed by service users and staff. Review of records identified that service users’ consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf. Consent was also sought regarding the level of support individual’s would like with their medications, if they wished for staff to complete nightly checks and who they wished to attend their annual reviews.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users’ needs. 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.

3.3.4 Quality of Management Systems

There has been no change in the management of the service since the last inspection. Mrs. Brenda Cunningham has been the Registered Manager in this service since 30 March 2009.

Those consulted with staff and service user representatives commented positively about the Registered Manager describing her as supportive and approachable. One staff member said “the Manager is excellent” were another said “she really cares about staff”.

One service user told us that the Registered Manager, “is always available to talk to. She is supportive and very ready to help with a problem”.

There was a process in place to ensure any complaints received were managed appropriately in line with the agency’s policy and procedure.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency.

The annual quality report was reviewed and noted to have been completed to a high standard. The format utilised was appealing; bright, including lots photographs of service users’ participation in activities and events which had taken place within Killlowen House such as engagement with local primary schools on World Book Day and Grandparents day, and interaction afternoons with pupils from secondary schools. Analysis from satisfaction surveys undertaken with service users and stakeholders was also detailed. It was also positive to find that the service had outlined objectives for the year ahead.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Brenda Cunningham, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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