The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Beechway Houses

Provider: Apex Housing Association

Date of Inspection: 19 March 2026

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:	Ms Shauna McGaghran
Service Profile: Beechway Houses is a domiciliary care agency, supported living type which provides 24 hour care and housing support to service users, whose care is commissioned by the Western Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection took place on 19 March 2026, between 10.50 am and 2.55 pm by a care Inspector.

The last care inspection of the agency was undertaken on 25 April 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 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.

It was evident that staff were knowledgeable and trained to deliver safe and effective care.

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/examine 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

During the inspection, we spoke with service users and staff members.

Service users' comments included: "I am happy living here. The staff treat me well. I go out to the shops and treat myself. The manager is good and helpful" and "I love it here. The staff are good to me. I choose what I want to do. I have no concerns; all is good here. I am well looked after."

Staff spoke positively about the manager and the care and support delivered to service users by the agency. Comments included: "The manager is very approachable; she has an open-door policy. If she cannot solve a problem, she finds out how to do so. The service is one hundred percent person-centred; the service users are at the centre of any decision making." Another staff member stated, "I enjoy working here. I have had my induction and was shown what to do. I have no concerns; the staff and the manager are great. The service users are as independent as they can be".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through staff induction, regular staff training, and ensuring that the number and skill level of staff on duty each day meet the needs of service users.

There was evidence of robust systems in place to manage staffing; it was noted that there were enough staff on duty to meet the needs of the service users.

A review of the staff recruitment records confirmed that 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 a robust, structured induction programme that included shadowing a more experienced staff member. Records reviewed for newly appointed staff confirmed that they had completed a structured orientation and induction to ensure they were competent to fulfil the roles and responsibilities of their job.

The agency has maintained a record for each member of staff, documenting all training, including induction and professional development activities undertaken. A review of a sample of staff training records established that staff had received mandatory training relevant to their roles and responsibilities. It is positive to note that the agency provides training on autism and epilepsy awareness.

Procedures were in place for appraising the staffs' performance in keeping with the agency's policy and procedures.

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, which 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. Activities for service users were provided which involved both group and one to one activities. Examples of activities include shopping, trips, cinema, and bowling.

It was positive to note that the agency held service users' meetings on a regular basis, enabling the service users to discuss any issues they may have and explore what activities they would like to become involved in.

It was observed that staff responded to service users' requests for assistance promptly and in a caring and compassionate manner.

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences, and the level of care and support they may require. 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 regarding how their support was provided. The details of care plans were shared with and signed by service users and/or their representatives as appropriate.

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

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

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were legible, up to date and signed by the person making the entry.

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. Ms Shauna McGaghran has been the manager since 26 April 2023. Staff spoke positively about the management team.

Monitoring arrangements were in place in compliance with regulations and standards. A review of the agency's quality monitoring reports established that there was engagement with service users, service users' relatives, staff, and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records, accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements.

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 positive to note that these were reviewed in detail as part of the monthly quality monitoring process.

The annual quality report was reviewed, and it was noted that stakeholder feedback was included.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. There was an appointed ASC for the agency. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. It was positive to note that staff had completed adult safeguarding training, and those spoken with demonstrated a clear understanding of their responsibility in identifying and responding to any actual or suspected incidences of abuse, as well as the process for reporting concerns.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager advised that no complaints have been received since the last inspection.

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

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 Ms Shauna McGaghran, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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