

# Announced Care Inspection Report 28 January 2021



## Cullingtree Meadows Supported Housing

**Type of Service: Domiciliary Care Agency**

**Address: 106 Cullingtree Road,  
Belfast, BT12 4BA**

**Tel No: 028 9504 1331**

**Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a domiciliary care agency supported living type. Cullingtree Meadows is a supported housing scheme, designed to meet the needs of people living with dementia. It has been developed in partnership with Clanmil Housing and the Belfast Health and Social Care Trust (BHSCT). The purpose of the service is to provide high quality person centred support to service users living with dementia, in their own homes.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health & Social Care Trust	<b>Registered Manager:</b> Luciano Croskery
<b>Responsible Individual:</b> Catherine Jack	
<b>Person in charge at the time of inspection:</b> Deputy manager	<b>Date manager registered:</b> Acting

### 4.0 Inspection summary

An announced inspection took place on 28 January 2021 from 09.00 to 11.15. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency since the previous inspection on the 15 July 2019. Whilst RQIA was not aware that there was any specific risk to the service a decision was made to undertake an on-site inspection adhering to social distancing guidance.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the processes for managing Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance provided by the service and the use of Personal protective equipment (PPE) guidelines. Covid-19 education and management including: Infection Prevention and Control (IPC) were found to be in line with latest guideline measures.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 15 July 2019**

No further actions were required to be taken following the most recent inspection on 15 July 2019.

#### **5.0 How we inspect**

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, any notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the required staff pre-employment checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland: updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, service user questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No feedback was received from staff prior to the issue of this report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection we communicated with the manager and staff but had no opportunity to meet service users as they were all self-isolating in specific bubbles in their own homes. However we provided questionnaires to obtain their views on the quality of service provision. Returned questionnaires show that individuals were satisfied or fully satisfied with the quality of service.

Questionnaire comments:

- "I would like to be able to play pool."
- "I'm quite happy and contented with the care."

Staff comments during inspection:

- “Great management support.”
- “I feel safe and secure.”
- “The team support each other well.”
- “Staff induction is comprehensive.”
- “Supervision and training is good.”
- “We support service users to keep in contact with family.”
- “We keep communication going with families.”
- “We always provide person centred care and support.”

We would like to thank the manager Staff and service users for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

## 6.1 Inspection findings

### Recruitment:

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with stated that training was valuable and gave them the skills to undertake their role. Newly employed staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with and induction records reviewed.

Staff are supported by supervisions and appraisals. It was noted that these had been consistent with the agency’s policy and procedure and enabled them to review their practice. From review of records, we could see the format used gave staff the opportunity to raise any concerns and discuss their own personal development.

The agency’s provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

On the day of the inspection it was noted that one incident had taken place since the previous inspection 15 July 2019. The manager dealt with this in accordance with the organisation’s procedures and it is now closed.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received one complaint since their previous inspection 15 July 2019. The manager dealt with this in accordance with the organisation's procedures and is now closed to the satisfaction of the complainant.

A review of records confirmed that all staff provided by the agency are currently registered with The Northern Ireland Social Care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of all staff with NISCC. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

### **Service quality**

We reviewed a number of monthly quality monitoring reports that indicate good satisfaction levels in place for service users, staff and other stakeholders. We noted some of the comments received from service users, staff, relatives and HSC staff:

Service users:

- "I like living here."
- "I'm happy and content in my flat."
- "I'm delighted with the place."

Staff:

- "The team have really come together during Covid."
- "The deputy manager has been very supportive to the team."
- "Care is appropriate and tenants are safe."

Relatives:

- "The staff are great and very good with \*\*\*."
- "Staff go the extra mile."
- "I'm happy with the support my \*\*\* receives."

HSC Staff:

- "The standard of care is good."
- "Staff are supportive and friendly and help people settle quickly."
- "I receive regular updates."

### **Care planning and review**

We reviewed care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

The agency is to be commended for ensuring that all annual care reviews were completed.

We noted some of the comments made by service users and family during their annual reviews:

Comments:

- "I like living in Cullentree."
- "Staff are very attentive."
- "My \*\*\* is well settled."
- "The move was a good experience."
- "I'm happy in my flat and feel at home."
- "Staff are all nice people."
- "Staff have a good sense of humour."
- "I'm happy the way \*\*\*\* is cared for and \*\*\* is happy here."
- "It's a good place here I always feel at home."
- "I'm happy the way they have handled the Covid-19 and kept everyone safe."

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences.

### **Covid-19**

We spoke with the manager and a number of staff members, who were knowledgeable in relation to their responsibility with regards to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice;
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19;
- Temperature monitored twice daily in line with guidance;
- Used PPE storage and disposal and;
- Staff training and guidance relating to IPC and the use of PPE; in accordance with the current guidance.

We reviewed records relating to IPC policies which were in line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

The agency's Covid-19 monitoring records also provided evidence that the process involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

We noted good practice with individual PPE audits taking place with all staff during specific tasks within the service.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good IPC practices.
- All staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate. This was evidenced through discussion and records reviewed.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

### Areas of good practice

Compliance with the Covid-19 guidance relating to IPC and PPE.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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