

Inspection Report

13 January 2021



Cullingtree Meadows Supported Housing.

Type of service: Domiciliary Care Agency
Address: 106 Cullingtree Road, Belfast, BT12 4BA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager Ms. Samantha Aston (Acting Manager)
Responsible Individual: Dr Catherine Jack	Date registered: N/a
Person in charge at the time of inspection: Deputy Manager	
Brief description of the accommodation/how the service operates: 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 (BHSC). The purpose of the service is to provide high quality person centred support to service users living with dementia, in their own homes.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 January 2022 between 09.00 a.m. and 12.00 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

The inspection focused on:

- communicating with the service users and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service?

We spoke with the manager and one staff member who both gave a comprehensive overview of the service. No service users were available for discussion due to the latest Covid status within the service. However we did issue a number of questionnaires for service users or relatives to feedback on the quality of service. We also provided details of an electronic survey for staff feedback.

We received no questionnaires from service users/relatives and no electronic feedback from staff prior to the issue of this report.

Comments received during inspection process-

Staff comments:

- "Good staff communication and effective handovers."
- "Inductions are comprehensive and includes shadowing of other experienced staff."
- "Good supportive staff team."
- "We have an open door policy with managers."
- "We provide person centred care."
- "I have one to one supervision."
- "All my training has been completed."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Cullingtree Meadows Supported Housing was undertaken on 28 January 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed.

The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the Manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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 has a system for retaining a record of referrals made to the BHSCT in relation to adult safeguarding. Records viewed and discussions with the Manager indicated that two adult safeguarding referrals had been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that no current DoLS practices were in place.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment had rights as outlined in the Mental Capacity Act. Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT?)

The discussions with the Manager, staff and review of service user 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 domiciliary care agency. There was evidence that agency staff had made a referral to the multi-disciplinary team for specific SALT recommendations to ensure the care received in the service user's home was safe and effective. There was evidence of community dietician input in other service user's records.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. The agency currently use the services of another RQIA registered care agency. Records reviewed evidenced the required information was in place including NISCC and NMC registrations. The records reviewed were satisfactory.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and BHSC representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "I love it here staff are great."
- "Staff are good to me."
- "They are great here they are very helpful."

Staff:

- "My mentor is good to learn from."
- "Training is sufficient to support the work."
- "The team are great and very supportive."

Relatives:

- "I have only positive feedback to offer."
- "Staff are fantastic."
- "Staff are approachable and helpful."

HSC Staff:

- "I have no concerns regarding the quality of care."

- “Staff are caring and responsive.”
- “I have no reservations in recommending Cullingtree to my client group.”

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that no complaints had been received since the last inspection. It was positive to note that a number of annual care reviews had been completed and the agency must be commended for their actions. We noted some of the comments from service users and or relatives during their review:

- “I’m happy with the staff support.”
- “I love living in Cullingtree Meadows.”
- “I’m happy with the service and the staff.”
- “I’m happy ***** needs are being met.”

We noted that the agency had completed service monitoring questionnaires with both service users and relatives. These sought feedback on the service experience. We have included some of the comments received:

Relatives:

- “Very pleased at how ***** is looked after.”
- “I have always found staff friendly, kind and helpful.”
- “Thank you for keeping everyone well.”
- “No issues staff are always courteous and helpful.”

Service users:

- “Very good no complaints.”
- “I’m happy with the support I’m given.”
- “Staff support me with all my daily living.”
- “Staff are accommodating and help me out.”

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis’s (SEAs) or Early Alert’s (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

6.1 Quality Improvement Plan/Areas for Improvement

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



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