The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cherry Hill

Provider: **Belfast Health and Social Care Trust**

Date of Inspection: 5 August 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:	Belfast Health and Social Care Trust (BHSCT)
Responsible Individual/Responsible Person:	Mrs. Maureen Edwards
Registered Manager:	Mr. Denis Trimmings
Service Profile – Cherry Hill is a domiciliary care agency, supported living type located outside Antrim town. It provides 24 hour care and support to service users living with a learning disability and mental health needs. The service users live in single occupancy dwellings provided by the BHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 5 August 2025 between 9.50 am and 1.50 pm. It was carried out by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 18 July 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

Service users said that the care and support provided by Cherry Hill was a good experience. Refer to Section 3.2 for more details.

It was established 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.

One area for improvement was identified as a result of this inspection. Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

The inspector would like to thank the person in charge, service users, staff and the manager for their help and support in the completion of 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 the previous area for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those living and working in 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 survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of living and working within the agency.

Service told us that they liked living in Cherry Hill and everything about their homes. They emphasised that they were given choices relating to their activities and food and drinks.

Staff described the good team working in place and how much they enjoyed their job.

The information provided indicated that those spoken with had no concerns in relation to 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.

All staff who had commenced employment in Cherry Hill since the last inspection had been redeployed from other posts within BHSCT. It was positive to note enhanced AccessNI pre-

employment checks had been completed for these staff prior to their engagement with service users in Cherry Hill.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

There was evidence that all new 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 induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that they received sufficient training for their roles. Service user specific training had also been provided to staff. This included Mental Health Awareness, Consent and Capacity Training and Epilepsy Awareness.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities. This included Medicines Competency assessments for any staff who administered medicines.

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 demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Service users told us that staff were aware of their likes and dislikes. They also said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Activities offered to service users were varied and geared towards their individual needs and preferences. Service users told us about an upcoming, planned foreign hotel with staff and overnights stays in a local hotel. One service user proudly showed us a range of craft activities that had been completed with support from staff.

There was a system in place which enabled the service users to have regular input into the provisions of their care. Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

It was positive to note that, in keeping with the ethos of supported living, service users' medications were stored in their own homes.

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.

Service users care records were held confidentially.

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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

It was positive to note that there was a register in place within the agency of all service users who were subject to a DoLs. There was evidence that this was reviewed regularly and there was frequent contact with Trust representatives.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

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. In the Trust, this person is called the Designated Adult Protection Officer (DAPO). A specific individual was identified as the agency's DAPO. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Previous comments received by RQIA and feedback from staff and liaison with the manager during this inspection process evidenced that there are deficits regarding the Information Technology (IT) infrastructure within the agency. RQIA is concerned that this does not allow timely access for staff to Encompass, a new, region wide electronic platform for care records. An area for improvement has been identified in this regard.

3.3.4 Quality of management systems

There has been a change in the management of the agency since the last inspection. Mr. Denis Trimmings has been the acting manager in this agency since 28 October 2024. Service users told us that they knew who the manager was.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, and 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.

Review of incident records identified that they were managed appropriately. There was evidence of robust managerial oversight to establish any patterns/trends. RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with the service manager and person in charge as part of the inspection process.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 16(1)(c) **Stated:** First time **To be completed by:** 28 February 2026	The Registered Person shall ensure there are an adequate amount of computers available and Wi-fi within the agency to allow staff full access to existing records and contemporaneous creation of new service user records. Ref: 3.3.4
	Response by registered person detailing the actions taken: Cherryhill Quality improvement plan has been discussed with Belfast trust IT team to identify possible actions that can be taken in to improve IT access across the service. The initial two option that have been discussed is to look at WIFI across the service if this is possible or secondly to provide staff with a device such as a tablet or surface pro with its own internet capability. the IT lead that would complete this assessment is currently on AL but plans to visit the service within the next two weeks to identify what option is likely to best meet the needs of the service.

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

The Regulation and Quality Improvement Authority

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