The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cullingtree Meadows Supported Housing

Provider: Belfast Health and Social Care Trust (BHSCT)

Date of Inspection: 15 May 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. Daniel Brooks

Service Profile

Cullingtree Meadows is domiciliary care agency, supported living type that is located in Belfast. The agency provides care and support to service users living with dementia. Service users are supported by staff from BHSCT to remain as independent for as long as possible within their own homes.

The agency's registered premises are located within the same building as the service users' accommodation.

2.0 Inspection summary

An unannounced inspection took place on 15 May 2025, between 10.05 am and 1.40 pm. It was carried out by a care inspector.

The last care inspection of the agency was undertaken on 6 November 2023 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 established 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 the agency was a good experience. Refer to Section 3.2 for more details.

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.

There were good governance and management arrangements in place within the agency.

The inspector would like to thank the manager, service users, relatives and staff 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included User Friendly questionnaires and an electronic survey.

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

During the course of the inspection we spoke to and received feedback from service users, relatives, staff and a housing representative

Service users were very positive in relation to the care and support offered by the agency. They described the service both as 'excellent' and 'amazing'. They commented that staff were always available and very supportive.

Staff spoken with told us they loved their job and that they felt the agency was a great place to work. One described it as a 'centre of excellence'.

A relative said their loved one had thrived since moving into the agency. They also described the management and support staff as 'truly amazing people'.

A representative from the agency's housing partner commented on the passion of the staff and stated that they were proud of the care and support offered to service users.

The information provided indicated that there were 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. There was evidence of robust systems in place to manage staffing.

A 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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed 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, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Staff spoken with praised the standard of their training and induction and commented on the high level of staff competency within the agency.

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 told us that the working environment is relaxed and this has resulted in a very friendly atmosphere within the agency.

3.3.2 Care Delivery

Staff were knowledgeable of individual service user's needs, their daily routine, wishes and preferences.

There was an activity coordinator in post within the agency. 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.

Service users were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events. A barbeque was planned the afternoon of the day of inspection.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included any building issues and suggestions for activities

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, service users were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

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.

Service users 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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

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 stored securely and accessible to authorised personnel in accordance with data protection regulations.

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

3.3.4 Quality of Management Systems

There has been no change to the manager since the last inspection. Service users and staff both commended the manager. One service user told us that 'the manager always goes above and beyond for every service user'. Staff told us they felt very supported in their role and described the agency as 'very well run'.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

There was a system in place for external people providing a service e.g. a hairdresser to sign in and out of the agency.

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.

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, 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.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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 the manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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