

Inspection Report

Name of Service: Cullingtree Meadows Supported Housing

Provider: Belfast Health and Social Care Trust (BHSCT)

Date of Inspection: 20 July 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:	Belfast Health and Social Care Trust (BHSCT)
Responsible Individual/Responsible Person:	Ms. Jennifer Welsh
Registered Manager:	Mrs. Karon McStravick Acting
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 9 July 2026 between 10.15 am and 10.45 pm. This inspection had to be aborted as there were insufficient managerial staff available to provide support. The inspection was concluded on 20 July 2026 between 10.05 pm and 4 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 15 May 2025 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 care delivery was safe and that effective and compassionate care was delivered to service users. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as adult safeguarding. Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Service users said that the care and support provided by the agency was a positive experience.

It was established that the staff promoted the dignity and well-being of service users and that staff were knowledgeable and well 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 survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Numerous service users told us how they loved living in the agency and how they felt supported by the staff and the other service users. Several remarked that there was 'nothing they didn't like' about living in Cullingtree Meadows.

Staff described how they were a 'good team' and had no concerns about the care and support provided by the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements

There was a process in place to ensure that recruitment was managed appropriately.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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. The person in charge agreed to amend staff induction documentation to ensure that the dates of new staffs' shadow shifts were clearly recorded.

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.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken 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 that the staff needed to assist them in their roles.

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Activities for service users were provided incorporating both group and one to one activities. Planned activities included trips, reminiscence, bingo, movies, afternoon tea, sensory activities, music and arts and crafts. Service users spoke positively about the activity coordinator in post and told us how they received a weekly timetable of activities. Several service users commented that they were given a choice how to spend their day. A recent service users' meeting included discussions on activities, support services and the environment.

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. Service users told us that they felt staff really listened to them.

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. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

There was a Safeguarding Log in place. However, this did not contain the details of the referrals made by the agency to the Adult Safeguarding Team since the start of this calendar year. Consequently, the manager had limited oversight and awareness of any potentially open or ongoing safeguarding referrals within the agency. This also meant that they had no mechanism to review any potential trends around adult safeguarding matters. This has been stated as an area for improvement.

There is a Changing Needs Policy and Procedure in place. This outlined the rationale and proposed course of action to be taken when a service user's support needs could no longer be met by the agency. A review of documentation supplied to service users when support was first commenced by the agency noted that details of this policy and procedure were not fully outlined within this. The person in charge committed to action the necessary improvements immediately after the inspection. This will be reviewed in detail at the net inspection.

3.3.4 Quality of Management Systems

In the absence of the manager, there was a nominated person-in-charge (PIC) to provide guidance and leadership. The PIC was not clearly identified on the duty rota. Assurances were given that the rota would be amended with immediate effect to reflect this information.

It was noted that the current staffing structure in the agency did not include a deputy manager or senior team leader. The manager was responsible for all the day to day operations of the agency and the direct supervision of all team leader staff. This current staffing model limits the opportunity for career progression.

At the start of the inspection on 20 July 2026, some records were not immediately available to the Inspector. The person in charge offered assurances that the process within the agency for the facilitation of RQIA inspections would be reviewed.

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.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been 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 was a process in place to manage any complaints.

4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with Regulations...

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 Regulations	
Area for improvement 1 Ref: Regulation 15(6)(a) Stated: First time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made. This is specific to the requirement for an up to date Safeguarding Log. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager will ensure that a log of all incident referred via the APP1 process will be logged onto the facilities adult safeguarding tracker and updated accordingly with the outcome of each referral. The Assistant Service Manager and Service Manager review compliance with this monthly during the regulation 23 visits to the scheme.

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