The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Cuan Court Supported Living Service

Provider: South Eastern Health and Social Care Trust Trust

Date of Inspection: 26 August 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:	South Eastern Health and Social Care Trust Trust
Responsible Individual/Responsible Person:	Ms. Roisin Coulter
Registered Manager:	Mrs. Rhonda Robinson
Service Profile – Cuan Court Supported Living Service is a Domiciliary Care Agency, supported living type, which is located in Newtownards. It provides domiciliary care and housing support for 26 older people, a number of whom have a confirmed diagnosis of dementia. The agency's office is located in the same building as the service users' apartments. Staff are available to support service users 24 hours per day.	

2.0 Inspection summary

An unannounced inspection took place on 26 August 2026 between 10 am and 4.15 pm. It was carried out by a care Inspector.

The last inspection of the agency was undertaken on 18 September 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 accessibility of the monthly monitoring reports. 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 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 information held by RQIA about this agency was reviewed. 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 actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they 'loved' living in the agency and that the staff were the main thing they liked about living there.

Staff commented to the Inspector that they enjoyed their jobs.

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.

Review of the 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.

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, induction programme which also included shadowing of a more experienced staff member.

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

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

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.

It was noted that the current staffing structure in the agency did not include a deputy manager role. The manager was responsible for all the day to day management of the agency. This current staffing model limits the opportunity for career progression and may have a negative impact on staff retention.

Service users commented on the high quality of the staffs' training and knowledge. Staff told us about the 'great' team working in place.

3.3.2 Care Delivery

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.

Three staff huddles took place at different times each day. This ensured that any changes to the service users' care, ongoing priorities, updates and challenges were communicated to staff regularly throughout their shift.

Regular staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed.

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Regular service user meetings were held, providing individuals with opportunities to discuss the provision of their care and support. These meetings enabled service users to share their views, express preferences, raise any concerns, and contribute to decisions about how the service was delivered. This demonstrated a commitment to consultation and engagement, helping to ensure that care and support remained responsive to the needs and wishes of service users.

Activities for service users were provided incorporating both group and one to one activities. Birthdays and annual holidays were celebrated. Planned activities included reminiscence, bingo, movies, afternoon tea, sensory activities, trips, gardening, music and arts and crafts.

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.

Where a service user was at risk of falling, measures to reduce this risk were put in place.

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.

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.

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.

A service user agreement was in place for each service user in keeping with the minimum standards.

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.

3.3.4 Quality of Management Arrangements

There has been no change in the management of the agency since the last inspection. Staff told us that the manager was very supportive.

In the absence of the manager, there was a nominated person-in-charge (PIC) to provide guidance and leadership. The PIC was clearly identified on the duty rota. Fire wardens were also clearly identified on the rota.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of running of the agency. However, reports for the last number of months were only shared with the manager on the day of inspection. Reports should be completed in a timely manner to ensure that they are used to drive quality improvement. An area for improvement has been identified.

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. A specific individual was identified as the agency's ASC. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

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. 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.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

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The area for improvement and details of the Quality Improvement Plan were discussed with Mrs. Rhonda Robinson, Manager, 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 Minimum Standards, revised 2021

Area for improvement 1 **Ref:** Standard 8.11 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure that the monthly quality monitoring reports are made available within the agency in a timely manner Ref: 3.3.4 **Response by registered person detailing the actions taken:** The manager will ensure that the appointed monitoring officer forwards the reports in a timely manner. Senior management are aware of the issues and will hosting a meeting to discuss the actions required to rectify.

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



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