The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Johnston Way**

Provider: **The Cedar Foundation**

Date of Inspection: **22 July 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:	The Cedar Foundation
Responsible Individual	Ms Kelly Louise Devlin
Registered Manager:	Ms Rute Goncalves

Service Profile –

Johnston Way is a domiciliary care agency supported living type, situated in Lisburn. The agency provides personal care and housing support to individuals whose accommodation consists of separate bedrooms and bathrooms, with some shared living areas. The service user group includes people with disabilities, autism or mental health issues and who require support to increase independence and enhance their quality of life.

The South Eastern Health and Social Care Trust (SEHSCT) commission the services.

2.0 Inspection summary

An unannounced inspection took place on 22 July 2025, between 9.30 am and 4.00pm. A care inspector conducted the inspection.

The inspection found that safe, effective, compassionate care was delivered to service users, and that the agency was well led.

Good practice was identified in relation to service user and family involvement. There were good governance and management arrangements in place.

As a result of this inspection, all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 service 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 service. This included the previous areas 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, working and visiting the service; and review/examine a sample of records to evidence how Johnston Way 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 User Friendly questionnaires and an electronic survey.

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

Throughout the inspection, the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this service.

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.

We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within Johnston Way.

Service users told us the staff are good, they provided support and were available for the service users. The service users who were able to communicate also told us that they liked living there.

Relatives described good communication with management and staff and said they believed their loved ones had a good quality of life.

Staff told us they loved their job, they said the manager was very approachable, with no concerns expressed about the delivery of care. They described a “fantastic” staff team.

A member of Trust staff said Johnston Way staff work well with the multidisciplinary team and that visits to Johnston Way have been a positive experience.

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.

Recruitment is currently ongoing in Johnston Way. 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. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Checks were made to ensure that staff were appropriately registered with the (Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), Adult Safeguarding, Dysphagia and Management of Epilepsy at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

Procedures were in place for appraising staff performance and staff confirmed that appraisals and supervisions had taken place. Staff told us they felt supported and involved in discussions about their personal development.

The manager advised that there were no volunteers supporting within the agency.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were tailored towards their individual needs and preferences. Service users' needs were met through a range of individual activities and staffing allocations with some service users requiring two members of staff at all times.

Records reviewed and observations on the day evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known. Staff were seen assisting service users in a caring and compassionate manner.

A number of service users were assessed by Speech, Language Therapy (SALT) with recommendations provided, and some required their food and fluids to be of a specific consistency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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.

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.

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. Incidents had been managed appropriately.

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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users and or their relatives were involved in planning their own care. The inspector noted that there was, in some instances, six weekly active engagement with the commissioning trust to review care delivery approaches and restrictive practices.

3.3.4 Quality of Management Systems

Ms Rute Goncalves has been the acting manager in this agency since April 2025. Those staff consulted commented positively about the manager and described her as supportive, approachable and able to provide guidance.

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 the management of the agency. The reports of these visits were detailed and robust.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection. A review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

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

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

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 Ms Rute Goncalves, 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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