The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Cedar Foundation – Meadowvale Court

Provider: The Cedar Foundation

Date of Inspection: 11 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:	The Cedar Foundation
Responsible Individual	Kelly Louise Devlin
Registered Manager:	Colette Mary Speight
Service Profile – The Cedar Foundation Meadowvale Court is a supported living type domiciliary care service, situated in Lisburn. The agency provides personal care and housing support to up to 13 service users who have tenancies in self-contained apartments. Service users are living with a physical disability, brain injury and/or learning disability. The services are commissioned by the South Eastern, Northern and Belfast Health and Social Care (HSC) Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2025, between 9.15 am and 2.30pm. 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 Meadowvale Court 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. We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within the service.

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 enjoyed "exceptionally good care"

On the day of inspection staff told us they loved their jobs, they said the manager was very approachable. Feedback received following the inspection indicated some dissatisfaction particularly with staffing levels and workload. These matters were discussed with the Head of Service for review and action.

A member of Trust staff said staff work closely with the families of service users and are efficient.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

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 systems in place to manage staffing.

Recruitment is currently ongoing in Meadowvale Court. 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. Feedback from some staff following inspection indicated dissatisfaction with staffing and allocation of duties. These issues were discussed with senior management who confirmed new staff members were being recruited and that the concerns raised would be investigated. These matters will be reviewed at a future inspection

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 maintained 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. Some senior staff had completed competencies in enteral feeding.

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.

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. A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan.

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

3.3.4 Quality of Management Systems

Mrs Colette Speight has been the manager in this agency since 22 August 2016 Those staff consulted on the day of inspection 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. Complaints received since the last inspection were properly investigated.

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 Colette Speight (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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