The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Outlook Service**

Provider: **The Cedar Foundation**

Date of Inspection: **5 June 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:	Carrieann Rainey
Service Profile – The Outlook Service is a domiciliary care service located in Belfast. The agency provides care and support for children aged up to 18 years and their families. Services provided include personal care and social support within the child's own home or as part of a social support in the community. Children who require support have a range of needs due to a learning disabilities, physical disabilities and sensory impairment or due to a diagnosis of autistic spectrum conditions. Services are commissioned in the Belfast, Western, Southern and South Eastern Health and Social Care (HSC) Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 5 June 2025 between 10.00 am and 2.15 pm. The inspection was conducted by a care inspector.

The last care inspection of the agency was undertaken on 7 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 it is delivering safe, effective and compassionate care and if the service is well led.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, and Deprivation of Liberty Safeguards (DoLS) was also reviewed.

No areas for improvement were identified during this inspection.

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.

Good practice was evident in relation to engagement with the families of the children receiving the care and support. There were good governance and management arrangements in place.

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 trusts.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the staff who work for the agency; and review 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' families told us that the staff were "fantastic" and that the Short Breaks service has really helped the whole family. They very much appreciated the care and support offered to them and their children.

Staff who provided feedback indicated that they were satisfied that the care and support provided was safe. They spoke enthusiastically about the bespoke service offered to individual families and were very positive about the support they get from management, "my manager is amazing".

A Trust representative described "a very consistent and high quality service, which is highly specialist and child centred".

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.

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. This was a very robust, structured, 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. These records included training in specific competencies which had been assessed by a specialist children's nurse.

3.3.2 Care Delivery and 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 at home and in the community and included any advice or recommendations made by other healthcare professionals.

The agency operated a system whereby new staff are formally introduced and matched to service users and their families before they deliver care and support. Relatives commented that they found the staff exceptionally good and that they appreciated the continuity of the staff provided.

Service users' care records were held confidentially. They were child centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. Service user and/or their representatives had access to their written records.

3.3.3. What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC). The agency had a system for retaining a record of referrals made to the HSC Trust in relation to child protection. Records reviewed and discussions with the manager indicated that no referrals had been made since the last inspection.

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

It was noted that staff are required to complete adult safeguarding and child protection training during their induction programme and two yearly updates thereafter.
The parents who spoke to us stated they had no concerns regarding the safety of their children; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.4 Quality of Management Systems

There has been no change to the agency's registered manager since the last inspection. 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. It was good to note these included very positive family feedback.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incident (SAI) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

The inspector reviewed the organisation's Social Media policy and advised that more detail should be included in respect of the appropriate use of WhatsApp. This matter will be reviewed at a future inspection.

The Annual Quality Report was reviewed and was satisfactory.

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 Carrieann Rainey (manager) as part of the inspection process and can be found in the main body of the report.

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