The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ardkeen Supported Living Project**

Provider: **The Cedar Foundation**

Date of Inspection: **21 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:	Miss Kelly Louise Devlin
Registered Manager:	Mrs Jessica Reynolds

Service Profile

Ardkeen Supported Living Project is a domiciliary care agency supported living type, located in Belfast. The agency provides personal care and housing support on two sites for up to 22 individuals who live in individual apartments. The service users have a range of needs including physical disability, sensory impairment or acquired brain injury. The services are commissioned by the Belfast Health and Social Care Trust (BHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).

2.0 Inspection summary

An unannounced inspection took place on 21 August 2025, between 09.20 am and 3.00 pm. The inspection was carried out by a care Inspector and facilitated by the Manager. The Head of Service for the agency was present for most of the inspection.

The last care inspection of the service was undertaken on 10 May 2023 by a care Inspector. No areas for improvement were identified.

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, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

Good practice was identified in relation to the quality of the monthly quality monitoring reports and service user involvement. There were good governance and oversight arrangements in place.

The inspection found 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.

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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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 Ardkeen Supported Living 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.

Service users told us they liked living in Ardkeen and that staff were excellent. One comment from a service user was discussed with the manager for taking forward within the agency.

Relatives described the agency as 'excellent' and praised the staff. One relative's comments about staffing and environmental issues was discussed with the manager following the inspection.

Staff spoke positively commending the high level of support and care, stating that the staff team and management were "open and helpful"

A trust staff member said that service users' needs are met with dignity and respect, and that communication with management has been regular and informative.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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

Mrs Jessica Reynolds has been acting manager in Ardkeen since 2 December 2024.

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 all stakeholders. The contact included details of a review of a sample of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. Details relating to the complaints process was included in the Statement of Purpose and Service Users Guide. Monthly quality monitoring visits also reviewed complaints received, permitting examination of any trends or patterns. On the day of inspection an issue was raised which the manager agreed would be investigated as a complaint. The management of this complaint will be reviewed at a future inspection.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

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 of any incidents in keeping with the regulations. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

3.3.2 Staffing (recruitment and selection, induction and training).

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 efficient systems in place to manage staffing and there was a system of ongoing recruitment to fill current vacancies. The service utilised bank and agency staff to ensure there were sufficient staff across both sites.

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), 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. A robust, structured, three day induction programme also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Records of all staff training were available 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.

Staff and service user meetings were held regularly within the agency.

3.3.3 Care Records and care delivery

Service users told us they enjoyed the independence that living in Ardkeen affords them and that they are encouraged to make their own decisions. Service users are supported to access activities of their own choice; this included visiting family and shopping trips. Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, and pleasant. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

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.

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. The inspector advised that when levels of support, for example, 'one to one supervision at all times', have been agreed and recorded within care plans these instructions should also be included within the emergency health record which accompanies service users should they require hospital admission. The manager agreed to update the relevant documentation immediately.

Where service users required support with domestic tasks, the level of support required was included in their support plan.

Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

A number of service users were assessed by Speech and 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.

Care and support plans are kept under review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. The inspector noted that a review had not been completed annually despite the manager prompting HSC Trust key workers. This matter, which also involved a Deprivation of Liberty Safeguards (DoLS), authorisation for emergency provision, will be reviewed at a future inspection.

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 Mrs Jessica Reynolds (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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