The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Mews Supported Living Service**

Provider: **The Cedar Foundation**

Date of Inspection: **17 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:	Miss Kelly Devlin
Registered Manager:	Miss Chelsea Lewis

Service Profile:
The Mews Supported Living Service is a domiciliary care agency, supported living type service, situated in Belfast. The staff provides personal care and housing support for up to 12 service users who are living in individual flats. The service user group includes individuals who have a learning disability, autism or brain injuries and a range of complex needs, who require support to increase independence and enhance their quality of life.

The service users' care and support is commissioned by the Belfast Health and Social Care Trust (the 'Trust').

2.0 Inspection summary

An unannounced inspection took place on 17 July 2025, between 9.00 am and 4.00 pm.

The inspection was jointly undertaken by care inspectors from the Adult Care Services (Agencies) team; and the Mental Health and Learning Disability team. The approach adopted was informed by two pieces of primary legislation, the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Mental Health (Northern Ireland) Order 1986.

Under the 2003 Order, RQIA is required to monitor and assess agencies such as The Mews Supported Living Service to ensure compliance with statutory requirements, the safe and effective delivery of care, and the protection and well-being of service users.

In line with its duties under The Mental Health (Northern Ireland) Order 1986 and in particular Article 86 (1) it is the duty of RQIA to keep under review the care and treatment of patients with a mental disorder, regardless of where that person resides. Under RQIA's duties in this regard, this inspection considered the care and treatment of patients (hereafter, 'service users') with a mental disorder, who reside in The Mews Supported Living Service.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000243E1; and FTC000244E1) issued on 17 April 2025 under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, namely:

- Regulation 14 (a)(b)(c)(d)(e)(f) relating to the provision of care to service users
- Regulation 11 (1) relating to management and governance arrangements

The date of compliance for the notices was to be achieved by 12 June 2025. However, following an inspection undertaken on 16 June 2025, compliance had not been achieved and the compliance date was therefore extended to 17 July 2025.

During the inspection, undertaken on 17 July 2025, there was sufficient evidence to validate compliance with the notices.

In addition, RQIA imposed Conditions on the registration of The Mews Supported Living Service which came into effect on 2 June 2025; these Conditions prohibit all forms of admissions whether permanent, respite or emergency.to the service without the prior written agreement of RQIA. Any proposed admission must be discussed with RQIA in advance, and written confirmation obtained prior to proceeding. These Conditions will remain in place until such time as RQIA is satisfied that the service is operating in line with its Statement of Purpose.

In response to serious concerns raised during a meeting with the provider on 14 April 2025, the inspection confirmed that although further improvement remains necessary, there was sufficient evidence to provide a degree of assurance that action had been taken to address the issues identified. These included a comprehensive review of restrictive practices and, for some service users, consideration of the appropriateness of their placements.

Due to the specific focus of this inspection, nineteen areas for improvement previously identified were carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 Registered Provider to ensure compliance with legislation, standards and best practice, and to address any deficits, including any deficiencies in care and treatment, identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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

Due to the specific focus of this inspection, service users' views were not sought as part of the inspection process. However, information received from a range of stakeholders in regard to this service will continue to inform RQIA's ongoing oversight of this service.

3.3 Inspection findings

3.3.1 Compliance with FTC (relating to the provision of care to service users)

FTC Ref: FTC000243E1

Notice of failure to comply with Regulation 14 (a)(b)(c)(d)(e)(f) *of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*

Conduct of the Agency

Regulation 14

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—
(a) so as to ensure the safety and well-being of service users;
(b) so as to safeguard service users against abuse or neglect;
(c) so as to promote the independence of service users;
(d) so as to ensure the safety and security of service users' property, including their homes;
(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and
(f) with due regard to the sex, religious persuasion, racial origin, and cultural and linguistic background and any disability of service users, and to the way in which they conduct their lives.

In relation to this notice the following eleven actions were required to comply with this regulation:

The registered person shall ensure that:

1. a system is developed and implemented so as to ensure that all restrictive practices are carried out, monitored and regularly reviewed in keeping with Regulation and the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings (November 2023); this arrangement should also ensure that there is meaningful managerial oversight of service users' risk reduction plans on an ongoing basis

2. a system is developed and implemented which will enable the Registered Manager to regularly review service users' access to and use of 'fobs' for gaining access / egress to and within the building as appropriate; this should include the provision of person-centred risk assessments for all service users so as to ensure that any restrictions concerning the use of such 'fobs' is necessary and proportionate to the assessed risks.

3. a review of current staffing arrangements is carried out so as to ensure that staffing levels are appropriate and not excessive; the review should include a consideration of the assessed needs of service users, the skill mix of staff, and overall staff numbers so as to promote a balanced, supportive and purposeful environment that encourages service user privacy and independence

4. a review of the compatibility of service users living within the service is carried out so as to ensure that the group dynamic supports service users' autonomy, privacy and wellbeing; the review should also identify any compatibility issues which are/have the potential to impact the quality of life and/or independence of service users and record appropriate actions taken to address such concerns

5. robust arrangements are in place in relation to providing relevant staff training regarding the proactive management of behaviours which are challenging; this should include quality assurance actions by the Registered Manager so as to quality assure staff understanding and compliance in relation to such training

6. a system is developed and implemented so as to strengthen the staff approach to planning and supporting service users' routines and activities; the system should clearly evidence actions taken by staff aimed at ensuring that these are person-centred, and tailored to each service user's interests, assessed needs and personal goals

7. arrangements are put in place which facilitate a regular review, in discussion with relevant stakeholders, of all service users' routines and activities so that a collaborative approach is maintained by staff and which ensures that service users' routines and activities are adapted as the assessed needs and preferences of service users evolve and change

8. a review of current medicines management arrangements within the service is carried out so as to promote person-centred care and autonomy; the review should include a consideration of: managing medicines in the least restrictive manner possible; promoting and supporting service users to self-administer medicines safely and confidently, where possible; ensuring individualised support plans which are tailored to specific needs, preferences, routines and communication styles so as to avoid a 'one-size-fits-all' approach

9. a system is developed and implemented which ensures that arrangements in place for managing service users' monies is regularly reviewed and which focuses on promoting service users' financial independence and financial skills; these arrangements should include clear evidence of financial planning for service users which best reflects their goals / lifestyle choices and how support arrangements are proportionate to service users' assessed needs

10. a system is developed and implemented which ensures that arrangements in place for managing service users' nutritional needs is regularly reviewed and which focuses on meal planning and service user decision making reflective of their personal tastes, cultural backgrounds and assessed dietary needs; these arrangements should consider approaches needed to support and encourage service users to participate in shopping, meal preparation, and cooking in order to promote their independence and develop life skills

11. daily notes should record when service users refuse the main meal option and the alternative meal offered

Action taken by the registered persons:

1. Inspection findings indicated that some progress had been made in reviewing restrictive practices. Multidisciplinary reviews had been completed for all service users, and there was evidence of a modest reduction in the levels of restriction previously evidenced. Acknowledging the complexity of service user group, RQIA recognised the positive steps taken to date. However, while RQIA was satisfied that sufficient action had been taken for compliance with this requirement to be considered met, a new area for improvement has been identified in relation to the implementation plan for restraint reduction.

2. There was sufficient evidence that this action had been met.

3. There was evidence that staffing requirements had been reduced, although not significantly. Whilst RQIA was satisfied with the actions taken to date in this regard, it is imperative that the review of staffing levels continues to be prioritised on an ongoing basis by the management team. This matter will be reviewed at a future inspection.

4. Whilst there was sufficient evidence that this action had been met, with compatibility reviews completed for all service users, a new area for improvement has been identified, to ensure that an escalation plan is developed with the BHSCT for instances where service users' placements break down.

5. There was evidence that this action had been met.

6. There was evidence that this action had been met.

7. There was evidence that this action had been met.

8. There was evidence that this action had been met.

9. There was evidence that this action had been met.

10. Whilst there was evidence that this action had been met, a new area for improvement has been identified regarding the development and implementation of a skills development programme aimed at enhancing service users' involvement and independence in meal preparation.

11. There was evidence that this action had been met.

There was sufficient evidence available to validate compliance with this Failure to Comply Notice.

The aforementioned areas for improvement identified have been included within the Quality Improvement Plan in Section 4.0.

3.3.2 Compliance with FTC (relating to Governance and managerial arrangements)

FTC Ref: FTC000244E1

Notice of failure to comply with Regulation 11 (1) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Registered person — general requirements and training

Regulation 11. —

(1) The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.

In relation to this notice the following six actions were required to comply with this regulation:

The registered person shall ensure that:

1. a system is developed and implemented so as to ensure that all incidents are managed in a robust, effective and timely manner

2. a robust and effective system is developed and implemented so as to ensure that all incidents are regularly reviewed in order to identify key themes/trends and disseminated among relevant staff to enhance their learning and implement targeted improvements with regard to care delivery and service provision

3. robust arrangements are in place in relation to adult safeguarding training for all relevant staff; this should include quality assurance actions by the Registered Manager so as to quality assure staff understanding and compliance in relation to adult safeguarding best practice guidance

4. the system for managing complaints is reviewed so as to ensure that complaints are recorded in keeping with regulation and regional best practice guidance

5. monthly monitoring reports, as required by legislation, are completed in a robust, thorough and timely way so as to identify deficits and drive necessary improvements in a consistent and meaningful manner; these reports should only be completed by identified staff within The Cedar Foundation who possess the requisite skills, knowledge and experience to undertake this task in an effective manner

6. the management team undertake a cultural review of the service so as to better understand the values, behaviours and attitudes shaping staff and service users' experiences; this review should then be used in due course to produce a targeted and time bound action plan focused on driving improvements for both staff and service users

Action taken by the registered persons:

1. There was evidence that this action had been met.
2. There was evidence that this action had been met.
3. There was evidence that this action had been met.
4. There was evidence that this action had been met.
5. There was evidence that this action had been met.
6. There was evidence that this action had been met.

There was sufficient evidence available to validate compliance with this Failure to Comply Notice.

3.3.3 Other findings

Active Support is an evidence-based, person-centred, engagement focused approach that helps people with a learning disability participate meaningfully in everyday life. When staff deliver active-support well, service-users are more likely to achieve better outcomes. Whilst there was evidence that staff had received training in respect of Active Support, there was insufficient evidence that this has been fully embedded in practice. For example, a review of the cleaning schedules indicated that tasks had not been adequately broken down to reflect service users' abilities. In the absence of effective action, there is a risk that opportunities for skill development and independence may be limited. An area for improvement has been identified.

Although the level of cleanliness was satisfactory in most areas, some did not meet the standard expected in a service delivering care and support. An area for improvement has been identified to ensure that cleanliness audits are undertaken on a regular basis.

Review of the service users' environments identified that an inappropriate window covering was in place, instead of integrated window blinds. Whilst RQIA acknowledges the efforts made by management to replace this with a more suitable covering, an area for improvement has been identified to ensure this matter is appropriately addressed, included in the care plan, and reviewed on an ongoing basis, with a view to gradually increasing the amount of natural light in the service user's accommodation.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	22*	3*

* the total number of areas for improvement includes nineteen that are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with members of the senior executive/management team of The Registered Provider 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 Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 14 (a)(b)(c)(d)(e)(f) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that maintenance issues are addressed in a timely and proactive manner. **Ref:** 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Regulation 14 (a)(b)(c)(d)(e)(f) **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop and implement personalised support plans that include clear strategies for assisting service users in maintaining their living environments; these plans should consider each person's preferences, capabilities, and support needs, ensuring a respectful and empowering approach. **Ref:** 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 3 **Ref:** Regulation 16 (5)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the staff induction is further developed, to ensure that it is underpinned by the core principles of supported living. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Area for improvement 4 **Ref:** Regulation 16 (2)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff receive training in respect of Crisis Prevention Intervention; this includes all substantive staff and any staff supplied by recruitment agencies who work in the service on a regular basis/block booking arrangement. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 5 **Ref:** Regulation 16 (1)(b)(i)(ii) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the staff handover system is robust and includes the names of all staff in attendance; and written records are consistently provided to staff. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 6 **Ref:** Regulation 14 (a)(b)(c)(d)(e)(f) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall review the management on-call system to ensure that they possess the requisite skills and knowledge for this role. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 7 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall further develop and implement the policy in relation to professional registrations, to ensure that all staff, including those supplied by recruitment agencies, are appropriately registered with the Northern Ireland Social Care Council (NISCC); staff whose registration lapsed, for whatever reason, must not be afforded a second grace period to register. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 8 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the process for managing AccessNI disclosures is also applied to staff provided by recruitment companies; all persons in charge of the service must be able to articulate their role in relation to any disclosures identified on agency staff profiles. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 9 **Ref:** Regulation 15 (11) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that guidance on the management of restrictive interventions, restraint and seclusion is updated to reflect the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings, Department of Health, November 2023. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 10 **Ref:** Regulation 14 (f) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the deficiencies in service users' individual access to transport options are addressed. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 11 **Ref:** Regulation 14 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the practice of locking service users' doors at specified times is reviewed to ensure compliance with fire safety regulations. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 12 **Ref:** Regulation 16 (1)(b) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall review the system of MDT meetings, to ensure that the outcomes of these discussions are communicated to support staff or embedded into daily practice. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 13 **Ref:** Regulation 16 (1)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff are familiar with and able to articulate the recommendations on the service users' SALT care plan. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 14 **Ref:** Regulation 14 (a)(b)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the care plans are actively used to guide daily practice; regular staff meetings and reflective sessions should be utilised to reinforce the consistent application of documented care strategies. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 15 **Ref:** Regulation 15 (5)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that there is meaningful engagement with service users in their own support planning and daily routines; decision making tools should be used to identify the best ways in which to support service users, particularly in relation to their independence and financial autonomy. Ref: 2.0
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 16 **Ref:** Regulation 14 (a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop and implement a PBS audit which includes the indicators of a good 'capable environment'; audits should be undertaken on a regular basis and there should be evidence of actions taken in respect of any matters identified. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 17 **Ref:** Regulation 15 (11) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that a restraint reduction plan is devised and implemented. Ref: 3.3.1 **Response by registered person detailing the actions taken**: Restraint reduction is documented on the service Restrictive Practice register. All restrictions are reviewed for minimisation opportunities and audited on a monthly basis by the Registered person. Discussions regarding restrictive practices and restraint reduction plans are held with the wider MDT and documented in the review section.
Area for improvement 18 **Ref:** Regulation 14 (a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop a proactive escalation plan in collaboration with the Belfast Health and Social Care Trust to identify and address emerging difficulties in service users' placements. Ref: 3.3.1 **Response by registered person detailing the actions taken**: The organisation has developed detailed eligibility criteria for Supported Living model of service. This includes a compatability assessment tool and essential criteria checklist for housing and care support. It is agreed that if a current service user's needs no longer meet the eligibility criteria, this will trigger an escalation plan. The Registered Person will notify the BHSCT and work in partnership to take forward the appropriate actions to best meet the needs of the service user. The date to agree the detail of the BHSCT aspect of the escalation plan is scheduled for 20th Jan 2026.
Area for improvement 19 **Ref:** Regulation 14 (c)	The registered person shall develop and implement a skills development programme aimed at enhancing service users' involvement and independence in meal preparation.

Stated: First time **To be completed by:** Immediate from the date of the inspection	Ref: 3.3.1
	Response by registered person detailing the actions taken: Service user skills are being developed through active support provided by staff. Service user care plans are updated to reflect the skills which service users have gained and the levels of participation by service users in daily living tasks which includes meal preparation.
Area for improvement 20 **Ref:** Regulation 14 (c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that tasks included on cleaning schedules are broken down to reflect service users' abilities, to ensure promotion of skills development and independence. Ref: 3.3.3
	Response by registered person detailing the actions taken: Service user cleaning tasks are reflected in care plans and details are provided of individual abilities and skills which are being developed. Some service users have easy read cleaning schedules in their apartments which reflects their ability and promotes independence.
Area for improvement 21 **Ref:** Regulation 14 (e) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall develop and implement cleanliness audits for service users' accommodation. Ref: 3.3.3
	Response by registered person detailing the actions taken: Environmental audit is in place and is conducted by Deputy Managers/Team Leaders on a weekly basis. This includes a spot check of the cleanliness of the apartment, fridge/freezer checks and balances on gas and electric.
Area for improvement 22 **Ref:** Regulation 14 (a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall address the window covering in an identified service users' accommodation; this should be included in the care plan and reviewed on a regular basis, with a view to gradually increasing the level of natural light within their accommodation. Ref: 3.3.3
	Response by registered person detailing the actions taken: There is ongoing preparation work with the service user to remove the covering and move towards an alternative blind. This is under review. Care plan has been updated to reflect the service

	users wish to have a covering over her window and discussions around positives of additional natural light and alternatives to meet this need.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 4 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the service users are provided with a service user agreement, which details the hours of care and support the service users were entitled to. Ref: 2.0 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the person in charge in the absence of the registered manager is identified on the staff rota; and a competency assessment must be completed by all staff designated with this responsibility. Ref: 2.0 **Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 3 **Ref:** Standard 8.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that incident debriefing sessions are undertaken with staff in a timely manner and which is as close to the incident as possible. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**

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The Regulation and Quality Improvement Authority

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