The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: West Belfast Living Options

Provider: The Cedar Foundation

Date of Inspection: 20 November 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/Responsible Person:	Miss Kelly Louise Devlin
Registered Manager:	Mrs Courtney Michael (Acting)

Service Profile:

West Belfast Living Options is a domiciliary care agency operated by the Cedar Foundation that provides a supported living service to adults living with a learning disability, who may have additional physical disabilities and/or mental health conditions.

The agency provides domiciliary care and housing support for 38 service users living in individual or shared accommodation in the West Belfast area. Service users may receive up to 24-hour care and support from staff, dependent on needs as commissioned by the Belfast Health and Social Care (HSC) Trust.

An unannounced inspection was conducted 20 November 2025, between 10.15 a.m. and 4.23 p.m. by a care Inspector.

The last care inspection of the service was undertaken on 26 July 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency/day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by West Belfast Living Options was a good experience.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

No areas for improvement were identified during this inspection.

West Belfast Living Options uses the term ‘tenants’ to describe the people to whom they provide care and support. For the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

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 West Belfast Living Options. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those being supported by and working for the agency; and examine a sample of records to evidence how the service 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users described the service received by West Belfast Living Options as "great" and "outstanding". Those consulted were complimentary about staff describing them as "very good" and advising, "staff are always there to support me when needed". Another service user said, "I've built good relationships with the staff to chat to when needed and to do my social hours which help great with my wellbeing. I am happy with the support I am given by staff".

One service user told us that staff encouraged them "to go out shopping and socialise" as well as "encourage me to tidy up and keep on top of my room". Service users advised about support received with planning and preparing meals; those spoken with told us about new recipes they had learnt and their favourite recipes to make along with staff.

Two service users kindly provided consent to speak to them within the apartments, and provided a tour of their facilities. Each of the apartments were fashioned very differently; colour palettes, soft furnishings and décor reflective of each individual's own style and preferences.

One service user showed us their bedroom for which they had recently had a modern, grey inbuilt wardrobe installed that they told us they were very pleased with. Their room had posters displayed; evidencing their interest in particular bands that staff supporting them were observed engaging in conversation about. This service user spoke about a recent bereavement, describing the impact upon them and the support they continue to receive from staff.

The service user said that they have been a tenant for a long time and really liked their home. They said that they were happy with the support received from staff and explained that with help from staff they had secured a placement opportunity that they are scheduled to start in the coming weeks. When asked if there was anything they would like to change about the service they said there was nothing.

The other service user was sat relaxed on their large corner sofa within their open planned living room when speaking with the Inspector and Acting Manager. They advised staff had recently supported them to undertake their Christmas shopping; acknowledgement was given to the neatly wrapped gifts tucked underneath the Christmas tree. The service user discussed arrangements in place to ensure safe management of their finances and sought reassurance from the Acting Manager who responded in a calm and sensitive manner. This service user said that they were happy with staff however did not like being supported by agency staff, when prompted further explanation was provided.

Discussion occurred with the Acting Manager regarding concerns raised relating to agency staff. The Acting Manager advised as to systems in place to monitor agency staff's practice. Matters discussed were also highlighted to the attention of the Head of Living Options.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support. There was evidence of robust systems in place to manage staffing; ensuring that the number and skill of staff on duty each day meets the needs of service users.

Observation of the delivery of care, review of documents and discussions with service users and the person in charge evidenced that support was bespoke and personalised to each individual.

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 Northern Ireland Social Care Council (NISCC) 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 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. Written records were retained by the agency of the person's capability and competency in relation to their job role. It was also positive to note that during employees probationary periods they received monthly supervisions.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance.

The system utilised was easy to navigate, utilised colour codes that would alert the Acting Manager regarding upcoming action required pertaining to staffs training compliance. Training completed included Deprivation of Liberties Safeguards (DoLS), adult and children safeguarding and dysphagia, at a level appropriate to staffs job roles. It was also positive to note that staff had also completed lone working and mental health first aid training. There was evidence that medicines competency assessments had been completed for all staff involved in the handling and administration of medications.

Competency assessments were also undertaken on all staff to ensure that they were competent in their roles and responsibilities. For those staff expected to oversee the day-to-day operations of the service in the absence of the Acting Manager there was evidence an additional competency assessment had been undertaken.

Records reviewed evidenced that staff received regular supervision and annual appraisals had been undertaken.

3.3.2 Care Delivery

There was a handover at the beginning of each shift that included information about changes to service users' care that the staff needed to know in order to appropriately assist service users. The electronic platform utilised by the service ensured instant sharing of information across the service which is dispersed in nature. This enabled the Acting Manager to maintain a high level of oversight and governance across all properties for which West Belfast Living Options provide care and support to service users.

There was evidence of regular team meetings being held for which staff were able to add items to the agenda. It was positive to find minutes detailing open discussions on matters raised by staff, such as rota changes, as this suggests staff feel safe to raise issues to the attention of management. Minutes reviewed contained agenda items such as service user needs/risks, review of recent incidents/accidents and health and safety issues. Minutes of the meetings were maintained for staff, unable to attend, to read for information sharing.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. In discussion, service users communicated a sense of autonomy over how they spent their day. Service users consulted also advised that the enjoyed the larger events organised by the service which saw participation of all service user. One service user recommended that there should be more barbeques, parties and gatherings. This was feedback to service representatives.

Staff interactions with service users were observed to be friendly and supportive. Staff were respectful of the fact that they were within the service user's home. They asked permission, for example prior to taking a seat and sought consent before undertaking any task.

There was evidence of regular service user meetings. Agenda items ensured sharing of information, for example in relation to staffing arrangements, health and safety and social activities. It was positive to find signatures of service users who had attended attached to minutes retained.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the agency/day care setting 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.

There was evidence that service users had received a support agreement, which outlined conditions and expectations of the service relationship that was reviewed on a regular basis. Copies of the service users' tenancy agreements were also retained. There was evidence that service user consent had been sought in relation to use of their image in their documentation as well as social media posts or in any organisational promotional material. Consent for entry into the home in cases of emergency and support with management of medications was evident.

Care records were person centred, well maintained, regularly reviewed, and updated to ensure they continued to meet the service users' needs. Directions for staff were found to be detailed, clear and concise. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. Where staff noted any change in service user presentation, information was shared appropriately and where necessary referrals to allied health professionals made.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction 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. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

There was a register in place to ensure effective monitoring of DoLs and restrictive practices in place. The restrictive practice register tracker was detailed and added further assurances to ensure interventions prescribed were absolutely necessary and proportionate; this was highlighted as an area of good practice. There was evidence that restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

3.3.4 Quality of Management Systems

There has been a change in the management of the service since the last inspection. Mrs Courtney Michael has been the Acting Manager in this service since 17 November 2025.

Those staff consulted with commented positively about the Acting Manager. Service users were observed to be relaxed in interactions observed with the Acting Manager and they described her as "nice". .

Complaints were managed appropriately and it was good to note that any identified learning was shared with staff on a regular basis/There was a process in place to manage any complaints that may be received by the service.

Review of incident records identified that they were managed appropriately. An area of good practice was identified in relation to the system utilised by the service to track and review incidents and accidents. The tracker was easy to navigate and was found to contain full information such as any action taken subsequent to an incident arising. The person in charge at the time of the inspection was quickly able to retrieve data as requested. This provided assurances that the service would readily be able to identify developing patterns/trends. It was also good to note that incidents were reviewed in detail as part of the monthly quality monitoring process.

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 adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Again, due to systems utilised data sought for review by the inspector was easily retrieved. The annual safeguarding position report had been completed.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. 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 running of the agency. It was positive to find evidence that those undertaking the quality monitoring visits sought consent from service users to view their property in order to review the standard of the environment. An area of good practice was also identified in relation to monitoring of actions stated as part of the quality monitoring visits that ensured timely escalation internally as needed.

The annual quality report was reviewed and noted to contain a high-level analysis of incidents recorded by the service over the previous 12 months. A review of feedback received from service users and stakeholders was also included. It was positive to find that a service specific continuous improvement plan had been established for the year ahead.

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 Jeanette McGeown, Head of Living Options as part of the inspection process and can be found in the main body of the report.

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