The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Cedar Court Supported Housing Facility**

Provider: **Southern Eastern Health and Social Care Trust**

Date of Inspection: **10 October 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:	Southern Eastern HSC Trust
Responsible Individual/Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mr Mark Baker
Service Profile – Cedar Court Supported Housing Facility is a domiciliary care agency, supported living type. It is located in Downpatrick and provides domiciliary care and housing support to service users. Staff are available to support service users 24 hours per day. Support provided includes help with tasks of everyday living and emotional support with the overall goal of promoting independence and maximising quality of life.	

2.0 Inspection summary

An unannounced inspection took place on 10 October 2025 between 10.20 a.m. and 4.00 p.m. It was carried out by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last inspection on 17 June 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. 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 the agency was a good experience**.** Refer to Section 3.2 for more details.

It was established 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.

The Inspector would like to thank the manager, service users, relatives and staff for their help and support in the completion of the inspection.

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 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 home; and review/examine a sample of records to evidence how the home 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

We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within the agency.

All were extremely positive about the agency and the information provided indicated that there were no concerns in relation to the service.

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.

It was identified that a staff member currently employed within the day care setting had transferred internally by means of redeployment without an enhanced AccessNI check having been completed. There was discussion with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is engaged in ongoing discussion with the Trust regarding this issue.

Records of all staff training were retained and the manager maintained oversight of the training records to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role. Procedures were in place for appraising the staffs' performance.

Service users commended the staff, telling us that they were 'brilliant' and 'well trained'.

The current staffing structure only includes one Senior Support Worker. This provides limited support to the manager for staff management and supervision and day to day operations of the service. The manager reported that a business case has been submitted for funding for an extra Senior Support Worker. RQIA welcomes this and will monitor the progress of same.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

3.3.2 Care Delivery

Service users told us that they could talk to staff about any concerns they may have. Relatives described the agency as a 'lifesaver for my family' and told us how they were very happy with the care and support offered to their loved ones.

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

It was good to note that the agency had service users' meetings on a regular basis, which enabled the service users to discuss the provisions of their care. Items discussed included fire safety, activities and repairs.

The agency has an extensive activity programme and there is an activity coordinator in post. Service users spoke very positively about the activity coordinator and how activities offered were varied and geared towards their individual needs and preferences. Service users were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

3.3.3 Management of Care Records

From reviewing service users' care records, it was noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care and support plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning Trust.

Service users care records were held confidentially.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. The inspector discussed these with the manager and confirmed that these had been well managed.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr. Mark Baker has been the manager in this agency since 8 September 2014. Those consulted with commented positively about the manager and described him as supportive, approachable and able to provide guidance.

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.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. There was a complaints log in place and it was positive to note that manager had completed Complaints Investigation Training.

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 the manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews