The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Outlook Service**

Provider: **The Cedar Foundation**

Date of Inspection: **17 April 2026**

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:	Mrs Elaine Armstrong
Registered Manager:	Miss Carrieann Rainey

Service Profile:

The Outlook Service is a domiciliary care service located in Belfast. The agency provides care and support for service users up to the age of 16 years. Services provided include personal care and social support within the service users' own homes or as part of social support in the community. RQIA focuses on the care provided within the service users' homes. RQIA does not regulate the elements of support provided in the community.

Service users who require support have a range of needs due to a learning disabilities, physical disabilities, sensory impairment and/ or due to a diagnosis of autistic spectrum conditions. Services are commissioned by the Belfast, Western, Southern and South Eastern Health and Social Care (HSC) Trusts.

The agency also proposes to provide care and support to service users who have complex care needs. RQIA is currently engaging with the provider in this regard.

An unannounced inspection took place on 17 April 2026, between 11 am and 3 pm by a care Inspector.

The last care inspection of the agency was undertaken on 5 June 2025 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 the agency 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 was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that the staff were knowledgeable and well trained to deliver safe and effective care. Service users' relatives described the care and support provided by Outlook Service as a positive experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during this 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 information held by RQIA about this agency was reviewed. 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 the service users/relatives who are in receipt of care and support; the carers who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

Relatives told us that the care and support provided was 'really excellent' and that they would 'highly recommend' the Outlook Service. Comments reflected that the carers arriving is 'the highlight' of their week.

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. There was evidence of robust systems in place to manage staffing.

Review of the 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. Advice was given in relation to strengthening the recruitment checklist to ensure that relevant email evidence is retained, if current employer references have not been obtained. The manager agreed to include an additional prompt within the checklist to address this.

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. There was a robust, structured, two-week induction programme which also included shadowing of a more experienced staff member; this could be increased to four weeks if required. Following the induction period, the manager undertakes two calls with the staff members; this approach is also implemented when a new service user starts. This was identified as good practice and is commended, as it provides an opportunity to reinforce expectations, identify any early issues or support needs and strengthens staff engagement.

Records of all staff training were retained and were noted to be up to date. Service user specific training had also been provided to staff. For example, where a service user required a specialist emergency system for the management of a medical condition, all staff had been provided with the required training. Training was also provided in relation to Autism Spectrum Disorder, Epilepsy, Positive Behaviour Support and in relation to behaviours which may be challenging.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

Staff were supported via an on-call telephone support system, should they need to raise any concerns out of normal business hours.

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.

An All About Me document was completed which outlined the service users' aspirations and goals.

A Behavioural Risk Assessment and Enabling Plan was then completed.

Review of records identified that there was a need for specific transport risk assessments to be completed; this will ensure the safety of the service users and staff when they are travelling in staff' cars. Following the inspection, it was confirmed to RQIA that this had been developed and implemented.

Service User Agreements were in place; these did not include the specific times and durations of the calls due to the flexibility in the provision of calls.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. RQIA acknowledges that the aforementioned records provide the staff with the information needed to deliver the care and support required; however, this information should be included in a Care and Support Plan, in keeping with the regulations. This will be reviewed at a future inspection.

A review of a sample of daily notes evidenced that they were up to date and signed by the person making the entry.

Where service users required equipment that could be considered restrictive, this was risk assessed and also monitored as part of the monthly quality monitoring process.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Miss Carrieann Rainey has been the registered manager since 18 September 2015 and is supported by another manager who oversees the care and support provided in the WHSCT area.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. There were systems in place to manage complaints and incidents.

RQIA is currently engaging with the provider in relation to their intention to provide care and support to children who have complex care needs, in their own homes.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

The annual quality report was in the process of being completed; this will be reviewed at a future inspection.

Agencies are required to have a person known as the Child Safeguarding Champion (CSC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that effective systems and processes were in place to manage the safeguarding and protection of children at risk of harm. The annual safeguarding position report had been completed. Advice was given in relation to appending service-specific data to the report, to provide better oversight of the information that pertains to the Outlook service.

There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

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 Miss Carrieann Rainey, 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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