

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

FAILURE TO COMPLY NOTICE

Name of Registered Agency: The Mews Supported Living Service (RQIA ID: 020415)	Name of Registered Person: The Cedar Foundation Kelly Devlin (Responsible Individual)
Address of Registered Agency: The Mews Supported Living Service (RQIA ID: 020415) 143a Glen Road, Belfast, BT11 8FU	
Issue Date: 17 April 2025	FTC Ref: FTC000243
Regulation not complied with: <i>The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</i> <i>Conduct of the Agency</i> <i>Regulation 14. —</i> <i>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—</i> <i>(a) so as to ensure the safety and well-being of service users;</i> <i>(b) so as to safeguard service users against abuse or neglect;</i> <i>(c) so as to promote the independence of service users;</i> <i>(d) so as to ensure the safety and security of service users' property, including their homes;</i> <i>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</i> <i>(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.</i>	
Specific failings to comply with regulations: Under RQIA's duties in this regard, consideration has also been given to the care and treatment of patients (hereafter, 'service users') with a mental disorder, who reside in The Mews Supported Living Service. Following RQIA's receipt of information on 6 February 2025, an unannounced inspection of The Mews Supported Living Service (RQIA ID: 020415) was conducted on 24 February 2025, 13 March and 21	

March 2025; during this inspection serious concerns were identified regarding the quality of service provision and care delivery to service users.

The use of restrictive practices within the service were concerning; it was observed that while staff were able to routinely use back doors to enter service users' bungalows for their own convenience, this degree of autonomy and independence was not afforded to service users; for example, it was noted that two service users' back doors were kept locked during the day and could not be unlocked by them. Service users were also restricted from exiting through their front door to the garden area and also externally beyond the boundaries of the garden.

Discussion with and observation of staff highlighted that an inflexible and indiscriminate approach was maintained in relation to the use of 'fobs' so as to control access to internal doors and gates, regardless of whether service users had capacity in this regard. RQIA is not assured that the use of such restrictive practices is being managed in a way so as to promote service users' rights, dignity and choice.

RQIA noted that there are multiple service users living within the setting who present with complex behaviours which are, at times, challenging. The resulting staff-heavy presence was observed to dominate the setting and thereby create an environment which focuses excessively on managing risk at the cost of promoting service users' autonomy, privacy and wellbeing.

In addition, inspection findings identified that the model of care was more aligned to a medical model of care, as opposed to a supported living model of care. While the Belfast Health and Social Care Trust (BHSCT) Behavioural Support Team developed behaviour support plans, it was evident that staff employed by the service did not possess the requisite knowledge and/or skills to effectively manage and/or avert behavioural incidents. This resulted in service users being contained in a restrictive environment, rather than being supported to achieve independence, social inclusion and community integration.

RQIA also considered the provision of meaningful, person-centred and purposeful activities to service users. It was concerning that there was limited structure to service users' daily routines and no evidence that they were provided with regular opportunities for activities based on their individual interests, preferences, needs and goals.

It was also noted that service users were not informed of the names of the carers who were assigned to support them. While RQIA acknowledge that this may have been appropriate for some service users, it is concerning that a 'blanket approach' was in place for all service users in this regard.

Medicines management arrangements were also considered. It was noted that medicines for all service users were locked in a medicine trolley and stored in a locked medicine room under CCTV surveillance; such arrangements are more in keeping with care delivery within a residential care home setting.

Discussion with staff highlighted that there were no effective systems in place so as to regularly review service users' capacity to become more independent with regard to their own medicines management and which focused on enabling them to self-administer their medicines, as appropriate.

Also, the majority of service users' monies were held in a locked safe within the finance room, regardless of whether or not they were deemed to have capacity to manage their own finances. This meant that service users were denied the opportunity to manage their finances independently.

It was noted that a number of service users were supported with their meal preparation. While fresh produce was noted within some service users' living spaces, discussion with staff evidenced an over-reliance on ready-meals, rather than preparing nutritious meals with the service users, so as to promote their health, wellbeing and independence.

In view of the findings detailed above, RQIA is concerned that the service is failing to consistently and meaningfully implement a supported living model of care for service users which focuses on promoting their independence, choice and the delivery of person-centred care; rather than empowering service users to live as autonomously as possible, these deficits undermine the core principles of supported living and therefore compromise service users' quality of life.

Action required to comply with regulations:

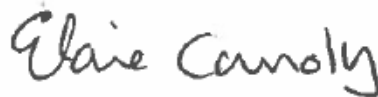
The Responsible Individual should ensure that:

- 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
- 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.
- 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

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

The Registered Person may make written representations to the Chief Executive of RQIA regarding the issue of a failure to comply notice, within one month of the date of serving this notice.

Date by which compliance must be achieved: 12 June 2025



Signed.....

Director of Adult Care Services

This notice is served under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

It should be noted that failure to comply with some regulations is considered to be an offence and RQIA has the power under regulations to prosecute for specified offences.