

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: FTC000244
Regulation not complied with: <i>The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</i> <i>Registered person — general requirements and training</i> <i>Regulation 11. —</i> <i>(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.</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 lack of robust governance arrangements and managerial oversight. For example, staff had an inadequate understanding of the service's incident reporting procedures; Inspectors were informed that Team Leaders operated on a 'need to know basis' and failed to follow up with staff following incidents. Deficits were also identified in relation to the analysis of incidents and where lessons had been learned from in-depth analysis of an incident, these had not been shared with the staff. Incident reports had not been consistently completed, when referrals were made to the Adult Protection Gateway Service (APGS). Discussion with staff to	

date, has also demonstrated that they lack an effective understanding of adult safeguarding best practice principles/procedures so as to ensure that these are embedded into practice.

Discussion with staff also evidenced that the system in place for managing complaints, either from service users and/or staff is ineffective.

In view of the inspection findings outlined above, it is also concerning that monthly monitoring arrangements have not been sufficiently robust so as to identify these deficits and address them in a meaningful and timely manner

Action required to comply with regulations:

The Responsible Individual should ensure that:

- a system is developed and implemented so as to ensure that all incidents are managed in a robust, effective and timely manner
- 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
- 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
- the system for managing complaints is reviewed so as to ensure that complaints are recorded in keeping with regulation and regional best practice guidance
- 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
- 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

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

Glairé Connolly

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.