



The Regulation and
Quality Improvement
Authority

Fairways Outreach Services
RQIA ID: 020064
22 Cloonavin Park
Coleraine
BT52 1RU

Inspector: Amanda Jackson
Inspection ID: IN23862

Tel: 028 7035 9417
Email: tonydunlop@fairways-ni.org.uk

**Unannounced Care Inspection
of
Fairways Outreach Services**

10 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 10 November 2015 from 09.45 to 15.45 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the registered manager Victoria Derbyshire and the Outreach co-ordinator as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fairways Outreach Services Ltd/Mr Robert Anthony (Tony) Dunlop	Registered Manager: Miss Victoria Jane Derbyshire
Person in charge of the agency at the time of Inspection: Miss Victoria Jane Derbyshire	Date Manager Registered: 24 August 2015
Number of service users in receipt of a service on the day of Inspection: 6	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous inspection report (pre-registration)
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person/manager and Outreach co-ordinator.
- Consultation with two staff
- Examination of records
- File audits
- Evaluation and feedback.

During and following the inspection the inspector spoke with two service users and one trust professional on 10 and 12 October 2015 to obtain their views of the service. The service users interviewed live in Coleraine and Portstewart and receive assistance with the following:

- Support with medication
- Support with shopping and meal preparation
- Support with social activities and to attend work.

The inspector also reviewed the agency's documentation relating to two service users.

The findings from their feedback have been included within the body of this report.

During the inspection the inspector met with two support staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the registered manager on the day of inspection. She was asked to forward these to a random sample of support staff, to find out their views regarding the service. No staff questionnaires were received following the inspection.

The following records were examined during the inspection:

- Three staff recruitment files
- Vulnerable adults policy and procedure
- Child protection policy and procedure
- Three staff induction records
- Policy on 'Staffing allocation and changing a worker'
- Three service user records regarding introduction of staff

- Staff training matrix
- Three staff training records
- Supervision and appraisal policy and procedure
- Three staff records regarding quality monitoring, supervision and appraisal
- Complaints policy and procedure
- Three complaints records
- One service user referral information
- Three staff induction records in reference to receipt of staff handbook and job description
- One service user referral
- Three long standing service user records regarding review/quality monitoring and support planning
- Two compliments
- Three email records regarding communication of service users changing needs to staff
- Staff communication book
- Daily report book
- Two service user home record files
- Annual quality report 2015
- Three monthly monitoring reports (June, July and October 2015)
- Staff rotas and one service user rota
- Two staff training records regarding additional training
- Policy on 'Missed or late calls'
- Three late calls records
- Three emails to trust professionals regarding changes in service users' needs
- One staff meeting minutes
- On call rota.

5. The Inspection

Fairways Outreach service provides domiciliary support services in the Coleraine and Portstewart areas of the Northern Health and Social Care Trust. The agency provides support workers into services user's homes during different periods of the day to support service users with practical and emotional aspects of daily living. Services users within the Outreach service have a learning disability and other needs such as mental health needs and challenging behaviour.

The agency ethos is - support workers work together as a team with service users to foster open lines of communication and support in all aspects of their daily life, communicating regularly with service user relatives and commissionaires as appropriate. The agency provides practical, as well as personal support. The agency receive referrals from the Northern HSC Trust.

The agency service is provided to six service users by twenty six staff who work across the Outreach service and the agency's supporting living service operated by the provider.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced pre-registration care inspection dated 23 October 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 and Schedule 3	The registering person and registering managers are required to ensure staff recruitment is compliant with Regulation 13 and Schedule 3 and Standard 11.	Met
	Action taken as confirmed during the inspection: The inspector confirmed three recently recruited staff files were available and up to date at the time of inspection in accordance with the areas outlined in requirement one at the previous inspection.	
Requirement 2 Ref: Regulation 15(6)(a)	The registering person and registering managers are required to review and revise the agency vulnerable adults and child protection policies.	Met
	Action taken as confirmed during the inspection: The inspector confirmed both policies dated 1 November 2014 had been reviewed following the previous inspection and were satisfactory.	
Requirement 3 Ref: Regulation 16(5)(a)	The registering person and registering managers are required to ensure staff induction is compliant with Regulation 16(5)(a) and Standard 12.	Met
	Action taken as confirmed during the inspection: The inspector confirmed three recently recruited staff files were available and up to date at the time of inspection.	
Requirement 4 Ref: Regulation 21(1) Schedule 4(5)	The registering person and registering managers are required to review the agency process for introducing staff to service users and the recording of this process.	Met
	Action taken as confirmed during the inspection: The inspector confirmed the policy on 'Staffing allocation and changing a worker' had been updated on 1 November 2014 following the previous inspection to reflect the introduction of staff. The agency have also commenced a record to evidence when new staff have been introduced to all service users, this records was reviewed for three service users during inspection.	

<p>Requirement 5</p> <p>Ref: Regulation 21(1) Schedule 4(6)</p>	<p>The registering person and registering managers are required to review the agency training records for all staff to ensure compliance with Regulation 21(1) Schedule 4(6), Standard 12 and the RQIA mandatory training guidelines (2012).</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Revision and review of the staff training records and training matrix within the agency following the previous inspection evidenced all staff are currently up to date with all mandatory training areas. For those staff who are due update training in specific areas this was evidenced on a training plan on the staff notice board and reviewed for three staff members.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 16 (4) and Regulation 21 (1) Schedule 4 7</p>	<p>The registering person and registering managers are required to review the agency supervision and appraisal policies and procedures and ensure implementation of both procedures are compliant for all staff members.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection: Review of the supervision and appraisal policy (post inspection) dated 12 November 2015 confirmed compliance in accordance with requirement six.</p>		
<p>Review of supervision and spot checks for three staff members confirmed supervision to be current and up to date.</p>		
<p>Staff observations currently only take place within some service users homes due to individual's specific needs. The inspector discussed the importance of recording why staff observations do not take place in all service users' homes and the importance of ensuring all staff are quality monitored to confirm appropriate staff practice and competence.</p> <p>Appraisal has commenced for all staff members but has not been completed to date and therefore has been restated in this QIP.</p>		

Requirement 7 Ref: Regulation 22	The registering person and registering managers are required to review the agency complaints policy and procedure and ensure all records are maintained in compliance with Regulation 22 and Standard 15. Action taken as confirmed during the inspection: Revision of the complaints policy and procedure dated 1 November 2014 and three complaints records during inspection confirmed compliance with Regulation 22.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 3.2	The registering person and registering managers are recommended to ensure service user referral information is fully compliant with standard 3.2. Action taken as confirmed during the inspection: Environmental risk assessments are now received as part of the trust referral process and this was reviewed for one service user who commenced the service following the previous inspection.	Met
Recommendation 2 Ref: Standard 11.5 and Standard 12	The registering person and registering managers are recommended to ensure staff induction records reference the staff handbook and job description. Action taken as confirmed during the inspection: The inspector confirmed three recently recruited staff files were available and up to date at the time of inspection in accordance with the areas outlined in recommendation two at the previous inspection.	Met

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is care safe?

Service user referral information received from HSC Trust commissioners contained a good level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment along with other professional assessments as required. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

The inspector was advised that new carers are always introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to two service users was reviewed by the inspector. The files reviewed contained a copy of the service user's care plan. The agency's log sheets in the files reviewed were being completed by the support workers and were found to be detailed regarding each visit and in accordance with standard 5.2.

Is care effective?

The inspector was informed by the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Questionnaires are sent out by the agency on an annual basis to obtain the views of the service from service users and their representatives. Management visits are taking place on a regular basis by the outreach co-ordinator to discuss service users' care. Service user feedback regarding staff observation of practice taking place was mixed. This was confirmed by the co-ordinator as staff observation is not deemed to be appropriate within all settings due to service users individual needs.

Review of staff quality monitoring during inspection confirmed an appropriate process for staff observations in line with the agency timeframes discussed by the registered manager and co-ordinator. The inspector recommended that the agency record when a service user has specified they do not wish for staff observations to take place in their home. The agency manager and co-ordinator agreed to record this on service user records for future staff observations. Evidence of the annual quality report for 2015 was reviewed during inspection together with the questionnaire returns for service users and their relatives/partners. Service user quality visits and contacts were confirmed during inspection for three service users and had taken place in line with the confirmed timeframes.

The agency had received a number of complaints since the previous inspection. Review of three complaints were found to be appropriately managed with records of communications with service users. The manager and co-ordinator confirmed that communications with the trust professionals would take place but a record of the telephone contact would not always be retained. This has been recommended in the QIP.

The compliments records from one service user's relative and one trust professional reviewed during inspection contained positive feedback regarding the care provided to service users as detailed below:

'Since my XXX has been with Fairways, they have grown and matured. My XXX is very fond of XXX (staff member) as am I. With your help XXX has changed a lot' (Relative).

'To date I have found the Fairways outreach service to be responsive to needs of the client group. Staff are approachable and receptive, whilst also presenting a non-judgemental and professional manner. Communication is usually timely and relevant – I received verbal updates before I review each client. I also receive written updates via email informing me of any

unplanned events/incidents. Support staff have developed effective 'helping' therapeutic relationships with each client and the feedback I receive from clients about the quality of the service is usually positive. I have found staff to be very supportive of my work and are flexible in assisting the team to promote and implement specific therapeutic interventions (Trust professional)

The agency has monthly monitoring reports completed by the registered person. The inspector reviewed three such reports and confirmed the reports to be compliant with standard 8.11.

Communication records (via the communication book, daily report book and emails to staff) viewed in the agency office evidenced how feedback was received and shared with staff as necessary in respect of changes to service users' needs.

Two staff interviewed on the day of inspection (one support worker and one senior support worker) confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed daily contact with the agency manager and co-ordinator in order to share ongoing changes to service user's needs. Evidence of these processes were reviewed during the inspection day in staff emails, communication book records and handover reports. Additional staff training is offered as required to ensure staff are appropriately knowledgeable in service users' specific needs and this was reviewed during inspection for two staff members in the areas of epilepsy, diabetes and higher level vulnerable adult training.

Overall on the day the inspector found that care delivery was effective.

Is care compassionate?

The people interviewed by the inspector raised no concerns regarding the quality of care being provided by the support workers from Fairways outreach service. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect; however one service user did reflect that on occasions calls can be late without prior notice from staff. This matter was discussed with the agency manager and co-ordinator for review. Service users, as far as possible, are given their choice in regards to their support needs and encouraged to make their own decisions. Examples of some of the comments made by service users and trust professional are listed below:

- "I get on really well with the staff" (Service user).
- "They're really quite good, they support me, I never want to lose this service" (Service user).
- "Flexible, responsive support service. Staff are receptive to Trust advice and guidance and communicate effectively regarding service users. Staff go over and beyond the call of duty to meet service users' needs" (Trust professional).

Service users informed the inspector that they felt that the support workers are appropriately trained and knowledgeable regarding working with service users with learning disability, mental health needs and challenging behaviour.

It was good to note that service users or their representatives are included in decision making regarding their care plan. They are also given the opportunity to comment on the quality of service either during home visits, by telephone, annual trust and agency reviews or the annual survey for the agency.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs especially in cases where particular conditions such as communication difficulties, diabetes and mental health needs pre-sent.

Staff discussed service users with varying complex needs and how they adapt their working days to meet the needs of each individual service user.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme one with exception to review of complaints records in relation to contacts with trust professionals.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. The agency has a policy and procedure for management of missed or late calls and this was reviewed as appropriate during inspection. The agency has had several late calls in recent times with one service user. This was highlighted by support staff attending to the service user. Discussion with the agency manager and co-ordinator confirmed this matter and accepted that it was unacceptable in this case. Action has already been taken to address the matter and review of staff meeting minutes during inspection confirmed this process moving forward. Review of staff rota's for all staff members and one service user reflected a process for allocating staff to service user calls. The inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The inspector was informed by the service users and professional interviewed that there were no concerns regarding the carer's timekeeping with exception to the one matter referenced in the above section.

The registered manager confirmed that the late calls referenced above would not be a common occurrence in the service with exception to the one service user detailed. The manager showed

the inspector a staff meeting record which is currently addressing this case. Communication with trust professionals in this case has not taken place to date and has been recommended in any future matters arising. The inspector was assured during the inspection discussion that the agency would liaise with the trust appropriately in the future.

Procedures in place for staff quality monitoring were reviewed during inspection and have been referenced in theme one for review in terms of consistency across all service users where appropriate. Disciplinary processes were discussed during inspection but have not been implemented as the agency has only had one late call matter and this is currently being managed appropriately regarding staff practice.

Monthly monitoring reports completed by the registered person were reviewed but do not currently reference late calls, this matter was discussed with the registered manager and co-ordinator during inspection for any future cases.

Two staff interviewed on the day of inspection confirmed that they felt supported by management staff and demonstrated a clear understanding of their reporting processes if running late for next service user visit.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

As previously detailed under theme one of this report, the service users and professional spoken with by the inspector highlighted service quality to be good with appropriately trained and skilled staff who delivered compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes were calls are delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme two.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.3 Additional Areas Examined

No additional areas were reviewed during this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Victoria Derbyshire and the outreach co-ordinator as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk (paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 16 (2)(a) Stated: Second time To be Completed by: 10 March 2016	<p>The registering person and registered manager are required to ensure completion of staff appraisals for all staff members.</p> <p>As discussed within requirement six within the follow up section of this report regarding staff observations of practice and appraisal.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff appraisals for this year are in progress and will be completed by 10th March 2016 as required.</p>		
Recommendations			
Recommendation 1 Ref: Standard 15.10 Stated: First time To be Completed by: With immediate effect from the date of inspection	<p>Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.</p> <p>As discussed within theme one (Is care effective) regarding communications with trust professionals.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Full details of all communications with trust professionals regarding complaints and the investigation and actions taken will be maintained at all times.</p>		
Registered Manager Completing QIP	Vikki Derbyshire	Date Completed	30.12.15
Registered Person Approving QIP	Tony Dunlop	Date Approved	30.12.15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	04/01/2016

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address