

Inspection Report

1 July 2021



Fairways - The Cloonavin Green Project

Type of Service: Domiciliary Care Agency
Address: 6 Cloonavin Green, Coleraine, BT52 1RG
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Fairways Cloonavin Ltd	Registered Manager: Miss Victoria Derbyshire
Responsible Individual: Mr Robert Anthony (Tony) Dunlop	Date registered: 10 January 2011
Person in charge at the time of inspection: Miss Victoria Derbyshire	
Brief description of the accommodation/how the service operates: Fairways the Cloonavin Green Project is a supported living type domiciliary care agency, located in Coleraine. Staff also provide an outreach service for 13 individuals, who are living in the local area. The service users' care and support is commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An announced inspection took place on 1 July 2021 between 10am and 1pm by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Service users and their relatives said that they were very satisfied with the standard of care and support provided by the agency.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections. Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the Northern Ireland Social Care Council (NISCC) were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users and staff indicated that there were no concerns in relation to the agency. The responses indicated that they felt very satisfied with the standard of care and support provided. The following comments were received during the inspection:

Service users' comments:

- "All the staff are very good, everything is great. It is like Home Sweet Home."
- "I have friends here, the staff are very good."
- "It is a lovely place. The staff are very kind. They help me with my money and with cooking. I like to be as independent as I can be."

Staff' comments:

- "I have no concerns, they couldn't be any better. I am very happy working here, they couldn't look after the service users or staff any better."
- "Everything is ok, I am really enjoying it here. I would like to highlight the support I have been given by the management team."
- "We do the very best we can. The service users are amazing and I think we have gone over and above regarding infection control measures."

Relatives' comments

- The staff are very good, there are no issues and they are more than helpful, I couldn't praise them enough.
- The care is to the highest standard, we are very happy.
- The care there is outstanding and the staff are fantastic."

A number of service users, relatives and staff responded to the electronic survey. The majority of responses indicated that they felt very satisfied with the care and support provided. A small number indicated that they felt dissatisfied in relation to care and support provided. However, there were no comments provided to support this. Comments received included:

- “Great place to work. Management are very approachable. All tenants are cared for and supported very well. There is a great interaction between staff, tenants and family members.”
- “Everything is great for my (relative) and she is very happy there.”
- “Working with Fairways Cloonavin is great. It is like one big family.”
- “I have been a member of the Fairways team for a number of years and feel that we have a great team who always strive to ensure the best for our service users.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Fairways Cloonavin Green Project was undertaken on 10 March 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. There were a number of incidents reported since the last inspection. They were deemed to have been managed appropriately. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed and found to be satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

It was noted that incidents had been managed in accordance with the agency’s policy and procedures. RQIA had been notified appropriately.

Staff were provided with training appropriate to the requirements of their role. This included training on the Deprivation of Liberty Safeguards (DoLS) training. The review of records confirmed that the agency had a good understanding in relation to people who may lack capacity and making decisions about aspects of their care and treatment, as outlined in the

Mental Capacity Act. A register of restrictive practices was in place and it was evident that this was reviewed on a regular basis.

The manager confirmed the agency does not manage individual monies belonging to the people they support.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager told us that there were a number of care partners visiting the service users. The care partners adhere to Covid-19 guidelines set down by the Public Health Agency (PHA). The care partners do not undertake any personal care with the service users and are only permitted in certain areas of the service.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of SALT to ensure the care received in the service user's home was safe and effective.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the people they support. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.4 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a system in place to ensure that staff workers received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

5.2.5 Equality data

The arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with the manager. It was good to note that the staff had received training in relation to human rights, equality and diversity.

It was confirmed that arrangements are in place to collect equality data on service users, as part of the annual quality monitoring processes. The manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting the data.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Victoria Derbyshire, Manager, as part of the inspection process and can be found in the main body of the report.



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