

# Unannounced Care Inspection Report 20 October 2016



## Fairways - The Cloonavin Green Project

**Domiciliary Care Agency/Supported Living**  
**22 Cloonavin Park, Coleraine, BT52 1RU**  
**Tel no: 028 7035 9417**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fairways - The Cloonavin Green Project took place on 20 October 2016. From: 10.00. to 15.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the care was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care. Staff could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of individual care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The agency engages in partnership working with service users to meet the needs/choices of the individual. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care. The agency asks people who use their services what they need and want from the agency. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. Agency staff aim to help service users work towards the achievement of individual outcomes as described within individual care and support plans.

### **Is the service well led?**

On the day of the inspection the agency was found to be providing a well led service. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. The agency aims to ensure that managers and staff listen and are accessible to people who use services and their representatives including the HSC Trust and relatives. Service users and their representatives are provided with information on the organisational structure and how to contact the agency as necessary.

The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The agency evidenced supports systems that enable service users to get involved. There was evidence over time of positive outcomes for service users. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Victoria Derbyshire registered manager, as part of the inspection process and can be found in the main body of the report.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 January 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Cloonavin Green Project Robert Dunlop	<b>Registered manager:</b> Victoria Derbyshire
<b>Person in charge of the service at the time of inspection:</b> Victoria Derbyshire	<b>Date manager registered:</b> 10/01/2011

### 3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report and quality improvement plan
- Records of notifiable events.

**During the inspection the following processes used include the following:**

- Discussion with the registered manager
- Examination of records
- Consultation with staff
- File audits
- Discussions with service users
- Evaluation and feedback.

**The following records were examined during the inspection:**

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of service user needs and associated risks assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from March to September 2016
- Minutes of staff meetings
- Minutes of tenants meetings
- Staff training records in relation to:
  - Safeguarding
  - Respect
  - Medication
  - Epilepsy awareness
  - First aid
- Tenants' finances
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

**4.0 The inspection**

During the inspection the inspector spoke with the registered manager and two staff. The inspector had the opportunity to speak with a member of the HSC Trust. Their feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Six questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. Nine questionnaires were returned. Further detail of staff and service user feedback is included throughout this report.

Following discussion with the manager, service users and staff, it was noted there was evidence overtime of positive outcomes for service users. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the agency staff and service users for their warm welcome and full cooperation throughout the inspection process.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 14 January 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 23 (1) <b>Stated:</b> First time	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>This requirement relates to ensuring monthly quality monitoring is undertaken with records retained within the agency.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector read a number of quality monitoring reports in place during the inspection. The records in place were satisfactory.</p>	
	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall – Specify the service user's needs in respect of prescribed services are to be provided.</p> <p>This requirement relates to ensuring that the recommendations made by the speech and language therapist to minimise the risk of choking are reflected within the care support plan.</p>	
<b>Requirement 2</b> <b>Ref:</b> Regulation 15 (2) (b) <b>Stated:</b> First time	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall – Specify the service user's needs in respect of prescribed services are to be provided.</p> <p>This requirement relates to ensuring that the recommendations made by the speech and language therapist to minimise the risk of choking are reflected within the care support plan.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The care plan that relates to the requirement was in place and had been updated. The record in place was satisfactory.</p>	
	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall – Specify the service user's needs in respect of prescribed services are to be provided.</p> <p>This requirement relates to ensuring that the recommendations made by the speech and language therapist to minimise the risk of choking are reflected within the care support plan.</p>	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time	<p>Policies and procedures as identified within Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This recommendation relates to the inclusion of choking within the agency's First Aid policy.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The First Aid Policy had be updated and was satisfactory.</p>	
	<p>Policies and procedures as identified within Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This recommendation relates to the inclusion of choking within the agency's First Aid policy.</p>	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.	<b>Met</b>
	This recommendation relates to the inclusion of choking within First Aid training.	
	<b>Action taken as confirmed during the inspection:</b> Training records in place were satisfactory.	

#### 4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk screening tools completed contained evidence that service users and/or representative's views had been obtained and incorporated. Risk assessments examined provided clear evidence of safe effective care and support being provided to service users. The agency delivers positive outcomes for people who use their services on an ongoing basis and in some instances over a long period of time. An HSC Trust staff member commented to the inspector: *"Staff go over and beyond in their duties."*

Minutes of tenants' meetings read by the inspector provided clear evidence of safe care being discussed: e.g.

- Quality of support;
- Staffing;
- Relationships.

The agency has in place a written policy and procedure for the recruitment of staff. Employment procedures reviewed evidenced the completion of pre-employment checks. The agency has in place a comprehensive checklist for personnel file documents.

A number of staff files were examined by the inspector and they included the required information in line with the agency's policy and good practice guidelines. The records in place were satisfactory.

The agency has a structured comprehensive staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. Staff members interviewed during the inspection suggested that the induction prepares all staff for their role.

Records of staff induction, including short notice procedures and mandatory training, were retained within staff files reviewed. The manager reported that she undertakes supervision with team leaders who in turn supervise care staff.

The inspector examined staff rotas for weeks 16/10/16, 22/10/16 and 30/10/16 and was satisfied that the agency's staff resources were appropriate to meet service user needs.

Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.

Where shortcomings in systems may have been highlighted as a result of an investigation, additional identified safeguards are put in place. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed. The inspector noted that staff make every attempt to increase people's choice and control.

Service users' comments:

- "I'm very happy here."
- "I always feel safe and happy."

Six questionnaires returned from staff indicated that:

- They receive appropriate training for their role.
- They receive supervision and appraisal.

Nine questionnaires returned from service users indicated that:

- They feel safe and protected from harm.
- They can you talk to staff if they are unhappy or have any concerns.

Comments:

- " Good service."
- "I am safe I have good staff."

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.3 Is care effective?

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified. An HSC Trust staff member interviewed stated “*Staff have a great understanding of all care needs.*”

The agency maintains a daily contact record for each service user. The agency’s individual activity records show what service users did, including how they link activities with the community. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency’s Statement of Purpose and Service User Guide, makes appropriate references to the nature and range of service provision. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. Following engagement with staff it was evident that staff focus on people as individuals with different needs and wishes. The service users interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis. One staff member commented: “*We communicate well with each other.*”

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users are also given the opportunity to comment on the quality of service.

Service user’s comments:

- “I feel the staff are good to me and to everyone.”
- “I’m very happy here.”

Relative’s comments:

- “\*\*\*\* is very well cared for and is well provided for here.”

Six returned questionnaires from staff indicated:

- There are systems in place to monitor the quality/safety of the service staff provide.
- The needs of the people who use the service kept under review.



Nine returned questionnaires from service users indicated that:

- They are aware of systems in place to monitor the quality/safety of the service you receive.
- They are involved in the review of their care needs.

Comments:

- “Staff are very helpful and supportive.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.4 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide reflect that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment. Service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff.

Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, professionals and staff.

The agency’s reports of monthly monitoring provide assurance of quality monitoring and service improvement. The inspector recorded some comments from service users, HSC Trust professionals and staff:

Service user’s comments:

- “My service is unbelievable.”
- “Staff are very helpful.”
- “I’m happy and feel well supported.”
- “I’m very happy.”

HSC Trust comments:

- “Good staff values.”
- “The Trust is happy with the service provided.”

## Staff Comments:

- “I’m aware of the “All about me care plans.”
- “The senior staff deal quickly with my concerns.”
- “I’m well supported by the senior staff and others.”
- “I’m now comfortable in my role.”

## Relative’s comments:

- “I’m happy with the service.”
- “\*\*\*\*\* is being supported to engage in community activities.”
- “My \*\*\*\*\* is very well supported.”

## Six returned questionnaires from staff indicated:

- They were satisfied that the people who use the service have their views listened to.
- They were satisfied that improvements are made in line with the views of the people who use the service.

## Nine returned questionnaires from service users indicated that:

- Their views and opinions are sought about the quality of the service.
- The care they receive meets their needs and expectations.

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.5 Is the service well led?

Feedback provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users.

Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to any trend identification.

The agency has a complaints policy and procedure in place which is also reflected within the Statement of Purpose and Service User Guide.

Incidents form part of the monthly monitoring and the agency’s objectives. Required actions are taken to address concerns; this is ongoing within the agency to enable them to reflect on any learning from incidents.

A number of staff training events have taken place and mandatory training was up to date for all staff at the time of the inspection. Supervision records examined by the inspector indicated clear evidence of compliance with the agency's own policy and procedures. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency. Staff reported that they had a very good working relationship with the manager.

There was evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this.

There was evidence that staff were encouraged to be involved in the development and improvement of the service including measuring the outcomes for service users in relation to their care and support. This was noted within the staff meeting agendas and minutes.

The inspector noted some of the topics discussed during team meetings:

- Communication;
- Care planning;
- Tenants updates;
- Reporting;
- Incidents;
- Personal care;
- Confidentiality;
- NISCC.

The agency has a policy and procedure on staff supervision and appraisal. The manager reported that she undertakes supervision with the team leaders who in turn supervise care staff. There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The manager demonstrated an awareness of the regulatory framework and understanding of the agency obligations in relation to this.

The agency's system for reviewing policies and procedures was in place and had been actioned. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice, and that these are followed by staff. The inspector noted a number of key policies that were subject to systematic review.

The inspector noted that the governance systems within the agency identify and drive quality improvement, the agency considers everything to be a suitable topic for consultation. There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues.

The inspector saw evidence of systematic audit within the agency which results in effective improvement plans with measured outcomes. This included monitoring of training, supervision, complaints and incidents. The audits within the agency are there to improve the quality of service delivery and individual outcomes for service users.

The agency aims to make it possible for people to have control over decisions about their life and day-to-day decisions, as well as enabling people to do activities that they find important, enjoyable and meaningful. Following discussions with staff and service users, it was evident that service users are able to play a key role in how the service is managed. The central focus of provision is person centred.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and both have been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Six questionnaires returned from staff indicated that:

- They were satisfied that complaints from the people who use the service are listened to.
- Feel the service is managed well.

Nine questionnaires returned from service users indicated that:

- They feel the service is managed well.
- Any concerns or complaints would be listened to and responded to.

Comments:

- “The service is run well and I’m very happy here.”

The inspector found the care provided was of a high standard and it was good to note that in the returned questionnaires.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews