

Inspection Report

21 August 2023



Fairways – The Cloonavin Green Project

Type of service: Domiciliary Care Agency
Address: 6 Cloonavin Green, Coleraine, Londonderry, BT52 1RG
Telephone number: 028 7035 9417

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Fairways – The Cloonavin Green Project	Registered Manager: Ms. Kathy Wan
Responsible Individual: Mr. Robert Anthony Dunlop	Date registered: Acting since 8 June 2023
Person in charge at the time of inspection: Ms. Kathy Wan	
Brief description of the accommodation/ the service operates: Fairways Cloonavin Green Project is a supported living type domiciliary care agency located in Coleraine. Service users are living with a learning disability. Staff also provide an outreach service to individuals who live 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 unannounced inspection took place on 21 August 2023 between 10.10 a.m. and 1.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement. The service was well organised, had a clear management structure and a range of systems in place to support its operation.

Further areas of good practice were noted in relation to the provision of compassionate care, staff training and the monitoring of professional registrations.

All service users who spoke with the inspector indicated they were very happy with the care and support provided.

No areas for improvement were identified.

The inspector would like to thank the manager, service users and staff for their assistance and support in the completion of the inspection.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I wouldn't change living here for the world."
- "I know who my key worker is."

- “The staff are great. They support me well.”
- “I would talk to the staff if I was worried about anything.”
- “I like going out with the staff. I was at a concert last week with one of them. It was a terrific night.”
- “The manager is brilliant.”
- “I wasn’t well last year. The staff supported me fantastically.”
- “Staff help me manage my money.”

Staff comments:

- “I love working here...I got a good induction and the training is excellent...I am very confident if I raised a concern it would be dealt with.”
- “This is the best job I’ve ever had...we make a difference to our service users’ quality of life...every day is different...I am well supported and feel valued...I am aware of my responsibilities regarding my NISCC registration...the care we provide is safe.”

HSC Trust representative’s comments:

- “Fantastic service – very well run.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was excellent. We have noted some of the comments received:

- “I like living in Cloonavin.”
- “The staff are lovely and caring.”
- “The staff are very good here.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “Fairways pride themselves on delivering high standards of care.”
- “Great project to work at. Brilliant support from the management team. All service users are very happy on their homes.”
- “Fairways is a great place to work. We are just like a big family. Everyone looks out for each other. The residents are well looked after.”

5.0 The inspection

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

The last care inspection of the agency was undertaken on 1 November 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 1 November 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (a) (2) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) Kept up to date, in good order and in a secure manner (2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service users plan and a detailed record of the prescribed services provided to the service user is kept at the service users' home and that they are kept up to date, in good order and in a secure manner.	Met
	Action taken as confirmed during the inspection: Inspector confirmed care plans were available and up to date at the time of inspection.	

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware what incidents required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

The Restrictive Practices register was reviewed and found to be satisfactory.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Staffing
- Menus
- House etiquette

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for modifying food and fluids were introduced in August 2018. A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. They were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

Discussion with the manager confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Advice was given to the manager to ensure the recording of staff induction's offered increased detail on the shadowing component. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was in the process of being compiled. This will be sent to RQIA when complete.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the agency had received a number of compliments from various sources since the last inspection.

The Statement of Purpose required updating with RQIA's contact details. The manager submitted the revised Statement of Purpose to RQIA immediately after the inspection.

We discussed the acting management arrangements which have been ongoing since 8 June 2023; RQIA will keep this matter under review.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Kathy Wan, Manager, Mr. Geoffrey Black, Deputy Manager and Mrs. Janette Hayes, Team Leader as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care