

# Unannounced Care Inspection Report 30 May 2017



## Fairways - The Cloonavin Green Project

Type of service: Domiciliary Care Agency  
Address: 22 Cloonavin Park, Coleraine, BT52 1RU  
Tel no: 028 7035 9417  
Inspector: Jim McBride

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fairways - The Cloonavin Green Project took place on 30 May 2017 from 09.15 to 14.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency 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. 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. The inspection outcomes demonstrated sustained compliance with regulations and standards.

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 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 inspection outcomes demonstrated sustained compliance with regulations and standards.

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 daily operation of the agency includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The inspection outcomes demonstrated sustained compliance with regulations and standards.

No areas for quality improvement were identified.

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

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. 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. 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 inspection outcomes demonstrated sustained compliance with regulations and standards. 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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Fairways - The Cloonavin Green Project Tony Dunlop	<b>Registered manager:</b> Victoria Jane Derbyshire
<b>Person in charge of the service at the time of inspection:</b> Victoria Jane Derbyshire	<b>Date manager registered:</b> 10 January 2011

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- Record of complaints notified to the agency
- Communications with the agency.

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

- Discussion with the registered manager and care staff
- Discussion with service users and relative
- Examination of records
- File audits
- Evaluation and feedback

- The following records were viewed
- Recruitment policy and procedure
- Staff member's records
- Induction policy and procedure programme of induction and supporting templates
- Staff member's induction and training records
- 2017 Annual quality report
- Staff duty rotas
- Quality monitoring records;
- Staff training records including
- Safeguarding
- Medication
- Manual handling
- Human rights
- RESPECT
- Individual training relating to specific service users
- The agency's statement of purpose (June 2016)
- Monthly monitoring reports completed by the registered provider
- Staff quality monitoring checks.

#### **4.0 The inspection**

The agency provides domiciliary care supported living type accommodation for 31 tenants, who live in group houses and community settings. Under the direction of the registered manager, Victoria Derbyshire 34 staff provide services including assistance and support in a range of activities, such as housekeeping, food preparation, support with daily living and social activities, maintaining their tenancy and budgeting.

During the inspection the inspector spoke with the registered manager and three other staff; feedback received is included within the report. The inspector met with two service users and their comments have been included in this report. The inspector had the opportunity to meet with one relative and has added their comments to this report.

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

Following discussion with the manager, staff and service users, it was noted there was evidence overtime of positive outcomes for service users. This has been demonstrated by the agency and is detailed throughout this report. The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout the inspection process

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 20 October 2016**

The most recent inspection of the agency was an unannounced care inspection. There were no requirements of recommendations made as a result of the last care inspection.

## 4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a process that oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken with highlighted the level of management support available.

The inspector received feedback from the manager and staff which indicated that the needs of service users are at the centre of decision making. The inspector noted the staff team is currently fully staffed. The staffing arrangements enable the agency to provide familiar staff to service users who value staff continuity. The manager is responsible for the day to day provision of services and they demonstrated good knowledge of service users during inspection discussions and review of records. The staffing arrangements provided by the agency have contributed to positive outcomes for service users. This was supported during discussions with staff, service users and one relative.

It was noted that the agency has a comprehensive induction policy and induction programme which includes an initial period of induction to the service and shadowing experienced staff over a period of time. The inspector received feedback from staff which indicated that the induction period prepares staff for their roles and responsibilities within the agency.

The inspector noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home. Feedback received from staff and observations made by the inspector indicated that the needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

Records of training viewed and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including individual person centred planning. The manager discussed training as an ongoing process with provision for additional training as identified.

Examination of records indicated that there is a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. Six staff records reviewed indicated staff supervision and appraisal had taken place in line with the agency procedure and this was confirmed with the manager and staff.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed regional and local guidelines maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records indicated that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. The inspector noted that a senior manager is identified as the adult safeguarding champion.

The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The inspector noted that the manager is confident regarding her role and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the manager or senior staff members who have knowledge of the needs of service users.

The manager described the agency’s role in working with the HSC Trust in relation to safeguarding concerns. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response.

The inspector examined the safety of the agency’s arrangements to identify and manage risk to service users. The agency’s registered premises include a range of offices within the building which are suitable for the operation of the agency as set out in the Statement of Purpose.

Ten returned questionnaires from service users indicated:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Ten returned questionnaires from staff indicated:

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

Service user comments during inspection:

“I feel very safe here the staff are good to me.”  
 “I have no problems everyone is excellent.”

Relative’s comments during inspection:

“My \*\*\*\*\* care is excellent.”  
 “This is a good service.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.3 Is care effective?**

The agency’s arrangements for appropriately assessing the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Service users receive a yearly review or more often if required.

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a director of the agency. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by service users, relatives, staff and HSC Trust professionals during the monthly quality monitoring.

**Service users:**

“I’m happy with the service I receive.”

“The care is excellent.”

“Staff are very good to me.”

“I’m pleased to be here and the feel well supported by staff.”

**Staff:**

“I’m well supported by staff and senior staff.”

“The service users are appropriately supported.”

“I’m well supported in my role.”

“I enjoy my work and feel well supported.”

**Relatives:**

“We as a family are delighted.”

“The staff are relaxed, helpful and informative.”

“I’m content that my \*\*\*\*\* is well supported.”

**HSC Trust Staff:**

“My service users are very happy with the service they receive.”

“Staff endeavour to be as amenable as possible.”

“Staff have worked well to manage risks.”

“I’m extremely happy with the service provided to those, sometimes extremely challenged and complex.”

“Staff are engaging and informative.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection.

It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective communication with all service users.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenants meetings minutes were reviewed during inspection and areas for discussion included:

- Staffing
- Relationships
- Quality of care
- Activities/outings.

The meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly. Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, staff meetings, quality monitoring reports and ongoing care plan reviews between keyworkers and service users.

Observation of staff practice carried out within service users' homes on an ongoing basis was confirmed during inspection through records viewed in the agency office and discussions with the manager. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits. The inspector noted some of the areas observed during spot checks to people's homes:

- Promotion of values
- Person centred working
- Risk assessments
- Management of risks
- Health and safety
- Staff following policies and procedures
- Document recording
- Care plan adherence.

The inspector noted some of the comments made by staff completed the observations:

"Supported \*\*\*\*\* with courtesy and respect."

"Provided service in a secure manner."

"Fully provided medication in a safe manner."

"\*\*\*\*\* showed empathy to \*\*\*\*\*."

"\*\*\*\*\* showed good knowledge of the care plan."

"\*\*\*\*\* talked to service user throughout."

"\*\*\*\*\* kept reassuring the service user throughout the task."

"The service user was very relaxed and let \*\*\*\*\* assist them throughout the tasks."

Ten returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Ten returned questionnaires from staff indicated:

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



**Service user comments during inspection:**

“I have a good life here. Staff are helpful and get me out to do things.”  
 “It’s a great place and the staff are helpful.”

**Relative’s comments during inspection:**

“I have no problems with the care here.”  
 “The staff listen to the family and help with the care we know is required.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care compassionate?**

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The inspector found that an ethos of dignity and respect, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users.

The inspector observed staff promoting the independence and choice to service users throughout their interactions and provision of service delivery. Discussions with the manager evidenced that staff focus on people as individuals with different needs and wishes.

Service users support plans are discussed and reviewed with each individual using appropriate communication methods as necessary to support the service user during the process.

In the course of the inspection the inspector noted that service users appeared comfortable in their interactions with staff and freely stated their wishes and views. Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines.

The agency maintains formal processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review 2016. Service users were asked to feedback on the following areas:

- I’m happy and settled
- I’m well care for
- I feel safe and secure
- I feel valued and respected by staff and service users
- Staff encourage and support me to develop my skills and reach my full potential
- I feel staff have a good understanding of my needs
- There is a culture of mutual respect between staff and tenants

- Staff deal effectively with specific needs, wishes or concerns I might have
- I am aware of what to do if I feel threatened, bullied or if someone is treating me badly
- I am aware of whom I should talk to if I have concerns or complaints
- I am actively involved in my annual review
- I have the opportunity to participate in various leisure and social activities
- The staff are friendly courteous and informative
- The staff are helpful, friendly and respectful
- I am given choice in daily living
- If I have a problem I am confident that staff will listen and help me resolve it.

The inspector noted some of the comments made by service users during the annual review:

- 'I like the other tenants and staff'
- 'Peaceful, like the company and the feeling of security'
- 'Like the staff, co tenants and the staff support'
- 'Like the co tenants and feel safe here'
- 'Staff support and friends'
- 'Friends here – staff really support so much'
- 'I like that staff help me.'
- 'I like that staff are here to help me and I like independence'
- 'I like company'
- 'I like the care I get/ can talk feely to staff when feeling down/ staff are excellent'
- 'I have friends/ the staff are wonderful'.

The inspector noted that the information collated during the annual survey was shared with service users, staff and relatives.

Ten returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

#### **Questionnaire Comments:**

"I don't know how to thank staff."

Ten returned questionnaires from staff indicated:

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

#### **Service user comments during inspection:**

"I have a great life here with the support of the staff and friends."  
 "Staff listen to me and have time to hear what I have to say."

**Relative’s comments during inspection:**

“This has been difficult decision and the staff have supported us well with everything.”  
 “Staff and managers are effective and helpful.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is the service well led?**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector observed evidence of reflective learning when reviewing service users’ needs, and continued communication with service users and relatives in maintaining and improving the quality of life for service users.

The manager discussed the process for reviewing any incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The management structure of the agency is clearly defined and was well understood by staff. Service users and one relative provided feedback that they were confident of the manager’s ability to address any concerns they may have. One stated “*The manager has an open door at any time.*”

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are accessible to all staff.

The agency maintains and implements a policy relating to complaints. The inspector noted that six complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. These were fully satisfied to the satisfaction of the complainants. Review of these records supported appropriate processes in place for complaints review.

There are effective systems of formal and informal staff supervision and consultation, both inside and outside of normal working hours. Staff are aware of their responsibilities and understood their roles. The inspector noted that staff work effectively as a team, particularly with regard to maintaining consistency enjoyed by service users.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

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 have been revised when necessary. A recent review was completed by the agency in (2016). 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.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC. Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates.

Ten returned questionnaires from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well.

Ten questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to.

#### **Service user comments during inspection:**

“The manager is great and is always there to speak to.”  
 “If you have any problems they sort them for you.”

#### **Relative's comments during inspection:**

“The management and the staff have been helpful and emphatic to us as a family.”

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 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.



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