The Regulation and Quality Improvement Authority

Inspection Report

21 March 2022

Fairways - Woodford Park Project

Type of Service: Domiciliary Care Agency
Address: 30 Woodford Park, Coleraine, BT51 3LJ
Tel No: 028 7032 8009

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 Woodford Ltd **Responsible Individual:** Mr Robert Anthony (Tony) Dunlop	**Registered Manager:** Miss Victoria Jane Derbyshire **Date registered:** 10 January 2011
Person in charge at the time of inspection: Miss Victoria Jane Derbyshire	
Brief description of the accommodation/how the service operates: Fairways Woodford Park Project is a supported living type domiciliary care agency, located in Coleraine. The agency's aim is to provide care and housing support to eight service users with learning disability needs in their own homes with the overall goal of promoting independence and maximising quality of life; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services. The service is commissioned by the Northern Health and Social Care Trust (NHSCT). The agency's registered premises are located within the same building as a number of service users' accommodation and accessed from a separate entrance. The service users' accommodation is comprised of four shared bungalows.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 21 March 2022 between 10 a.m. and 1 p.m.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Feedback received indicated that the service users were satisfied with the standard of care and support provided.

Good practice was identified in relation to incident management and adult safeguarding processes. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

An area for improvement had been identified in relation to the recruitment process.

Another area for improvement was identified in relation to the need for staff to have training in Dysphagia; however, we were satisfied that this area for improvement was addressed before the issuing of this report.

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 guidance, 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, Quality Improvement Plan (QIP), written and verbal communication received since the last 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 NISCC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred 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

During the inspection, we met with staff and one service user. No concerns were raised by staff. The service user spoken with indicated that they were very happy with the care and support provided.

No responses were received to the electronic survey and no questionnaires were returned.

The review of the monthly quality monitoring reports identified a number of positive comments received from service users, relatives and HSCT staff, which indicated that all those consulted with felt very satisfied with the care and support provided by the agency.

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 Woodford Park was undertaken on 12 October 2020 by a care inspector; one area for improvement was identified and was validated during this inspection.

Areas for improvement from the last inspection on 12 October 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 16.1 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that working practices are safe and without risk to health and wellbeing. This refers specifically to wellness checks and temperature checks being undertaken for service users and staff, as outlined in the Covid-19 Guidance for supported Living Services.	**Met**
	Action taken as confirmed during the inspection: The inspector confirmed that records were retained in relation to this matter.	

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 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. The organisation has an identified Adult Safeguarding Champion (ASC). The annual safeguarding position report had been completed.

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. A review of records confirmed that incidents had been referred to the Adult Protection Gateway Service (APGS) appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Where service users were subject to DoLS, the relevant documentation was in place in the service users' care records. One service user was noted to have been discharged from their DoLS. Advice was given in relation to having the restrictions reassessed as part of the multidisciplinary review. Staff are required to have training in relation to DoLS, to enable them to recognise when a person may be deprived of their liberty. A review of staff training records identified that all staff had completed the training.

The manager confirmed the agency does not manage individual monies belonging to the service users. None of the service users were currently taking part in any research projects. Advice was given in relation to accessing the Department of Health Codes of Practice, as a resource for the staff.

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

The manager advised us that there were no restrictions on visiting service users unless in the event of a Covid-19 infection. The manager was familiar with the Care Partner approach and a small number of service users' relatives had availed of this.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed training in Dysphagia was available on the Social Care Television e-learning platform. The manager confirmed that none of the staff had completed the training in Dysphagia. Given that all staff had undertaken training in First Aid, which included information on how to respond to choking incidents, the manager agreed to have all staff trained in Dysphagia, within two weeks. Following the inspection, the manager confirmed to RQIA by 4 April 2022, that all staff had competed the required training. Therefore this area for improvement is not included in the QIP.

A number of service users required their diets to be modified. Staff had implemented the specific recommendations of the Speech and Language Therapist (SALT) to ensure the care received in the setting was safe and effective.

5.2.4 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 service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records identified that one support worker was not registered with NISCC. Whilst there was evidence that the management team had been monitoring registration details and renewal dates; this system required to be further developed to ensure that staff change their employer details on the NISCC register as part of the recruitment process. RQIA acknowledges the responsiveness of management in getting this matter addressed on the day of the inspection. However, an area for improvement was identified in this regard to ensure that the processes are more robust.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

6.0 Conclusion

Based on the inspection findings, we were satisfied that the service was providing safe, effective and compassionate care and that the service was well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2005

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Victoria Jane Derbyshire, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time	The registered person shall further develop the recruitment process to ensure that staffs' registrations with NISCC are checked. Ref: 5.2.3
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken:** A register is in place to check all staff's registration status with NISCC on a monthly basis. The public facing register is now checked for all new staff who are already registered on commencement of employment.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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