The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Fairways – Woodford Park Project**

Provider: **Fairways Woodford Ltd**

Date of Inspection: **3 March 2025**

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/Responsible Person:	Mr. Robert Anthony Dunlop
Registered Manager:	Mrs. Laura Kelly
Service Profile – Fairways Woodford Park Project is a domiciliary care agency, supported living type which provides 24-hour care and support to service users with a learning disability who have complex needs and / or require additional support. The service users' accommodation is comprised of five adjacent bungalows, four shared and one single occupancy. The service is located in Coleraine and commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 3 March 2025, between 9.50 a.m. and 1.35 p.m. It was carried out by a care inspector and facilitated by the manager.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.3.2. for more details.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

No areas for improvement were identified as a result of this inspection.

The inspector would like to thank the manager, service users and staff for their help and support during the inspection process.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those living and working within the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

3.2 What people told us about the service and their quality of life

We spoke to one service user and staff to seek their views of living and working within the agency.

The service user's verbal communication was limited but it was evident the service user was relaxed and that staff knew them well including their routine and likes and dislikes. Staff were able to read the service user's verbal and nonverbal cues.

Staff told us they enjoyed their job and were 'very satisfied' that care provided was safe, effective and compassionate.

The information provided indicated those spoken with had no concerns in relation to the service

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

The staff rota was reviewed and there was evidence of robust systems in place to manage staffing.

A review of the agency's staff recruitment records 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.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid, diabetes and dysphagia. Records of all staff training were retained.

3.3.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed offering choice to service users regarding the activities they wanted to engage in. The service user spoken with indicated that they liked to go to their place of worship and talk with their family regularly.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

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

The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. It was noted this was used as a log to record the progress of any adult safeguarding referrals.

It was positive to note there was a resource file available to staff in regard to Adult Safeguarding matters. This allowed relevant policies and procedures to be readily available and easily accessible for staff within the service, along with clear guidance as to the process for escalating concerns and making a referral in regard to adult safeguarding in a timely manner.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction 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.

Any restrictive practices were reviewed alongside the support plan review and the multidisciplinary review.

Eating and drinking care plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan and were explicit in relation to the level of supervision required.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Staff told us that they felt the agency was well led. Competency assessments have been undertaken on the staff left in charge in the absence of the manager.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail; however, advice was given in relation to ensuring that there was a thorough review month on month of any action plans identified.

Any complaints were recorded and managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

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.

4.0 Quality Improvement Plan/Areas for Improvement

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

The Regulation and Quality Improvement Authority

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