The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Fairways – The Cloonavin Green Project**

Provider: **Fairways Cloonavin Ltd**

Date of Inspection: **21 November 2024**

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 Cloonavin Ltd
Responsible Individual/Responsible Person:	Mr. Robert Anthony (Tony) Dunlop
Registered Manager:	Ms. Kathy Wan
Service Profile – Fairways Cloonavin Green Project is a supported living type, domiciliary care agency located in Coleraine. Service users have a learning disability and live in their homes located on the same site as the agency's office. 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 (HSC) Trust .	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2024, between 9.50 a.m. and 3.00 p.m.by a Care Inspector

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

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led.

Service users were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive. Refer to Section 3.2 for more details.

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

Fairways Cloonavin Green Project uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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

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 agency. 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, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

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 User Friendly questionnaires and an electronic survey.

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

We spoke to a range of service users and staff to seek their views of living and working within Fairways Cloonavin Green Project.

Service users spoke positively about the support provided by staff. They described that the staff 'know them well' and expressed how much they enjoyed living in Cloonavin. One service user stated 'It's a real home here'. Staff stated that they felt the care was safe and person centred. All staff expressed a high level of job satisfaction.

The information provided by staff and service users indicated that they had no concerns in relation to the agency.

Returned questionnaires show that those supported thought care and support was either excellent or good. One respondent noted that "Staff help me to learn to cook".

No responses were received to the electronic survey.

3.3 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 21 August 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 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 assessed needs of service users.

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); there was a very robust system in place for professional registrations to be regularly monitored by the manager.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. Staff described the induction and training they received as 'high quality'. New staff discussed the positive benefits of their shadowing shifts.

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

All staff had been provided with training in relation to medicines management. Competency assessments were also undertaken with staff before they supported service users with their medication.

There were good systems in place to manage staffing. At the time of the inspection there were enough staff on duty to help the service users. Staff said there was good team working and they felt at ease to raise any queries.

3.4.2 Care Delivery

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

Staff were also observed encouraging service users regarding structuring their day and the activities they wanted to engage in. Where service users wanted to have a lie in, they could do so. Where service users had a goal to eat healthily, staff supported them to make the right food choices.

It was also good to note that the agency had facilitated service users' meetings in each individual house on a regular basis which enabled the service users to discuss the provisions of their care.

Service users told us they could talk to staff if they were worried about anything.

3.4.3 Management of Care Records

Care and support plans were in place for each service user. These directed staff on how to meet the service users' needs. They were observed to have been updated on a regular basis.

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.

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. A Deprivation of Liberty Safeguards (DoLS) resource folder was available for staff to reference.

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. The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Where a service user had dysphagia needs and had been assessed by a Speech and Language Therapist, any recommendations for food and fluids to be modified were recorded the care plan.

3.4.4 Quality of Management Systems

Ms. Kathy Wan has been registered manager since 7 May 2024. There was a clear leadership and management structure in place which helped to ensure staff were clear about their roles and responsibilities. The agency was well organised and had a range of systems in place to ensure its operation and to support good communication.

RQIA had been notified appropriately of any adult safeguarding incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. There was evidence that incidents had been managed appropriately.

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

The Annual Quality Report was reviewed and was satisfactory.

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 Ms. Kathy Wan, Registered 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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