

Inspection Report

Name of Service: Fairways – Woodford Park Project

Provider: Fairways Woodford Limited

Date of Inspection: 16 January 2026

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

1.0 Service information

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

2.0 Inspection summary

A care Inspector carried out an unannounced inspection on 16 January 2026, between 9.00 am and 1.00 pm.

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 Inspector also reviewed arrangements for the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

The Inspector identified good practice in relation to feedback from staff, service users and relatives, monthly monitoring and staff training. There were good governance and management arrangements in place.

The Inspector identified no Areas for Improvement during this 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 Fairways Woodford Park Project 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.

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 the agency offers service users 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 the agency respects and empowers service users who have a learning disability to lead a full and healthy life in the community. RQIA will also examine the support they receive to make choices and decisions that enable them to develop and live safe, active and valued lives.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the Inspector will seek the views of those working in the agency, as well as those of relatives and visiting professionals. The Inspector will also review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The Inspector provided information to relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

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

Throughout the inspection the RQIA inspector spoke with staff, service users and their relatives, as well as visiting professionals for their opinions on the quality of the care and support provided by the agency, as well as their experiences of visiting or working in the agency. The Inspector provided information to relatives, staff and other stakeholders on how they could provide feedback. These included questionnaires and an electronic survey.

Respondents spoken to by the inspector gave generally positive feedback. One service user stated that ‘I am happy here’. Another stated that ‘the staff are good to me’. The Inspector noted that all service users appeared well presented and the atmosphere between staff and service users appeared to demonstrate a warm and caring relationship.

Staff reported that they enjoyed working in the agency and that the training and induction were good. One stated that ‘I love it here. The induction was brilliant and the manager is great’. Another commented that ‘all the staff were very supportive and the induction was great’.

Relatives of the service users gave very positive feedback. One relative of a service user commented that ‘I couldn’t fault it at all. The staff are excellent’. Another stated that ‘I am very happy with the care’.

One visiting professional stated that she found the manager and all the staff to be supportive during her visits to the agency. She described the atmosphere as being therapeutic in nature, with a very service user-focused service.

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

A care Inspector completed the last care inspection of the agency on 03 March 2025. No areas for improvement were identified.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that she was 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. 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 Inspector noted that there had been no referrals made to the HSC Trust in relation to adult safeguarding since the last inspection. In discussion with the manager, the Inspector confirmed that she had the knowledge to manage such incidents appropriately.

The manager was aware that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency provided staff with training appropriate to the requirements of their role. The manager advised that no service users require assistance with moving and handling. A review of care records identified that risk assessments and care plans were up to date.

Both the agency and the commissioning trust had undertaken reviews in keeping with the agency's policies and procedures.

The manager confirmed that all staff receive training and supervision in relation to medicines management. The manager advised that several service users require the administration of oral medication via syringe in an emergency.

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 staff assist only when required to do so. 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 who spoke with the Inspector demonstrated their 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 (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that several of the service users are subject to DoLS. The Inspector confirmed that all relevant documents were in place. A resource folder was available for staff to reference if needed. The Inspector noted that there were two restrictive practice in place within the agency, and confirmed that the agency had documented and reviewed these.

The inspector viewed the agency's fire risk assessment and this was within date, with no actions outstanding from the previous assessment. The Inspector confirmed that each house had its own individual assessment.

The Inspector viewed the agency's insurance certificate and confirmed that this was within date and with the required level of cover.

4.2 What are the systems in place for meeting the Dysphagia needs of service users?

The manager reported that several service users required a modified diet. She confirmed that all staff had received training in Dysphagia and were aware of action to be taken in the event of a service user choking. The Inspector confirmed that service users' care plans took account of the professional Speech and Language Therapy assessment.

4.3 What systems are in place for recruitment and are they robust?

The Inspector reviewed the agency's staff recruitment records. The Inspector 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. The agency made regular checks to ensure that staff held appropriate registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to monitor staff registrations on a regular basis. Staff confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of post registration training and learning.

4.4 What arrangements are in place for staff induction and training?

The Inspector viewed evidence that all newly appointed staff had completed a structured orientation and induction programme, 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. The Inspector confirmed this is conversation with staff. There was a formal induction programme of at least three days, which included orientation and shadowing in each house, by a more experienced staff member. The agency retained records of the staff member'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; the manager confirmed that the agency does not use agency staff.

The manager confirmed that the agency provides elements of training specific to the individual needs of service users. The Inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date.

4.5 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, their relatives, staff and NHSCT representatives. The reports included details of a review of service users' 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.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure of the agency. The manager confirmed that the agency had not received any complaints since the last inspection. The Inspector confirmed that the agency continued to monitor complaints as part of the monthly quality monitoring process.

The Inspector reviewed records of regular staff supervision as well as annual appraisals. The Inspector confirmed that the agency carried these out regularly as per the policies and procedures of the agency.

5.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Laura Kelly (Registered Manager) as part of the inspection process. These can be found in the main body of the report.



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