

# Unannounced Care Inspection Report 25 March 2019



## Fairways – The Cloonavin Green Project

**Type of Service: Domiciliary Care Agency**  
**Address: 22 Cloonavin Park, Coleraine, BT52 1RU**  
**Tel No: 028 7035 9417**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Fairways the Cloonavin Green Project is a supported living type domiciliary care agency, located in Coleraine. Staff also provide an outreach service for ten individuals, who are living in the local area.

The agency's aims to provide care and housing support to 23 service users with mental health and 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 users' care and support is commissioned by the Northern Health and Social Care Trust (HSC).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fairways Cloonavin Ltd	<b>Registered Manager:</b> Victoria Jane Derbyshire
<b>Responsible Individual:</b> Robert Anthony (Tony) Dunlop	
<b>Person in charge at the time of inspection:</b> Victoria Jane Derbyshire	<b>Date manager registered:</b> 10 January 2011

### 4.0 Inspection summary

An unannounced inspection took place on 25 March 2019 from 09.15 to 14.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas requiring improvement were identified during the inspection.

Consultation with the service users and their representatives indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Victoria Derbyshire, registered manager and Tony Dunlop, responsible individual, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent care inspection dated 30 May 2017

No further actions were required to be taken following the most recent inspection on 30 May 2017.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- all correspondence received by RQIA since the previous inspection

The following records were examined during the inspection:

- staff roster
- two staff recruitment records
- staff training matrix
- staff supervision and appraisal matrix
- two staff induction record
- accident and incident records
- three service users' care records
- staff' meeting' minutes
- service users' meeting' minutes
- monthly quality monitoring reports
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of policies and procedures
- complaints records
- annual service users' survey results
- the Statement of Purpose
- the Service User Guide.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Analysis of feedback is included within the report.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives; four were returned and are included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector spoke with five service users, five staff members, two relatives and one HSC representative. Comments received are included within the body of the report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 May 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

During the inspection the inspector reviewed that agency's processes for avoiding and preventing harm to service users and this included a review of the staffing arrangements in place. There was a manager in post, who managed the agency with the support of a deputy manager, two team leaders, six senior support workers and a team of care staff. The staffing arrangements were discussed and the inspector was advised that there were currently no staff vacancies. The review of the staff roster indicated that the staffing levels were consistently maintained; no concerns were raised with the inspector in relation to the needs of the service users not being met.

The inspector viewed two staff recruitment records. Documentation viewed and discussions with the manager evidenced that the organisation's recruitment systems were effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed. These records further confirmed that the pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3. Compliance with recruitment requirements was also verified by the responsible individual, as part of their monthly monitoring processes. This is good practice.

There was a procedure in place in relation to the induction process. This reflected that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations and included mandatory training, review of policies and procedures directly relating to care delivery and working alongside experienced staff in a supernumerary capacity. In addition, staff were required to be fully aware of each service user's care plans and risk assessments, to ensure that safe and effective care was delivered.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the supervision and appraisal matrix confirmed that the staff received formal supervisions three times a year and an annual appraisal. The manager also described that observation of staff practice was also undertaken on a regular basis and where any training needs were identified, this was provided.

A review of the staff' training matrix confirmed that training had been provided in all mandatory areas and records were kept up to date. It was identified that additional training had been provided to staff in areas such as human rights, Dialect Behavioural Therapy, diabetes awareness, epilepsy awareness, continence care and dysphagia awareness. Plans were in place to provide training to staff in relation to mental health and learning disability awareness. The inspector was also advised that the trust provided training to staff, specific to the service users' needs, when required.

The staff members spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. It was noted that staff were required to complete adult safeguarding training during their induction programme.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been a number of incidents which had been referred to adult safeguarding since the date of the last inspection. A review of the records confirmed that these had been managed appropriately.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. This was evident in the restrictive practice register, which identified regular review and the use of the least restrictive practices possible. Discussions with the manager and staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. One staff member spoke confidently in relation to the service users' rights to make what the staff may perceive as being 'unwise decisions', without this being viewed as an indication of lack of capacity.

The staff spoke positively about having access to out of hours on call support from the manager and team leaders. Staff also described the benefit of having access to the use of hand held radios which improves staff communication and allows them to request additional support from other staff members as and when needed.

The returned questionnaires from three service users and one relative indicated that they were 'satisfied' or 'very satisfied' that the care provided was safe and this meant:

- there are enough staff to help you
- you feel protected and free from harm
- you can talk to staff if you have concerns

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection. The full range and nature of the provision is laid out in the agency's Statement of Purpose.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative. Care plans were noted to be comprehensive and person-centred while clearly and concisely describing service users' needs.

Discussion took place in relation to good record keeping standards, particularly in relation to the staff practice of using different coloured pens in their documentation and in relation to the practice of leaving line spaces between entries. The manager agreed to address this matter with staff.

Service users and/or their next of kin, as appropriate, were also noted to have received and signed a service user agreement within the timeframe specified in the minimum standards. No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

Service user' and staff' meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and where provided, HSC trust representatives. Comments recorded on quality monitoring reports included positive feedback from a HSC trust representative who praised the agency for 'the non-judgemental and individualised approach that is taken with each service user, the attitude that no issue is too big and the willingness to support people'.

The returned questionnaires from three service users and one relative indicated that that they were 'satisfied' or 'very satisfied' that the care provided was effective and this meant:

- You get the right care, at the right time in the right place.
- The staff knew their care needs.
- You are kept aware of your care plans.
- Your care meets your expectations.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

The agency's Statement of Purpose and Service User Guide contain information relating to equality and diversity.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness.



Documentation viewed and discussions with staff indicated that the agency has effective systems in place to record comments made by service users and/or their representatives. Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's quality monitoring visits, service user surveys, family meetings, care review meetings and service user meetings. A review of the compliments recorded within the annual quality report identified that all those consulted had commented positively in relation to the quality of the care and support provided. Some comments recorded on the annual quality report are detailed below:

- "I like the friendly staff and carers and the freedom (service user's name) has."
- "Professional, knowledgeable and courteous staff."
- "Staff go over and above."
- "They give me a better quality of life, (service user's name) gets to places and learns things that I couldn't have done or taught her."
- "I have freedom and the staff encourage me to do different things."
- "Easily approachable, friendly, caring service."
- "They (staff) have a 'can do' attitude and are approachable and accommodating."

The inspector spoke with five service users, five staff members, two relatives and one HSC representative. Some comments received are detailed below:

### **Staff**

- "It is pretty outstanding the level of individuality provided here."
- "If you had a relative in need of care, here is where you would want them to be."
- "It is very good."
- "I love my job, we take a person-centred approach and it is all about what is best for the service users, nothing less would do."
- "It is a home from home and we give the same care that they would have gotten before they came here."
- "We have a 'fight to win' mentality and do our utmost to make sure any new person settles in well here."

### **Service users' representatives**

- "The staff are special, (service user's name) calls this home, the communication is excellent and I have no complaints."
- "The care is very good."

### **HSC trust representatives**

- "I have nothing but praise for the staff, the standard of staff is exceptional, they are very good at communicating with me and keeping me up to date about anything to do with the service users, they are always very welcoming and I would only have positive thing to say about the staff there."

Two staff members provided electronic feedback to RQIA regarding the quality of service provision. One respondent indicated that they felt 'satisfied' that the care and support provided was effective. All other responses indicated that they were 'undecided' in relation to the safe, compassionate and well led domains. Given that there were no written responses provided to support the responses, the feedback was relayed to the manager for review and action as appropriate.

The returned questionnaires from three service users and one relative indicated that that they were 'satisfied' or 'very satisfied' that the care provided was compassionate and this meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Written comments included 'I find Fairways very impressive and the level of care outstanding'.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The agency's registered premises are located at 22 Cloonavin Park. However, discussion with the manager identified that the agency was no longer using this premises for the purposes of managing the agency and that office space adjacent to the registered premises was currently being used for this. The inspector advised that the agency must submit an application to vary the registration of the agency. This was received on 16 April 2019 and has been approved by the inspector.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, who also manages another service, a deputy manager, two team leaders and a team of support workers. It was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records on the day of inspection confirmed that all staff were currently registered. The manager described the system in place for monitoring renewal of NISCC registration and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

There had been a small number of complaints received from the date of the last inspection and these were deemed to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys. Advice was given in relation to including staff' views on the quality of the service and the responsible individual agreed that this would be included within the next annual quality report.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and were accessible to staff.

The agency had a robust process in place for recording and monitoring incidents including those reportable to RQIA; records viewed were noted to be comprehensive and clearly record actions taken and outcomes.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

The returned questionnaires from three service users and one relative indicated that that they were 'satisfied' or 'very satisfied' that the service was well led and this meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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