

Unannounced Care Inspection Report 26 June 2017



Fairways - Woodford Park Project

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

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Assurance, Challenge and Improvement in Health and Social Care

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 Woodford Park Project is a domiciliary care agency which provides a supported living service to six adults with severe learning disabilities. The service is provided across two neighbouring addresses, with three service users residing at each. The agency’s registered premises are located at the rear of one of the homes of service users.

All of the service users have been referred to the agency by the Northern Health and Social Care Trust and have a statutory named worker.

The agency staffing comprises the registered manager, a team leader, three senior support workers and support workers. The agency provides staffing over the 24 hour period and night time cover is provided by a member of staff who sleeps over and a waking member of night staff.

3.0 Service details

Organisation/Registered Provider: Fairways – Woodford Park Project Robert Tony Dunlop	Registered Manager: Victoria Derbyshire
Person in charge at the time of inspection: Victoria Derbyshire	Date manager registered: 10 January 2011

4.0 Inspection summary

An unannounced inspection of the agency took place on 26 June 2017 from 09.00 to 12.30. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Staff recruitment
- Care reviews
- Staff induction
- Training and development.

No areas requiring improvement were identified.

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
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 14 November 2016

No further actions were required to be taken following the most recent inspection on 14 November 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- Record of complaints notified to the agency
- Communications with the agency.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and care staff
- Examination of records
- File audits
- Evaluation and feedback
- Recruitment policy and procedure
- Staff member's records
- Staff member's induction and training records
- 2017 Annual quality report
- Staff training records including:
 - Safeguarding
 - Manual handling
 - Human rights
 - RESPECT
 - First aid
 - NISCC
 - Makaton
 - The agency's statement of purpose (1 September 2014)
 - Monthly quality monitoring reports completed by the registered provider.

During the inspection the inspector spoke with the registered manager and two staff. Their feedback has been included throughout this report. During this unannounced inspection the inspector had no opportunity to interact with the service users, however, he did observe the interaction of staff and service users who were going about their daily activities.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Ten questionnaires were returned. The inspector also asked the manager to distribute six questionnaires to tenant's and their relatives. Four questionnaires were returned. Further detail of feedback is included throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 November 2016

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 November 2016

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 patients and clients from the care, treatment and support that is intended to help them.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. Staff spoken with, highlighted the level of management support available and were satisfied with the current arrangements.

The inspector received feedback from the manager and staff which indicated that the needs of service users are at the centre of decision making. The staffing arrangements enable the agency to provide familiar staff to service users who value staff continuity. The manager is responsible for the day to day provision of service. Both the manager and staff demonstrated good knowledge of service users care and support needs during the inspection. The staffing arrangements provided by the agency have contributed to positive outcomes for service users. This was supported during discussions with staff.

It was noted that the agency has a comprehensive induction policy and induction programme which includes an initial period of induction to the service and shadowing experienced staff over a period of time. The inspector received feedback from staff which indicated that the induction period prepares staff for their roles and responsibilities within the agency.

The inspector noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home. Feedback received from staff and observations made by the inspector indicated that the needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

Records of training viewed and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards including individual person centred planning.

Examination of records indicated that there is a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. Six staff records reviewed indicated staff supervision and appraisal had taken place in line with the agency procedure and this was confirmed by the manager and staff.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed regional and local guidelines maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Records indicated that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. The inspector noted that a senior manager is identified as the adult safeguarding champion. The Safeguarding champion is responsible for advising on safeguarding, monitoring safeguarding and monitoring appropriate returns. The safeguarding champion provides safeguarding advice and has overall responsibility to ensure staff training is provided.

The inspector noted that the manager is confident regarding her role and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the manager or senior staff members who have knowledge of the needs of service users.

The manager described the agency's role in working with the HSC Trust in relation to safeguarding concerns. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The agency's registered premises include an office within the building which is suitable for the operation of the agency as set out in their Statement of Purpose.

Four returned questionnaires from service users/relatives indicated:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Questionnaire comments:

"Excellent care."

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Questionnaire comments:

“Service users care plan are developed by professionals and families.”
 “More training in specific areas would be good.”

Staff comments during inspection:

“Supervision is one to one and you have enough time as you need.”
 “Training is regular and is updated as required.”
 “Induction prepares staff for their role.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal; adult safeguarding and risk management.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 appropriately assessing the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guides.

The inspector was informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Service users receive a yearly review or more often if required. The inspector noted a number of comments made by service users and relatives during their annual review:

“The friendliness of staff is excellent”
 “Woodford is my home and I feel safe and secure here.”
 “The friendly way I’m treated is good.”
 “Problems are dealt with quickly.”
 “This is made to feel like home to me.”

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a director of the agency. The quality monitoring system provides an effective standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals. The inspector noted some of the comments made by relatives, staff and HSC Trust professionals during the monthly quality monitoring.

Staff:

“Induction was useful.”
 “Good team atmosphere.”
 “The quality of the care and support is good.”
 “The service is homely and nice.”
 “We are well supported.”
 “Staff are helpful and friendly.”

Relatives:

“***** is very happy and that’s the main thing.”
 “I’m happy with the support my son receives.”
 “***** is being well looked after.”
 “I have a lot of confidence in the service.”
 “Ever since ***** move to Woodford I don’t worry anymore.”

HSC Trust Staff:

“Staff are competent and good at passing on information.”
 “Staff are engaging and helpful.”
 “I am happy that the service provided is of a high standard.”
 “I’m very happy with the service.”

The agency’s systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. It was evident that the agency works effectively to implement appropriate individual communication methods and participate in ongoing re-evaluation to enhance services provided to the service users. In the course of the inspection the inspector observed that staff were aware of and promoted effective individual communication with all service users.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users and relatives, including through routinely speaking with service users and relatives and being available for discussion daily.

Four returned questionnaires from service users/relatives indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Questionnaire comments:

“More external therapy programs should be offered e.g. Music therapy, hydro therapy etc.”

Staff comments during inspection:

“A good service is provided to tenants.”
 “Staff support tenants and their relatives well.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to effective record keeping, audits and reviews, quality monitoring and communication between service users, relatives and agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The inspector found that an ethos of dignity and respect, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection evidenced that staff understand and respect the needs and wishes of service users.

The inspector observed staff promoting the independence and choice to service users throughout their interactions and provision of service delivery. Discussions with the manager and staff evidenced that staff focus on people as individuals with different needs and wishes.

Service users support plans are discussed and reviewed with each individual or their representative using appropriate communication methods as necessary to support the service user during the process.

In the course of the inspection the inspector noted that service users appeared comfortable in their interactions with staff and freely stated their wishes and views

The agency maintains formal processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the positive feedback received by the agency following their annual quality review 2016. Service users and relatives were asked to feedback on the following areas:

- I’m happy and settled;
- I’m well care for;
- I feel safe and secure;

- I feel valued and respected by staff and service users;
- Staff encourage and support me to develop my skills and reach my full potential;
- I feel staff have a good understanding of my needs;
- There is a culture of mutual respect between staff and tenants;
- Staff deal effectively with specific needs, wishes or concerns I might have;
- I am aware of what to do if I feel threatened, bullied or if someone is treating me badly;
- I am aware of whom I should talk to if I have concerns or complaints;
- I am actively involved in my annual review;
- I have the opportunity to participate in various leisure and social activities;
- The staff are friendly courteous and informative;
- The staff are helpful, friendly and respectful;
- I am given choice in daily living;
- If I have a problem I am confident that staff will listen and help me resolve it.

The inspector noted some of the comments made by service users during the annual quality review:

- Woodford is my xxx's home where xxx feels safe and secure.
- Made to feel like home and always a place xxx likes to go back to.
- Friendliness of staff.
- The friendly way I am welcomed each visit.
- The way my problems are dealt with quickly.

The inspector noted that the information collated during the annual quality survey was shared with service users, staff and relatives.

Four returned questionnaires from service users/relatives indicated that:

- Staff are trained to meet our needs.
- The care they receive helps them feel safe and protected from harm.

Ten returned questionnaires from staff indicated:

- Staff receive appropriate training for their role.
- Staff receive supervision and appraisal.

Questionnaire Comments:

- "A very caring and accessible management team."
- "A management training course would be interesting to learn more as seniors."

Staff comments during inspection:

- "The staff get to know the tenants well and have a good relationship with their relatives."
- "Care and support is reviewed regularly to ensure a positive approach to care is provided."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users and their relatives.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that systems of management and governance established by the agency have been implemented. The agency is managed on a day to day basis by a registered manager and a range of staff with specific roles and responsibilities.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector observed evidence of reflective learning when reviewing service users’ needs, and continued communication with service users and relatives in maintaining and improving the quality of life for service users.

The manager discussed the process for reviewing any incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector noted positive feedback from the HSC Trust professionals regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support are available to service users.

The agency maintains a comprehensive range of policies and procedures which were highlighted during inspection. These policies were in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are accessible to all staff.

The agency maintains and implements a policy relating to complaints. The inspector noted that nine complaints had been received during the reporting period of 01 April 2016 to 31 March 2017. These were fully satisfied to the satisfaction of the complainants. Review of these records supported appropriate processes in place for complaints review.

There are effective systems of formal and informal staff supervision and consultation, both inside and outside of normal working hours. Staff were aware of their responsibilities and understood their roles. The inspector noted that staff work effectively as a team, particularly with regard to maintaining consistency enjoyed by service users.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with HSC Trust professionals has resulted in positive outcomes for service users.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary.

The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC (The Northern Ireland Social Care Council). Documentation in place indicated that the remaining staff have submitted their application and are awaiting their registration certificates.

Four returned questionnaires from service users/relatives indicated that:

- The care they receive meets their needs and expectations
- The service is managed well.

Ten returned questionnaires from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to.

Questionnaire comments:

- "Nothing more could be done other than what's in place."

Staff comments during inspection:

- "The seniors and managers are very supportive."
- "Staff work well together and have good communication with each other."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints, incidents and quality monitoring.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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