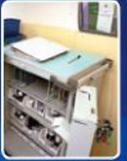


Unannounced Care Inspection Report 19 November 2018



Fairways – Woodford Park Project

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

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 Woodford Park Project is a supported living type domiciliary care agency, located in Coleraine. The agency's aim is to provide care and housing support to service users with 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 is commissioned by the Northern Health and Social Care Trust (NHSCT).

The agency's registered premises are located within the same building as a number of service users' accommodation and accessed from a separate entrance. The service users' accommodation is comprised of two shared bungalows.

3.0 Service details

Organisation/Registered Provider: Fairways Woodford Ltd Responsible Individual: Robert Anthony (Tony) Dunlop	Registered Manager: Victoria Jane Derbyshire
Person in charge at the time of inspection: Upon arrival – Senior Support Worker. Victoria Derbyshire arrived mid-morning and remained present until the end of the inspection.	Date manager registered: 10 January 2011

4.0 Inspection summary

An unannounced inspection took place on 19 November from 09.00 to 14.30.

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 in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management. In addition, evidence of good practice was found in relation to care records, communication with service users and key stakeholders, provision of compassionate care, governance arrangements and maintaining good working relationships.

There were no areas for improvement identified in this inspection.

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 Victoria Derbyshire, registered manager and the team leader, 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 26 June 2017

No further actions were required to be taken following the most recent inspection on 26 June 2017.

5.0 How we inspect

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

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection 26 June 2017
- unannounced care inspection report from 26 June 2017

During the inspection the inspector met with the registered manager, team leader, two support workers and was introduced to two service users.

The following records were examined during the inspection:

- Staff induction records for three recently recruited members of staff.
- Three long term staff personnel records in relation to supervision and appraisal records.
- Staff training matrix.
- Two service users' care records.
- A sample of service users' daily records.
- The agency's complaints/compliments record from date of last inspection.
- Staff roster information from 4 November 2018 to 17 November 2018.
- A sample of minutes of staff meetings from July 2017 to November 2018.
- The agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from June 2017 to October 2018.
- Adult Safeguarding, Policy, November 2016.
- Supervision and Appraisal Policy, January 2018.
- Complaints Policy, September 2017.
- Whistleblowing Policy, January 2018.
- Deprivation of Liberty Safeguards and Human Rights, October 2017.
- Statement of Purpose, June 2017.

At the request of the inspector, the registered manager was asked to display a poster within the agency office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; no questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the setting, as appropriate to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the setting.

The inspector would like to thank the registered manager, service users and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 June 2017

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 26 June 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.

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The inspector viewed a sample of staff recruitment records. Documentation viewed and discussions with the registered 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

Discussion with the registered manager and staff confirmed that staff received an induction in excess of the required minimum period of three days, and included mandatory training, review of policies and procedures directly relating to care delivery and working alongside experienced staff in a supernumerary capacity. The registered manager described the

importance placed upon ensuring staff and service users becoming familiar with each other during the induction process. 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. The registered manager advised that the duration of the induction period, which is in excess of three days, was assessed individually for each staff member based on their individual learning needs and level of experience. Confirmation that staff had completed a number of shifts which involved working alongside more experienced staff as part of their induction was verified by the inspector after reviewing the agency's rota. Discussions with two long term staff on the day of inspection confirmed that they had undergone the same induction process as that described by the registered manager. The inspector recommended that the induction record should be updated to include the dates on which staff shadowed more experienced staff.

The inspector viewed the agency's system to ensure that staff receive appropriate training to fulfil the duties of their role. The agency monitors and documents compliance levels in relation to training needs as part of the quality monthly monitoring visit undertaken by the responsible person. A review of the agency's training matrix, in addition to discussion with the registered manager and team leader, confirmed that mandatory training had been completed for the majority of staff. Assurances were provided to the inspector that arrangements are in place for the remaining staff to receive training updates as part of an ongoing programme of training. Discussions with staff on the day of inspection identified that they considered the training they had received to be of a good standard and had supported them in fulfilling their roles and responsibilities. It was positive to note that the agency provided further training in addition to their mandatory requirements, such as human rights training and epilepsy awareness.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service and explained that additional staff are rostered at times depending on the specific needs of service users. The sample of staff rota information reviewed was noted to be consistent with the staffing levels described. Discussions with staff during the inspection verified that there were sufficient numbers of staff to meet the needs of service users.

A review of records and discussion with the registered manager confirmed that there had been three adult safeguarding referrals made to the NHSCT since the last care inspection which had subsequently been screened out by NHSCT under existing adult safeguarding procedures. Staff spoken with during the inspection demonstrated that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. Staff are required to complete adult safeguarding training during their induction programme and receive an update during their annual training programme. The registered manager is the agency's identified Adult Safeguarding Champion (ASC) and spoke confidently regarding her role and responsibilities in this regard.

In addition, discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. A review of the agency's Whistleblowing policy identified that the policy was satisfactory and included recognised external bodies to which concerns can be reported.

The inspector reviewed reporting and management of incidents within the agency. A record was maintained of all incidents and accidents and these had been audited on a monthly basis by management. A review of a sample of records evidenced that appropriate management of incidents and follow up actions, including liaison with service users' relatives and NHSCT representatives was undertaken. While evidence of liaison with service users' relatives and

NHSCT representatives was available in service users' communication records, the inspector recommended that the incident report should also include details of who was notified of the incident. The registered manager agreed to action this.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety, both inside and outside their home. In addition, discussions with staff and the registered manager 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. The registered manager advised that any restrictive practices are reviewed regularly to ensure that the intervention being used remains the least restrictive possible and that it is used for the shortest time possible, with the aim of removing the restrictive practice if this in the best interest of the service user. This review is conducted in collaboration with the service user and/or next of kin as appropriate, along with the multi-disciplinary team.

The staff spoke positively about having access to out of hours on call support from the registered manager and team leader. 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.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice within service users' own homes. A review of a sample of records verified that staff received a number of individual supervision sessions, an annual appraisal and observations of practice.

Staff comments during inspection:

- “We get lots of training, it is beneficial.”
- “New staff get plenty of shadowing before working alone.”
- “We get regular supervision but can come to speak to manager or team leader any time.”
- “I can access policies and procures in staff handbook and the (policy) file in the office.”
- “Service users are 100 per cent safe.”
- “Training is refreshed regularly.”
- “I feel supported to do my job.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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 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 inspector reviewed a sample of two service users' care records. The care records were noted to be comprehensive and maintained in an organised manner. The care records evidenced referral information, multi-disciplinary assessments, risk assessments, care plans, behavioural management plans and annual care reviews with the relevant NHSCT professionals. Care plans were noted to be comprehensive and person centred while clearly and concisely describing service users' needs. The registered manager confirmed that the involvement of service users was determined by their individual cognitive abilities, and that the next of kin/representatives of all service users were consulted, as appropriate. The inspector noted that in the two service users records viewed the care and support plans written by the agency had not been signed by the service user's next of kin or representative. The team leader advised that this should have been signed at the last care review. The inspector highlighted the importance of the ensuring that care and support plans are signed by the service user and/or their next of kin/representative as appropriate, to confirm their consultation and agreement with the care plans and support plans in place. The team leader agreed to action this. In addition, the inspector advised the agency to review the template for recording service users' behavioural management plans. The focus of the review should include the current use of headings/terminology so that all language used compliments and promotes the provision of the person centred care provided to service users.

Service users and/or their next of kin, as appropriate, were also noted to have received and signed a service user agreement, tenancy agreement and financial agreement which provided details of the individual costs to each service user. The documentation reviewed on the day of inspection evidenced a transparency between the agency and service users/next of kin regarding any assessed care and support needs, agreed goals and expectations.

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. The inspector noted that liaison with others on behalf of, or in respect of, service users was evidenced within the agency's daily care recording system. The inspector advised that the timing of such contacts occurring should be documented in order to provide a contemporaneous and accurate time line. The registered manager agreed to address this.

Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and adapted their communication methods, as necessary, with individual service users depending on their assessed needs and emotional state. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. It was clear from discussions with staff that they possessed good knowledge of the service users' needs and preferences; and how they are working with the service users to achieve the best outcomes.

The inspector reviewed a sample of the minutes of the five staff meetings since the last care inspection. They were noted to have a varied agenda. The meetings evidenced a quality improvement focus, and evidenced discussions such as ensuring that morning routines remained person centred; the importance of adhering to speech and language therapy (SALT) recommendations; adhering to infection, prevention and control best practice and consideration of deprivation of liberty issues.

Staff comments during inspection:

- “Staff are very aware of needs and what’s required from care plans for each service user.”
- “Care is very individualised.”
- “We know the service users well and are able to respond to non-verbal cues, changes in mood.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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.

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Observations of staff interactions with service users and discussions with staff during the inspection indicated that care and support was provided in an individualised manner. Staff described the importance of confidentiality and it was positive to note that staff signed a confidentiality agreement on commencement of employment.

Staff were able to speak confidently about the individual preferences and routines for specific service users. Staff identified the importance of accompanying service users on outings to areas of interest in order to promote social inclusion and encourage a sense of wellbeing. Staff described the choices and flexibility service users could exercise while having access to the care and support of the staff team who were responsive to their needs. The registered manager identified how staff help to redirect and support a service user if their behaviour indicated that they were at risk of self-harm. The interventions and strategies in place are agreed in consultation with the multi-disciplinary team and remain under regular review.

Staff acknowledged the need to ensure that service user consent is obtained. They discussed how they adapt to ensure that consent is obtained with service users who have limited verbal

communication. Staff were observed to be attentive to service users and demonstrated an ability to understand those service users with limited verbal communication through recognition of non-verbal cues and gestures. Staff were observed responding appropriately to such service users during the inspection. Staff interactions with service users were observed to be compassionate, caring and timely. The inspector observed staff using language and behaviours which encouraged service users to make their own choices, whilst recognising their health and wellbeing needs. Staff demonstrated that they sought clarification of service users wishes and directed their support and interventions accordingly.

The inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013), which is a practical resource that can support service providers with recognising what good communication looks like, whether good communication is happening and which also provides useful resources to promote good communication. The registered manager agreed to review these standards to identify any best practice examples that could be implemented by the agency.

The registered manager advised that due to the individual needs of the service users, it has been assessed that service users’ meetings were not an appropriate method of effective communication at this time. However, service user’s views and choices were noted to be assessed continually by staff throughout the day.

The 2018 annual satisfaction survey questionnaires have recently been sent out to service users’ next of kin and responses are pending. A review of feedback from the November 2017 annual satisfaction survey report provided positive feedback in relation to how service users are valued and respectfully treated by staff who support them in reaching their potential.

Staff comments during inspection:

- “I would be happy for my relative to live here.”
- “Outings are very important for most of the service users.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and promotion of service users’ independence.

Areas for improvement

No areas for improvement were identified in this domain 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 sought to assess the agency's leadership, management and governance arrangements to meet the assessed needs of service users. The agency is managed on a day to day basis by the registered manager, who also manages another service, a team leader and a team of support workers.

Staff gave positive feedback in respect of leadership and good team working. Staff attributed this to the effective communication achieved by an open door approach provided by the registered manager, in addition to the provision of regular supervision/appraisal for staff and staff meetings. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team.

A review of the complaints records maintained in the agency evidenced that there had been no complaints since the previous care inspection. Discussions with registered manager and staff demonstrated an understanding of the actions required in the event of a complaint being received. The inspector advised that the agency's complaints policy should be revised to include the details of the Patient Client Council and update the contact details of the Northern Ireland Public Service Ombudsman (NIPSO). In addition, the inspector advised that the Statement of Purpose should also be reviewed to include this information. The team leader confirmed with RQIA following inspection that both documents had been appropriately amended.

The registered manager confirmed that the agency has a range of policies and procedures in place to guide and inform staff. Staff confirmed that they can access these as needed. A sample of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The registered manager advised that the agency is in the process of reviewing their policy and reviewing training to ensure compliance with the new General Data Protection Regulation (GDPR). The inspector recommended that the agency review relevant guidance available on the RQIA website and also liaise with the NHSCT when reviewing their GDPR responsibilities.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Monthly quality monitoring visit reports were available to be examined. The August 2018, September 2018 and October 2018 reports were examined and evidenced observation/consultation with service users as appropriate, their relatives and other key stakeholders. The reports also evidenced a review and audit of the conduct of the agency. The inspector recommended that identified actions within the report should have a clear timescale and identify who is responsible. In addition, it was noted that monthly monitoring visits to the service and another service which is separately registered with RQIA (located in an adjacent respite unit) were recorded using one monthly monitoring report document. Review of recent reports highlighted that the content of the report did not consistently reference which registered service was being referred to. It was discussed with the registered manager that either separate reports should be completed for each registered service or the content of such reports should clearly indicate which registered service is being

referred to. This information was also shared with the aligned care inspector of the other registered service referred to and will be reviewed during a future care inspection.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory body, as appropriate. The registered manager confirmed that information regarding registration and renewal dates was maintained by the agency with the support of the team leader. A review of NISCC records on the day of inspection confirmed that all staff were currently registered. The registered 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.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through staff training, supervision and appraisal processes. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with the involvement of individual service user's and/or their next of kin when a person centred care plan is developed.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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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