The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Fairways –The Cloonavin Green Project

Provider: Fairways Cloonavin Limited

Date of Inspection: 23 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 Cloonavin Limited
Responsible Individual:	Mr. Robert Anthony (Tony) Dunlop
Registered Manager:	Ms. Kathy Wan
Service Profile – Fairways Cloonavin Green Project is a domiciliary care agency, supported living type, located in Coleraine. Service users have a learning disability and live in nine houses 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 agency has capacity for 40 service users. The Northern Health and Social Care Trust (NHSCT) commission the care and support provided to service users.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2026, between 09.00 am and 1.00 pm. A care Inspector carried out the inspection.

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 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 Cloonavin Green 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 withlegislation, 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, relatives of the service user, 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.

Respondents spoken to by the inspector gave generally positive feedback. One service user stated that 'I like it here and the staff look after me very well'. Another stated that 'the staff support us so much. It's home sweet home'. The Inspector to note that there appeared to be a warm and caring relationship between service users and staff. All the service users were very well dressed.

Staff reported that they enjoyed working in the agency and that the training and induction were good. One stated that 'the induction was very good, including shadowing in every house. I don't think I'll be leaving any time soon'. Another stated that 'the training is good and the manager is very approachable'.

Relatives of the service users gave very positive feedback. One relative of a service user commented that 'I'm very happy with the care here. There are plenty of friendly, helpful staff'. Another stated that 'we're very happy with the care. Anything you ask them, they're on the ball straight away'. Another stated that 'we are delighted with the care in Cloonavin Green'.

One visiting professional commented that 'I am the named worker for a number of service users residing within Fairways Cloonavin Green Project. During visits to the project for meetings, the service users were observed to present as settled, content, and comfortable within the service. They reported positive, respectful, and appropriate relationships with staff members. I observed staff actively advocating on behalf of service users, to promote their rights, wellbeing, and individual needs. Service users did not raise any issues or concerns during visits or meetings'. Another stated that 'the service users I have involvement with are content & happy and their families speak highly of the Project'.

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 21 November 2024. 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. Staff reported confidence in the management team to take action in the event that they had to escalate an issue.

The Inspector noted that there had been several 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 managed all 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 all service users are independently mobile. 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 advised that some staff receive training and supervision in relation to medicines management. The manager advised that one service user requires the administration of regular oral medication via syringe.

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 were subject to DoLS. The Inspector noted that all documentation was in place. A resource folder was available for staff to reference if needed. The Inspector also noted that there were several documented restrictive practices in place within the agency, and that the agency reviewed these every 3 months.

The Inspector reviewed the agency's insurance certificate and confirmed that it was within date and with the required cover.

The Inspector viewed the agency's fire risk assessment and this was within date, with no actions outstanding from the previous assessment. The Inspector noted that all houses had an individual risk assessment.

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

The manager reported that the several of the 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 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 to monitor staff registrations on a monthly 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?

There was 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. There was a formal induction programme of at least three days, which included orientation and shadowing in all service user houses 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 agency does not use agency staff. 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?

The Inspector confirmed that 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 the service users, their relatives, staff and HSC Trust 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 person in charge confirmed that the agency had received one complaint since the last inspection and the Inspector confirmed that the agency had handled this appropriately. 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 Ms. Kathy Wan (Registered manager), Mrs. Vicky Derbyshire (Service Manager) and Mrs. Jeanette Hayes (Team Leader) as part of the inspection process. These can be found in the main body of the report.

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