



The Regulation and
Quality Improvement
Authority

Inspector: Joanne Faulkner
Inspection ID: IN023184

Email: olive.hughes@southerntrust.hscni.net

Vela House
RQIA ID: 12112
2a Dungannon Road
Moy
Dungannon
BT71 7SN
Tel: 02887784832

**Announced Care Inspection
of
Vela House**

8 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 8 March 2016 from 10.00 to 13.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Paula Mary Clarke	Registered Manager: Olive Hughes (Pending)
Person in Charge of the Agency at the Time of Inspection: Olive Hughes (Pending)	Date Manager Registered: Pending
Number of Service Users in Receipt of a Service on the Day of Inspection: One	

Vela House is a supported living type domiciliary care agency providing care and support to one service user with a learning disability, sensory impairment and physical disability. The service is managed by a registered manager and support staff. Staff are employed by the Southern Health and Social Care Trust (SHSCT) and are available 24 hours per day. The agency's office is located within the service user's home.

The agency's aim is to provide care and support to the service user; this includes helping them with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting the service user to live as independently as possible. The

agency seeks to enable the service user to achieve autonomy and choice in the support they receive.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

4. Methods/Process

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

- Discussion with the registered manager and person in charge
- Examination of records
- Consultation with service user/staff
- Evaluation and feedback

During the inspection the inspector met with the service user, the registered manager and three staff.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Care and support plans
- HSC trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Whistleblowing policy (March 2015)
- Agency's staff rota information

Staff questionnaires were completed by three staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the induction programme prepared them for their role.
- Staff are fully satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service user's needs.

Comments:

- “The service user is very happy in their new home, they like their own independence; this was a good move.”

A service user questionnaire provided to the service user during the inspection has not been returned to RQIA.

The inspector would like to thank the registered manager (pending), the service user and staff for their support and co-operation during the inspection.

5. The Inspection**5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an unannounced care inspection dated 2 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that agency’s transport agreement is updated to include details of the terms and conditions and any related charges.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed a transport agreement dated 20 March 2015 and noted that it detailed the terms and conditions and any related charges.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 23.-(1)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(a) so as to ensure the safety and well-being of service users:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has an updated risk assessment completed, in relation to support required by the service user to avail of transport services, and the outcomes clearly detailed within the service user's care and support plan.</p> <p>Action taken as confirmed during the inspection: From documentation viewed it was identified that a number of multi professional risk assessments have been completed in relation to the support required by the service user to avail of transport services.</p> <p>The service user's care and support plan details the support required.</p> <p>It was noted that a new vehicle has been provided following the outcome of the assessments.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 23.-(1)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>This requirement relates to the registered person ensuring that the agency's monthly quality monitoring report is forwarded to RQIA until further notice.</p> <p>Action taken as confirmed during the inspection: It was identified that copies of the agency's monthly quality monitoring report has been forwarded to RQIA since the date of the previous inspection.</p>	<p>Met</p>

5.3 Areas Examined

5.3.1 Monthly Quality Monitoring

The inspector viewed copies of the agency's monthly quality monitoring report and noted that monitoring visits are completed by the organisation's monitoring officer. It was identified from records viewed that the views of agency staff, the service user and where appropriate their representatives had been recorded. The documentation records any incidents, complaints or safeguarding concerns and includes an action plan. Copies of the monitoring reports have been forwarded to RQIA from the date of the previous inspection.

5.3.2 Complaints

The agency's complaints policy outlines the procedure for handling complaints. It was verified from records viewed and discussion with the person in charge that the agency has received no complaints for the period 1 January 2014 to 31 March 2015.

5.3.3 Safeguarding of Vulnerable Adults

It was identified from records viewed and discussions with the person in charge that the agency has made two referrals to the HSCT safeguarding key worker in relation to potential safeguarding incidents; it was noted that referrals had been screened out by the HSCT safeguarding team. Records viewed indicated that the agency had adhered to the relevant policy and procedures. It was noted from training records viewed that staff have received relevant training; staff who spoke to the inspector could describe the procedure for identifying and reporting any suspected incidents of abuse.

5.3.4 Staffing Arrangements

Discussions with the manager and staff provided assurances that there is at all times an appropriate number of suitably skilled and experienced persons available to provide care and support to the service user. It was noted that, due to recent staff changes, the agency's permanent staff were on occasions choosing to work additional hours to provide continuity for the service user.

It was identified that the staff rota information detailed the full name of staff provided, the timing of the shift and included an abbreviation list. Staff rotas viewed reflected staffing levels as described by the person in charge; the manager outlined the plans and timescales for increasing staff numbers to meet the individual needs of the service user and to ensure continuity.

Discussions with the manager both during and following the inspection provided assurances that additional staff have been provided to ensure that at all times there is the appropriate number of staff required. They stated that the agency has accessed one additional permanent and a number of relief staff from another of the organisation's facilities, and is seeking to recruit an additional staff member. The manager described the benefits of obtaining additional staff to meet the needs of the service user and to ensure that staff are not routinely required to work additional shifts.

Staff who spoke to the inspector could describe the details of their induction and the support provided by the agency during their initial induction programme.

The agency has a procedure for the induction of short notice/emergency staff; the manager stated that staff are accessed from the organisations bank staff group. The person in charge could describe the process in place to ensure that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role.

Staff were aware of the agency's whistleblowing policy and could describe their responsibility in highlighting concerns.

Service User Comments:

During the inspection, the inspector met with the service user; staff supported the service user to communicate with the inspector by the use of sign language. The service user indicated that they liked living in their own home and that they are supported by staff to access activities in the community.

During the inspection the inspector observed the service user being supported in their own home and to go out with staff.

Staff Comments:

- "This is a nice place to work."
- "The job can be very intense and challenging."
- "I report any concerns to the manager."
- "The service user is given choice about everything."
- "We could benefit from extra staff; existing staff pick up extra shifts."
- "We support the service user to live as independently as possible."
- "Concerned about the future if service user chooses to move."
- "The manager is approachable."

Areas for Improvement

There were no areas for improvement identified within the areas examined.

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Olive Hughes	Date Completed	19/4/2016
Registered Person	Miceal Crilly	Date Approved	20/04/16
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	21/4/16

Please provide any additional comments or observations you may wish to make below:

****Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.