

Announced Care Inspection Report 10 February 2017



Vela House

Type of Service: Domiciliary Care Agency
Address: 2a Dungannon Road, Moy, Dungannon BT71 7SN
Tel No: 02887784832
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Vela House took place on 10 February 2017 from 09.30 to 14.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place effective recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the assessed needs of the service user. The welfare, care and protection of the service user is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and if required collaborative working with other Health and Social Care Trust (HSCT) representatives. There are systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for the service user. No areas for quality improvement were identified during this inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the assessed needs of the service user through the development and ongoing review of individualised care and support plans. The agency has implemented systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with the service user and where appropriate, their representatives. There are systems in place to promote effective communication with the service user and stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity, respect and independence was embedded throughout staff attitudes and in the provision of individualised care and support. From observations made and discussion with the service user and staff and it was noted that agency staff value and respect the choices of the service user. The agency has in place systems for ensuring that the service user is supported to effectively communicate their views and choices. There was evidence of positive risk taking to enable the service user to live a more fulfilling life. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for the service user, was evident on inspection. There are management and governance systems in place to meet the individual assessed needs of the service user. Agency staff have an understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. No areas for quality improvement were identified during this inspection.

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

1.1 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 were discussed with the deputy 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Olive Hughes
Person in charge of the service at the time of inspection: Deputy Manager	Date manager registered: Registration pending- application received

3.0 Methods/processes

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

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

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service user care records
- Assessments of needs and risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Recruitment Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Data Protection Policy
- Complaints Procedure
- Statement of Purpose
- Service User Guide

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

During the inspection staff supported the service user to communicate with the inspector by the use of sign language. The service user indicated that they enjoyed living in their own home and that they were happy with the care and support provided by staff to live as independently as possible and access activities in the community.

Questionnaires were distributed by the inspector for completion by staff and the service user during the inspection; two staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from the returned questionnaires is reflected throughout this report.

4.0 The inspection

Vela House is a supported living type domiciliary care agency providing care and support to one service user with a learning 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 independantly as possible. The agency seeks to enable the service user to achieve autonomy and choice in the support they receive.

The inspector would like to thank the service user and staff for their co-operation and support during the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 8 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection the inspector reviewed the staffing arrangements currently in place within the agency.

It was identified that staff recruitment is processed by the SHSCT human resources department in conjunction with Business Services Organisation (BSO); the person in charge stated that details of the pre-employment checks completed are retained by the human resources department. The person in charge could describe the process for ensuring that staff are not provided for work until all required checks have been satisfactorily completed.

It was noted from records viewed and discussion with staff that all staff are required to complete mandatory training and corporate induction lasting at least three days which is in accordance with the regulations. The agency maintains a record of the induction programme provided to staff. It was identified that staff are provided with a Staff Handbook which includes details of the code of practice issued by the Northern Ireland Social Care Council (NISCC). The person in charge could describe the process for ensuring that staff are registered with NISCC prior to 1 April 2017.

The person in charge stated that when required relief staff are accessed from another of the HSCT facilities; they stated that due to the needs of the service user staff provided are required to have a clear understanding of the care and support needs of the service user. It was identified that that staff are not accessed from another domiciliary care agency. Staff who met with the inspector could describe the benefits of endeavouring to provide continuity of staff.

Discussions with the person in charge and staff indicated that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service user. The agency's staff rota information reflected staffing levels as described by the person in charge.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The agency maintains a record of staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of supervision and appraisal meetings in relation to their job roles.

The agency has a process for maintaining a record of staff training; it was noted that staff are required to complete mandatory training and in addition training specific to the needs of the individual service user. The agency maintains a matrix for recording training completed by staff; records viewed indicated that staff had completed required training. Staff could describe the process for highlighting individual training and development needs.

Observations made and discussion with staff during the inspection indicated that staff had the knowledge, skills and experience to carry out their roles. Staff outlined the content of their induction programme which was noted to include shadowing other staff members, meeting the service user and becoming familiar with their care needs.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The manager could describe the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently in the process of reviewing their policy and procedures to reflect information contained within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge it was identified that the agency has made no referrals to the HSCT safeguarding team in relation to any alleged or actual incidences of abuse.

The inspector noted that staff are provided with training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an update every two years. From records viewed the inspector identified that all staff had received training in relation to safeguarding vulnerable adults. Discussions with staff during the inspection indicated that they had an understanding of safeguarding issues and could describe the process for highlighting and raising concerns. Staff had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service user's health, welfare and safety. Staff could describe the various methods used for effectively engaging with the service user in the completion of their individual risk assessments and care plan. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed annually and that the service user has an annual review which includes their HSCT community representatives. The inspector noted that monthly governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive.

The agency's registered premises are located within the home of the service user; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Two staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the care provided is safe.

Staff comments

- 'I like working here.'
- 'We have a good team.'
- 'We get supervision and KSF; we are supported.'
- '***** is safe.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of the service user were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy details the procedures for the creation, storage, retention and disposal of records. It was identified from records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Staff could describe the process for effectively involving the service user in the development of their care and support plans. It was noted that risk assessments and care plans are reviewed annually and that staff record daily the care and support provided. Staff could describe the benefits of facilitating micro board meetings to ensure that the service user is supported to make individualised choices.

Discussions with staff and a review of records indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to the service user.

The inspector noted that monthly quality monitoring visits are completed by the SHSCT monitoring officer and an action plan developed. It was identified from records viewed that the views of the service user and where appropriate relevant professionals had been reflected. The records detail the outcome of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed.

The agency facilitates a monthly service user meeting; there is a process for ensuring the service user is supported to communicate their choices. Records of service user meetings viewed were noted to clearly record the choices made by service user.

The agency's systems to promote effective communication between the service user, staff and other key stakeholders were assessed during the inspection. Discussions with staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with the service user. During the inspection the inspector observed the service user engaging with staff.

The person in charge could describe ways in which the agency seeks to maintain effective working relationships with the other HSCT representatives and stakeholders.

Two staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the care provided is effective.

Staff comments

- 'We support the service user to communicate their choices and make decisions about their care and support.'
- 'We use Makaton to communicate with the service user.'
- 'We work in the service user's best interests.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat the service user with dignity, respect and equality and to fully involve them in decisions affecting their care, support and life choices.

Observations of staff interaction with the service user and interactions with the service user and staff during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. Staff could describe a range of positive risk taking activities that they support the service user to undertake to enable them to live a more fulfilling life.

The inspector noted from discussion with staff and observations made during the inspection that care is provided in a person centred manner. Care plans viewed were noted to be specific to the needs of the individual service user; staff could describe the methods and tools used for engaging with the service user in relation to decisions regarding the care and support they receive. The inspector noted that the agency has provided the service user with a wide range of information in an easy read pictorial format; the inspector viewed a number of these aids in place throughout the service user's home.

Systems to record and respond to the comments and views of the service user and their representatives are maintained through the complaints and compliments processes; monthly quality monitoring visits; annual review meetings; micro board meetings and service user meetings. The inspector noted that the agency has in place a system to enable them to evaluate the quality of the service provided.

Observations made during the inspection indicated that the service user is supported to make choices regarding their daily routine and activities. Discussions with staff and observation of staff interaction with the service user indicated that the service user is involved in making decisions on a wide range of matters such as care needs and activities.

Two staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the care provided is compassionate.

Staff comments

- 'The service user can choose when they get up in the morning and what they want to do each day; yesterday ***** refused to attend a particular activity'
- 'We have monthly service user meetings.'
- 'Staff aim to make a difference in *****'s life.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of the service user. The agency has in place a range of policies and procedures which staff can access electronically; in addition a number of the policies are available in paper format stored within the agency's office. The inspector viewed a number of the agency's policies and noted that they had been reviewed and updated in accordance with timescales details within the minimum standards.

Discussions with the person in charge and records viewed indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken following the receipt of a complaint. It was noted that the service user has been provided with details of how to make a complaint in an alternative easy read format.

The agency has in place management and governance systems to drive quality improvement; this includes arrangements for monitoring incidents and complaints. During the inspection the inspector viewed evidence of staff induction, training, supervision and appraisal.

Staff could describe the importance of identifying ways for improving the quality of the service provided to services user with the aim of promoting positive outcomes for the service user.

The organisational and management structure of the agency is outlined in the Statement of Purpose. Staff could describe their individual roles and responsibilities and it was noted that they are with a job description at the commencement of employment. Staff could describe the process for obtaining guidance and support and stated that the manager and senior staff are approachable.

The agency's Statement of Purpose and Service User Guide have been reviewed and updated.

Two staff questionnaires were returned to the inspector; responses received indicated that staff were very satisfied that the agency is well led.

Staff comments

- 'We have a really good team; good teamwork.'
- 'The deputy manager is supportive.'
- 'We are given opportunity to develop our knowledge; my plan is to pursue a career in Social Work.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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