The Regulation and Quality Improvement Authority

Inspection Report

5 October 2021

Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 122 Cushendall Road, Ballymena, BT43 6HB
Tel No: 028 2563 0414

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Triangle Housing Association **Responsible Individual:** Mr Christopher Harold Alexander	**Registered Manager:** Mrs Margaret Josephine Elliott **Date registered:** 21 August 2015
Person in charge at the time of inspection: Mrs Margaret Josephine Elliott	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency supported living type which provides personal care and housing support to four individuals. Service users have a range of complex needs including autism. The agency aims to provide care and support in a manner that supports service users' to live a fulfilling and meaningful life. Staff are available to support service users 24 hours per day; the care is commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An announced inspection was undertaken on 5 October 2021, between 10.15 am and 2.45 pm by a care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to monitoring of NISCC registrations, and the agency's system in place of disseminating Covid-19 related information to staff. There was evidence of robust governance and management oversight systems in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service

- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

Nine questionnaires were returned from service users and relatives, the respondents indicated that they were satisfied that the care and support was safe, effective, compassionate and well led. Comments included:

- "Happy with Cushedall road."
- "Delighted with the care my son receives. He is his own independent self."
- "Place couldn't be better."

Fourteen staff members responded to the electronic survey; the information received indicated that the majority were satisfied that the service provided was safe, effective, compassionate and well led. A comment made by one individual with regard to the care and support provided was discussed with the regional manager for further review and follow up; it was agreed that feedback would be provided to RQIA.

We observed a number of service users being supported by staff; service users appeared relaxed and comfortable in their home environment. We consulted with three staff, two relatives and two HSCT representatives during the inspection process; comments received are detailed below.

Staff comments:

- "Great place, I really love working here."
- "We have a good staff team."
- "The service users are safe and their lives are better."
- "Service users' needs are met."
- "The service is excellent, I am very happy working here."
- "I had a good induction, staff are very helpful."
- "Families are very attentive and a big part of the care."
- "The training is good."
- "Service users are safe and have choice."

Relatives' comments:

- "We have no concerns."
- "Staff look after ****** well."
- "Staff keep us informed of any changes."
- "Staff bring **** out in the car to visit us."

HSCT representative comments:

- "No concerns, staff keep me informed of any changes."
- "Have been a bit removed during Covid; however I am happy with the communication from staff."
- Staff email me to keep me updated."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to was undertaken on 3 September 2019 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year due to the impact of the first surge of Covid-19.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The agency has provided relatives with information with regard to the process for reporting any concerns. Relatives who spoke to us stated that they had no concerns regarding the safety of the service users; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided and that the staff are very responsive.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements are in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed. Where a service user was subject to a DoLS relevant paperwork was in place.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff. However it was identified that the agency's pre-employment checklist was required to be updated to include details of the checks with regard to employment history and gaps and NISCC. An updated checklist was provided prior to the issuing of the report.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department.

The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received was safe and effective.

It was noted that a number of service users have been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. It was identified that care plans are required to be updated to ensure that accurate details of the recommendations are included. An area for improvement was identified.

Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. It was positive to note that staff had undertaken dysphagia awareness training.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives on the majority of the visits.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration and staffing arrangements and the environment. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints have been received since the last inspection. Complaints are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff.

6.0 Conclusion

Based on the inspection findings one area for improvement was identified with regard to care planning.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Josephine Elliott, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that the care plan includes the care and services to be provided to the service user. This relates specifically to SALT recommendations. Ref: 5.2.4
	Response by registered person detailing the actions taken: Service Users care plans were reviewed and updated on the day of inspection to reflect the service users individual SALT assessments and the new IDDSI Terminology

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