

Announced Domiciliary Care Agency Inspection Report 3 May 2016



Triangle Housing Association

122 Cushendall Road, Ballymena,
Tel No: 02827661753
Inspector: Rhonda Simms

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Triangle Housing Association, Ballymena, took place on 3 May 2016 from 09.45 to 16.00.

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

Is care safe?

During the inspection evidence of delivery of safe care were found by the inspector. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users.

Although the agency has been providing care for less than one year, the staff have responded to training which enables them to provide person centred care for individuals with a high level of complex needs. The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The inspector found significant evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users' representatives are closely involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users' representatives, and provide a thorough system of audit and service improvement. The inspector received feedback from families, staff and an HSC Trust professional, which indicated that service provision had resulted in significantly positive outcomes for service users' lives.

Is care compassionate?

During the inspection the inspector found that the agency was delivering person centred compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making. The extent to which staff have worked to extend their knowledge of service users' needs and preferences, and the degree to which values and human rights have been embedded in agency culture, was notable considering the short time that the agency has been in operation. Compassionate care has resulted in notable positive outcomes for service users.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. The registered manager provides strong leadership by example and is respected by staff and key stakeholders. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA. Effective working relationships with key stakeholders, including relatives and the HSC Trust, were notable and have contributed significantly to the positive outcomes achieved with service users since the commencement of the service in July 2015.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information received about the service since the previous inspection.

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 Josephine Elliott, registered manager, as part of the inspection process and can be found in the main body of the report.

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 (pre-registration) of 12 May 2015.

2.0 Service details

Registered organisation/registered person: Triangle Housing Association Christopher Alexander	Registered manager: Margaret Josephine Elliott
Person in charge of the agency at the time of inspection: Margaret Josephine Elliott	Date manager registered: 21 August 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with the registered manager, the regional manager, one team leader, three support staff, one community professional, and three relatives. Throughout the inspection the inspector observed three service users and their interactions with staff.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; thirteen were returned. At the request of the inspector, questionnaires were distributed for completion by service users' representatives; none were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Three care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Induction records
- Staff rota information
- Recruitment policy 2013
- A range of policies relating to the management of staff
- Supervision policy 2015
- Induction policy 2014
- Safeguarding Vulnerable Adults policy 2013
- Risk Management policy 2015
- Incident policy 2015
- Whistleblowing policy 2015
- Policy relating to management of data 2014
- Complaints policy 2015
- Statement of Purpose 2015
- Service User Guide 2015.

4.0 The inspection

Triangle Housing Association, Ballymena, is a supported living type domiciliary care agency which commenced providing care in July 2015. The purpose built bungalow includes accommodation for three service users who have a learning disability with complex needs. A range of housing support and personal care services are provided by a team of seventeen team leaders and support workers, led by a registered manager.

4.1 Review of requirements and recommendations from the last care inspection dated 12 May 2016.

There were no requirements or recommendations made as a result of the last inspection (pre-registration).

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. It was noted that the registered manager continues to review staffing arrangements and liaise with the HSC Trust in accordance with the highly complex needs of service users. Staff provided feedback regarding the measures taken by the registered manager to ensure that staff receive sufficient break times during their shifts, in account of the intense nature of care provision, this enhances the safety of care provided to service users.

The inspector noted that vacant shifts are covered by the current staff team, staff that hold substantive posts in other services operated by the agency, or a small number of staff provided by a registered domiciliary care agency which is also an employment agency. The staffing arrangements enable the agency to largely provide familiar staff to facilitate services to service users. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

It was noted that the agency has an induction policy and induction programme which includes a two week period of training and shadowing experienced staff. The staff probationary period of six months includes the provision of additional supervision. The inspector received feedback regarding the agency's preparations for the opening of the service. Agency staff worked with service users in their previous setting over a period of months. Staff provided very positive feedback regarding the benefits of getting to know service users and gaining knowledge about their needs and preferences.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances. Staff have worked on a frequent and ongoing basis with a Behavioural Specialist from the HSC Trust Positive Behaviour Support Team.

The inspector received very positive feedback regarding the willingness and ability of the staff team to learn and adapt behavioural strategies in order to respond effectively to the needs of service users.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff described the registered manager as 'very approachable', and 'very responsive' to staff concerns or requests for guidance.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults. Safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Staff described safeguarding training as being of a high standard and directly relevant to their jobs. The training manager is responsible for the delivery of safeguarding training and is appointed as a safeguarding lead who is available for consultation with staff. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

Staff described regular and ongoing discussion of safeguarding issues in team meetings and shift change handover discussions. The inspector noted that staff were confident regarding their roles and responsibilities in safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users.

Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The registered manager and regional manager discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation. It was evident to the inspector that constructive reflective learning had taken place within the agency as a result of responding to safeguarding incidents.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. Staff commented: 'Everything is taken seriously.'

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include detailed risk assessments and care plans. Examination of documentation and feedback from an HSC Trust community professional indicated that the agency has worked closely with the HSC Trust to manage risk in a manner which identifies, manages and reduces risk related incidents where possible, whilst promoting the human rights of service users. The inspector noted that where restrictive practices are assessed as necessary, the agency maintains effective partnership with the HSC Trust to appropriately implement and review the need for restrictive practice.

The agencies registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Staff comments

- 'In house training is of a very high standard. The Triangle training manager is available for advice too at any time.'
- 'The tenants' safety is at the forefront of all involved at all times.'

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 assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2015) and Service User Guide (2015).

The inspector reviewed a range of service users' care and support plans. Care plans are developed with service users' representatives in conjunction with comprehensive assessment information provided by the HSC Trust multi-disciplinary teams. Staff described how their developing knowledge of service users has enabled them to enhance care and support plans to reflect the needs and preferences of service users who have communication needs. Records indicated regular evaluation and review of care plans, including review as appropriate with service users' families and the HSC Trust; this was supported by feedback from agency staff. Feedback from an HSC Trust community professional indicated a responsive working relationship where the needs of service users can be reviewed very frequently as required.

The inspector examined a range of records maintained by agency staff in accordance with legislation and standards. It was noted that the agency maintains policy which includes the management of records.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with relatives indicated that they have open lines with communication with staff including the registered manager. Relatives provided feedback that they know who to go in the agency to discuss an issue or complaint and were confident of an appropriate response. A relative provided feedback that the registered manager had responded to resolve an issue of concern to them.

Complaints and compliments records, quality monitoring reports, and care records, provided evidence of how the agency maintains records of comments made by service users' representatives.

It was evident during the inspection that the agency has successfully developed effective working relationships with key stakeholders, including the HSC Trust. As part of the transitional arrangements for service users taking up the supported living service, HSC Trust professionals have made very frequent visits to work in partnership with staff, developing strategies to meet the needs of service users. An HSC Trust community professional provided very positive feedback regarding the agency's ability to effectively co work and manage the complex needs of service users.

The inspector was informed of independent advocacy arrangements in place for the use of service users, in addition to advocacy from families.

Staff comments

- 'Care plans are developed along with family and the Trust'
- 'In so far as possible service users are involved and families are involved in the process' (of developing care plans).
- 'Our tenants'families are very involved in their care'.

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?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

Discussion and feedback from staff indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at the agency.

Staff were able to describe a process of getting to know the needs and preferences of service users from the transitional period of moving to the agency, through observing their behaviour and gathering information from families and HSC Trust professionals. The degree of detail in which staff have gained knowledge of service users' behaviour and shared this throughout the staff team to improve care and support provided to individual service users was notable. The inspector received feedback from relatives and an HSC Trust community professional which indicated that service users have been supported to enjoy new experiences and freedoms at home and in the local community.

It was evident to the inspector through discussion with staff and observation of their interactions with service users, that implementation of values stated in the Minimum Standard is a key priority for staff. A HSC Trust professional provided positive feedback regarding the values and ethics observed in the provision of care by agency staff.

The inspector received feedback from relatives which indicated that the agency seeks and takes into account their views and knowledge on an ongoing basis and through formal processes such as quality monitoring and review meetings. A relative provided positive feedback regarding the compassionate manner in which the agency had provided care to a service user:

'They go with what **** needs, and then go a bit further. The quality of ****'s life is one hundred times better'. Relatives told the inspector that they feel welcomed into the service users' home by agency staff.

It was evident that agency staff have endeavoured to support and enable relationships between service users and their families.

Discussion with the registered and regional manager and examination of evidence of communication with service users' representatives and an HSC Trust community professional, indicated that the best interests of service users are taken into account in decisions affecting their lives. This was particularly notable in matters concerning restrictive practices where a full consideration of the service users' human rights have been taken into account, in relation to their care needs, safety, positive risk management, and the impact on other service users.

The agency maintains a range of quality monitoring systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The registered manager provided an example of the annual evaluation survey which will be provided to service users' representatives later this year. The registered manager discussed a relatives' evening which has been planned for May 2016, to develop relationships with families and provide an opportunity for discussion.

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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management of governance established by Triangle Housing Association have been implemented at the agency.

The inspector saw evidence of a systematic approach to reviewing available information with the aim of improving safety and quality of life for service users at and across the wider organisation. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA.

The inspector saw evidence of reflective learning from a range of incidents, with the aim of increasing safety for all service users, whilst continuing to promote independence and choice as far as possible. The inspector examined records of incidents and observed that incidents of certain types have reduced since July 2015.

The regional manager and registered manager discussed how review of incidents regarding service users' use of an area of their home has resulted in partnership working with the HSC Trust to evaluate and review care practices. The inspector noted that whilst assessment has indicated the need for a restrictive practice, the agency is working with specialist Trust professionals to minimise restriction and maximise service users' freedom of choice in other ways.

The inspector received positive feedback from the HSC Trust regarding the ability of the agency to work closely in partnership. It was noted that effective partnership working has entailed visits to the agency by a Trust behavioural specialist, at times several times per week to train and guide staff. The relationship developed between agency staff and the Trust behavioural specialist, facilitated by the registered manager, has led to positive outcomes to the lives of service users.

The management structure of the agency is clearly defined and was well understood by staff. During the inspection the inspector received feedback from staff, relatives and an HSC Trust community professional regarding the positive management qualities of the registered manager. It was evident that the registered manager leads by positive example, promotes a strong teamwork ethic, supports staff, and is in turn respected by agency staff. Agency staff and relatives provided feedback that they were confident of the registered managers' ability to address concerns constructively.

Staff described the regional manager as approachable and knowledgeable regarding the needs of service users. Staff valued the role of the training manager/safeguarding lead that is available for consultation with staff on training and safeguarding issues. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that managers would listen to and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily. The agency maintains and implements policy relating to complaints and compliments. The inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff who provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders which are valued by staff.

Staff comments

- 'This service is led and managed very well, the manager is very approachable.'
- 'I have been in the service for 4 months and the management structure is amazing and I am kept well informed.'
- 'Our (registered) manager and regional manager are very up to date with all that Cushendall Road involves. They look after the staff and tenants excellently.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

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.



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