

Announced Care Inspection Report 8 November 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 122 Cushendall Road, Ballymena, BT43 6HB
Tel No: 02825630414
Inspector: Aveen Donnelly
Observer: Lianne Kelly, Personal Assistant

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Cushendall Road is a domiciliary care agency, supported living type which provides personal care (and housing support) to four people who have autism and complex needs. The service user's care is commissioned by the Northern Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Mrs Margaret Josephine Elliott
Person in charge at the time of inspection: Mrs Margaret Josephine Elliott	Date manager registered: 21 August 2015

4.0 Inspection summary

An unannounced inspection took place on 8 November 2018 from 09.45 to 14.30 hours.

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

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the tenants with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas requiring improvement were identified during the inspection.

Interactions between staff and tenants was observed during the inspection and staff were observed to be treating the tenants in a respectful manner.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Josie Elliott, registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 01 March 2018

No further actions were required to be taken following the most recent inspection on 01 March 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Six responses were received and the details included within the report.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the tenants and/or their representatives; two were returned and are included within the report.

The inspector spoke with the manager, three relatives, three staff members and one HSC Trust representative. Comments received are included within the body of the report.

The following records were examined during the inspection:

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| • recruitment checklists for two staff members | • restrictive practice register |
| • staff training records | • records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) |
| • two staff induction records | • monthly quality monitoring reports |
| • performance review matrix | • the Statement of Purpose |
| • one tenants' care records | • the Service User Guide |
| • staff' meeting' minutes | |

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 01 March 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's registered premises are located at 122 Cushendall Road, Ballymena and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of four team leaders and 19 domiciliary care staff. The manager advised that there were two care staff vacancies. The vacancies were covered by relief staff and a small number of agency staff, provided from another domiciliary care agency. All those consulted with stated that the required staffing levels were consistently adhered to.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of two recruitment checklists identified that the required checks had been undertaken in keeping with regulation. Discussion with the manager and a review of records confirmed that the agency had in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

A review of records confirmed that there was a system in place to monitor the registration status of staff in accordance with NISCC.

The inspector reviewed two staff induction records, which confirmed that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment. The review of the records confirmed that new staff completed a local and corporate induction and were supported to complete the NISCC Induction standards. Induction was also provided to staff provided from another domiciliary care agency.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the training matrix confirmed that the staff received performance reviews twice a year and completed competency and capability assessments in relation to medicines management and managing tenants' finances. Records were also available to evidence the training provided to relief staff. These areas were monitored by the management team as part of their quality monitoring processes. The manager advised that training had also been provided to staff in relation to dysphagia and autism awareness. Discussion took place with regards to the need for epilepsy awareness training and the manager agreed to address this.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of the staff profiles received for agency staff provided from other domiciliary care agencies identified that these were up to date.

The staff members spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. A flowchart was displayed in the manager's office, to assist staff in understanding the referral process.

There had been no incidents referred to adult safeguarding since the date of the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The Annual Safeguarding Position Report had been completed. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

There was a system in place to ensure that accidents and incidents were managed appropriately. A matrix/log was maintained and these were monitored by the management team as part of their quality monitoring processes.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the tenants health, welfare and safety. There was some evidence of positive risk taking in collaboration with the tenants and/or their representative, the agency and the HSC Trust. This was evident in the restrictive practice register, which identified regular review and the use of the least restrictive practices possible.

A review of the records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with the tenants.

A Fire Grab Pack was also viewed. This included important information, the emergency services may require, should the tenants require to be evacuated in the event of an emergency. The agency had also completed a fire drill, where everyone in the building was evacuated. This demonstrated the agency's ability to evacuate the building in a timely manner. This is good practice and should be commended.

Discussion with staff and a review of the records confirmed that where tenants required a specific medication to be administered, two staff signed the medication administration record, to evidence that they were both in agreement with its use. This is good practice and should be commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

The inspector examined one tenant's care record and found this to be very detailed, personalised and reflective of the individual's preferences. The care record reviewed demonstrated that the staff had a very good understanding of the tenants' needs and preferences. Provider care plans were enhanced with symbols which were used to assist the tenants' understanding of the content. This is good practice.

The review of the care record identified that whilst Triangle had their own care plan in place; the Trust care plan was not up to date. This was discussed with the manager, who agreed to follow this matter up with the tenant's named worker within the trust.

Care reviews with the HSC Trust representatives were noted to be held annually or as required; however, there was no evidence that the minutes of the care review meetings had been received from the relevant Trust. This was discussed with the manager, who advised the inspector that the agency retained their own notes in relation to the care review outcomes. The manager agreed to follow up with the relevant Trust representative to ensure that the Trust minutes would be put in place.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the tenants. Quality monitoring reports indicated consultation with a range of relatives, staff and where provided, HSC Trust representatives. Advice was given to the manager in relation to improving input from relevant stakeholders.

There was evidence within the care record reviewed of effective communication with the tenants, their representatives and with relevant HSC Trust representatives, as required.

Staff meeting' minutes reflected that there was effective communication between staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the tenants.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat the tenants with dignity and respect; and to fully involve them, as appropriate, in decisions affecting their care and support.

Comments made by tenants' representatives indicated that the tenants were treated in a respectful manner. Those consulted with stated that there was good communication between agency staff and the tenants' representatives.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. Staff supported tenants to go to religious services, lunches and to go on day trips, where appropriate. Each tenant had an individual activities planner, which evidenced their interests and also promoted the tenants' independence. The manager advised that plans were in place to involve the tenants in a local 'Adopt a Plot' initiative, where the tenants would be encouraged to get involved with gardening.

Discussion took place with a senior representative of the organisation in relation to certain communal areas within the home. It was acknowledged that consideration would be given to the décor of these areas, to ensure that they were more conducive to the care and support of people with autism or related difficulties.

The agency's Service User Guide included details of information relating to advocacy services which the tenants can access if required.

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. This included an annual survey and consultation as part of the monthly quality monitoring visits.

No tenants were consulted with due to their category of care; however, observation of staff interactions with tenants identified that tenants were being treated in a respectful manner. The inspector also spoke to the manager, three relatives, three staff members and one HSC Trust representative. Some comments received are detailed below:

Trust representative

- “I have no concerns, the staff are very good.”

Staff

- “I have no concerns.”
- “I absolutely love it here, we have so much time here to give the tenants the support they need.”
- “The best part of my job, is getting to know the tenants.”

Tenants’ representatives

- “Everything seems to be fine.”
- “All is good.”
- “I am very happy, the staff are very kind.”

At the request of the inspector, the manager was asked to issue four questionnaires to the tenants’ representatives. Two questionnaires were returned; all of which indicated that they were ‘very satisfied’ that the care/support provided was safe, effective and compassionate; and that the agency was well led. No negative comments were received.

Six staff members provided electronic feedback to RQIA regarding the quality of service provision. All respondents indicated that they felt ‘very satisfied’ that the care provided was safe, effective and compassionate and that the service was well led, No written comments were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the Service User Guide. The day to day operation of the agency was overseen by the manager, four team leaders and a team of care staff. In addition, the agency's on call system ensured that staff could avail of management support 24 hours a day. The staff member consulted with described the management team in positive terms.

There was a procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. No complaints had been received since the last care inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned. Advice was given to the manager in relation to improving the input sought from tenants' relatives and those of HSC Trust representatives.

There were processes in place to ensure that the quality of services was evaluated on an annual basis; this included the completion of an Annual Plan, Human Resource Performance report, Participation and Engagement Report, Learning and Development Report, internal audit processes and Performance Cards.

There were arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. Equality monitoring was undertaken on an annual basis, where information was collected on tenants' age, community background, gender, ethnicity, sexual orientation and marital status. This information was compiled into a report, which the organisation submitted to the Equality Commission on an annual basis. Prior to the inspection, this report had been reviewed. The report evidenced the organisation's promotion of equal opportunities for tenants, through the continued development of easy-read performance reports and information leaflets.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. However, discussion with the manager identified that the agency did not have a policy in place in relation to the overt use of close circuit television (CCTV), which was in use in a specified area of the building. Following the inspection, a policy on the use of CCTV was submitted to RQIA by email on 04 December 2018. Following the inspection, advice was further given in relation to including the use of CCTV into the monthly quality monitoring process.

There had been no incidents reportable to RQIA since the last care inspection.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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