

Inspection Report

21 January 2022



Triangle Housing Association

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Triangle Housing Association	Registered Manager: Miss Martina Donaghy
Responsible Individual: Mr Christopher Harold Alexander	Date registered: 10 April 2017
Person in charge at the time of inspection: Miss Martina Donaghy	
Brief description of the accommodation/how the service operates: <p>This is a domiciliary care agency supported living type which provides personal care and housing support to four individuals who have a learning disability and a range of complex needs. Staff are available 24 hours per day to provide care and housing support and to assist service users in accessing their local community. The aim is to support service users to be as independent as possible. The service users have individual bedrooms and a range of shared facilities.</p> <p>The care provided is commissioned by the Belfast and South Eastern Health and Social Care Trusts (HSCT).</p>	

2.0 Inspection summary

An announced inspection was undertaken on 21 January 2022 10.00 a.m. and 2.15 p.m. by the 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, 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, 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

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good.

No

There was no response to the electronic survey.

During the inspection we spoke to one service user, one staff member. Feedback was requested from two HSCT representatives. Comments received are detailed below.

Service user's comments:

- “I love it here, the staff are great.”
- “I am going out today to play snooker; the staff go with me.”
- “Staff help me.”
- “No problems, I am happy.”

Staff member’s comments:

- “Very happy working here, I was part of the resettlement project and have been here from the service started.”
- “Service users have choice. We support the service users to have a better life.”
- “I have no problems, I can report concerns. The manager is very approachable.”
- “Some of the service users have come a long way since moving here.”

H SCT representatives’ comments:

- “There is good communication with the staff. The staff have developed ***** (service user) independence.”
- I have always found the staff, in particular the manager to be very professional, caring and proactive in their approach. They work closely with the team to ensure care service user receives, is always in their best interests.”

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 the agency was undertaken on 24 October 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 person in charge 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. All staff have completed adult safeguarding training.

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 service users with information with regard to the process for reporting any concerns. A service user who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

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.

Information reviewed during and following the inspection indicated 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 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.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives. It was identified that care records were detailed and completed in a comprehensive manner.

The manager stated that the agency is not currently managing individual service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) 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 person in charge 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 there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records and discussion with the HR officer confirmed that staff 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 prior to commencement of employment. The organisation has recently updated their recruitment checklist.

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 person in charge 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)?

It was noted that no service users have been assessed by SALT in relation to dysphagia needs. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs with regards to eating and drinking. It was positive to note that staff had undertaken dysphagia awareness training.

Discussions with staff indicated that they had knowledge of the process for referring to the multi-disciplinary team if required.

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 representatives on the majority of the visits.

Comments received included:

- "Good contact with the manager, I have confidence in her."
- "Communication is great. Good interaction between staff and service users."

The reports included details of the review of service user care records, DoLS, accident/incidents, safeguarding matters, complaints, staff recruitment and training, NISCC registration and staffing arrangements. 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 person in charge 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.

Staff described the measures in place with regards to IPC such as PPE. Staff were observed to be using PPE appropriately and stated that there are no difficulties in accessing sufficient supplies are needed.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the person in charge/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Martina Donaghy, as part of the inspection process and can be found in the main body of the report.



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