

# Unannounced Care Inspection Report 17 December 2018



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 2A Rusheyhill Road, Lisburn, BT28 3TD**  
**Tel No: 02892 648231**  
**Inspector: Aveen Donnelly**

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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**

Rusheyhill Road is a domiciliary care agency (supported living type) which provides personal care (and housing support) to up to four people who have a learning disability and complex needs. The service users' care is commissioned by the Belfast Health and Social Care Trust and the South Eastern Health and Social Care (HSC) Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Registered Manager:</b> Miss Martina Donaghy
<b>Person in charge at the time of inspection:</b> Miss Martina Donaghy	<b>Date manager registered:</b> 10 April 2017

### 4.0 Inspection summary

An unannounced inspection took place on 17 December 2018 from 10.15 to 13.35.

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.

Service users consulted indicated that they were happy with the care and support provided.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Martina Donaghy, 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 11 December 2017

No further actions were required to be taken following the most recent inspection on 11 December 2017.

## 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. Eight 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 their representatives; six were returned and are included within the report.

The inspector spoke with the manager, two team leaders, one support assistant, two tenants and two tenants' representatives. Comments received are included within the body of the report.

The following records were examined during the inspection:

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

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 11 December 2017

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 2 Rusheyhill Road, Lisburn and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a registered manager in post, who managed the agency with the support of four team leaders and a team of domiciliary care staff. 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. 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 one staff induction record, 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. Agency staff from other domiciliary care agencies also received an induction to the service.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the performance review 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. It was noted that staff were given additional time being trained up in medication administration, if required, until they felt confident doing this on their own.

Agency staff profiles were also held on file, which evidenced their compliance with mandatory training requirements.

A review of the training matrix confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as mental health awareness and other training specific to the tenants' individual needs had also been provided.

The staff member 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 simplified flowchart was displayed in the manager's office, to assist all staff, including agency staff, in understanding the reporting 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. No accidents had occurred since the last care inspection.

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.

### 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
<b>Total number of areas for improvement</b>	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. Risk assessments and care plans were up to date and there was evidence that tenants discussed their care plan with their key worker on a monthly basis.



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 staff, relatives and where provided, HSC Trust representatives.

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 meetings were held on a regular basis and minutes were available. Tenants meetings were also held on a regular basis and minutes were available, to evidence the matters discussed.

### 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
<b>Total number of areas for improvement</b>	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.

Those consulted with indicated that the tenants were treated in a respectful manner and that the staff communicated effectively with them.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. Staff supported tenants to attend work placements. The manager gave examples of individual tenants who enjoyed country music concerts, ice hockey, miniature golf, go-karting, snooker and fishing. Tenants were facilitated to go on fishing trips and day trips, as appropriate.

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. It was noted that the findings of the annual quality report reflected a satisfaction rate of 100 percent.

The inspector spoke with the manager, two team leaders, one support assistant, two tenants and two tenants' representatives. Some comments received are detailed below:

## Staff

- “This is a great wee house.”
- “It is very good here.”
- “I have no problems, the care and support here is very person-centred.”

## Tenants’ representatives

- “I have no concerns.”

One tenant’s representative consulted with outlined specific matters which they needed clarification on. With their permission, these matters were relayed to the manager on the day of the inspection, for review and action, as appropriate.

At the request of the inspector, the person in charge was asked to issue six questionnaires to the tenants and/or their representatives. Six 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. One written comment was received, as detailed below:

- “I enjoy living in Rusheyhill Rd, as the staff support me to do the things I like to do, like cooking, shopping, playing pool and meeting my family.”

Eight staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they felt ‘very satisfied’ that the care provided was safe, effective and compassionate and that the service was well led, however one respondent indicated that they felt ‘very unsatisfied’ in relation to all four domains. One other respondent indicated that they felt ‘undecided’ in relation to the service users getting the right care at the right time. No negative comments were received to support any level of dissatisfaction. Written comments received included:

- “Very satisfied with how the service is running.”
- “The service I work in offers very effective care and support that is person-centred and focuses on each individuals’ specific needs.”
- “I feel the level of care and support given to the service users is of a high standard. There is excellent team working in Rusheyhill.”

## 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
<b>Total number of areas for improvement</b>	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 manager in positive terms, noting that she 'addresses any problem brought to her'.

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.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Advice was given in relation to improving input from tenants' representatives and HSC representatives in the monthly quality monitoring processes.

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. Staff had been provided with training on equality and diversity. No complaints had been raised in relation to inequality since the last inspection.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Staff had access to the policies on an electronic tablet.

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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