

# Announced Care Inspection Report 24 October 2019



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 2A Rusheyhill Road, Lisburn, BT28 3TD**  
**Tel No: 02892 648231**  
**Inspectors: Joanne Faulkner**  
**Corrie Visser**

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Assurance, Challenge and Improvement in Health and Social Care

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

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.

The care provided is commissioned by the Belfast Health and Social Care Trust (HSCT) and the South Eastern HSCT.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association	<b>Registered Manager:</b> Miss Martina Donaghy
<b>Responsible Individual:</b> Mr Christopher Harold Alexander	
<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 announced inspection took place on 24 October 2019 from 10.00 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

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

There were a range of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, supervision and appraisal, training, adult safeguarding processes and risk management. There are effective governance systems in place. Care records were comprehensive, individualised and well maintained. There was evidence of effective systems for communication with service users and relevant stakeholders. The culture and ethos of the organisation promotes treating service users with dignity and respect with an emphasis on their safety, and in addition maximising their privacy, choice and independence. There was evidence that care was provided in an individualised manner.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user and stakeholder engagement.

No areas for improvement were identified during this inspection.

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

The inspectors would like to thank the manager, the service users and staff for their support and full co-operation throughout the inspection process.

#### 4.1 Inspection outcome

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

No areas for improvement were identified during this inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 17 December 2018

No further actions were required to be taken following the most recent inspection on 17 December 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- examination of records
- consultation with two service users and four staff members
- email correspondence with a HSCT representative
- evaluation and feedback

A range of documentation relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspectors, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; one response was received prior to the issuing of

this report. The respondent indicated that they were satisfied that care provided was safe, effective and compassionate and that the service was well led.

Questionnaires were provided for distribution to the service users and/or their representatives; two responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Feedback was received from one HSCT representative, "The manager at Rushey Hill keeps me up to date with my clients and we have a good working relationship. \*\*\*\*\* (manager) and I would have had regular contact. I know some of the other staff and they all appear professional in their approach to myself and the tenants".

During the inspection the inspectors spoke with the manager, two service users and four staff members. Feedback received by the inspectors during the course of the inspection is reflected throughout this report.

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

The inspectors would like to thank the registered manager, service users and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 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 systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The organisation's recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that staff recruitment is co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department. The manager stated that they are informed when staff are ready to commence employment/induction.

Discussions with the manager indicated that they had a clear understanding of the recruitment process; they provided assurances that staff are not supplied until pre-employment checks have been satisfactorily completed and verified.

The induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted from discussions with the manager, staff and records viewed that new staff are required to complete corporate induction, training in a range of areas and in addition shadow other staff employed by the agency for a minimum of two weeks as part of their initial induction programme. In addition staff are required to complete competency assessments in areas such as medication and finance during their probationary period.

From records viewed it was noted that the induction programme provided is linked to the Northern Ireland Social Care Council's (NISCC) Standards. Staff who spoke to the inspectors indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users.

New staff are required to complete a six month probationary period; review meetings are held at one, three and six months to review staff performance. Staff confirmed that they were introduced to the service users prior to providing care and support and shadow staff currently employed by the agency.

Discussions with the manager and staff, and rota information viewed provided assurances that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussions with a number of service users during the inspection identified that they had no concerns with regards to the care and support they receive.

Staff rota information viewed indicated that the care and support is provided to service users by a core staff team; it was felt that this supports the agency in ensuring continuity of care. Staff who spoke to the inspectors described how this can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the manager. It was noted that staff provided are required to complete an induction prior to providing care; this is to ensure that continuity of care is achieved and to ensure the safety, dignity and respect of service users is maintained.

Staff are required to participate in quarterly supervision/appraisal meetings and a record of areas discussed is retained. Part of this process requires staff to complete medication and financial management competency assessments annually. A matrix is retained detailing when staff have received supervision/appraisal; it was noted from records viewed that staff had received supervision and appraisal in accordance with the agency's policy.

The agency has a system in place for monitoring staff registration with the relevant regulatory body; details of the registration status and expiry dates of staff required to be registered is retained. The manager stated that staff would not be supplied for work if they were not appropriately registered. Records viewed during the inspection indicated that staff were registered appropriately. The manager stated that this information is monitored by them and the organisation's HR department.

All staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users they are providing care and support to. The manager and staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed as required.

The agency retains a comprehensive record of training completed by staff; records viewed indicated that staff had completed relevant training. It was noted that staff had completed training in a range of areas such as moving and handling, Respect training, MVA training, finance, medication, fire, health and safety, record keeping and adult safeguarding. It was positive to note that a range of key areas are covered within the initial induction programme provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights and whistleblowing.

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

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

From discussions with the manager it was identified that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. It was noted that one staff member was due to complete a training update in relation to adult safeguarding.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no referrals relating to adult safeguarding have been made since the previous inspection.

Discussions with staff provided evidence that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the agency's policy and procedure with regard to whistleblowing.

Service users who spoke with the inspectors stated that they had no concerns regarding their safety; they stated that they could speak to staff if they had any concerns in relation to their safety or the care and support being provided to them. The agency had provided service users with information in relation to personal safety and the details of the procedure for reporting any concerns.

A review of the accidents and incidents which had occurred within the agency since the previous inspection identified that they had been managed appropriately. It was noted that incident records are reviewed by the regional manager and in addition are reviewed as part of the agency's quality monitoring process.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. The agency has a process for assessing and reviewing risk. Records viewed and discussions with the manager confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and where appropriate their representatives. Care plans viewed indicated that the



human rights of service users had been considered. Care records contained details of any practices in place deemed to be restrictive.

Staff who spoke to the inspectors were very knowledgeable regarding the individual needs and preferences of service users'. They described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are respected. Staff described the need to balance risk with the choices and human rights of individual service users.

Observations of interactions between staff and service users and discussions with service users, indicated that the service users were supported to make their own choices and that staff took time to communicate with them in an appropriate manner. Discussions with staff indicated that they had a clear understanding of the need to respect and promote service users' human rights. Staff could describe how they familiarise themselves with the needs of individual service users and stated that they observe the service users to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure their safety, wellbeing and views.

The agency's office accommodation is located in the same building as the service user's apartments and accessed via a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

## Comments received during inspection process

### Service user comments

- "I am happy, I have no problems."
- "Staff support us to get out and about; we go shopping, play snooker and go to football training."
- "I like to watch movies and my programmes on TV."
- "I am happy with everything."
- "I can raise matters with \*\*\*\*\* (manager) or my family and let them worry about it."
- "I can speak to the Top Boss if I want."
- "I feel safe here, I have choice."
- "Staff are good."
- "I have my own money and I can do what I want with it,"

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision/appraisal and adult safeguarding processes.

### 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



### 6.3 Is care effective?

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

The inspectors reviewed the agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Documentation viewed during the inspection was noted to be retained in a well organised and secure manner. It was noted that staff receive training relating to record keeping and confidentiality as part of their initial induction programme.

Care records viewed included relevant referral information received from a range of HSCT representatives and other key stakeholders. The records included risk assessments, care plans and details of the decision making process for any practices deemed to be restrictive. The manager discussed that due to the sensitive nature of some of the referral information it was not stored in the service user care record but retained securely. The manager stated that all staff were provided with all relevant information in relation to identified risks and care and support required. The review of two service user care records identified that they were comprehensive, individualised and contained a range of assessments including those for any practices deemed to be restrictive.

Care plans viewed were noted to be comprehensive, providing a detailed account of the specific care and support required by individual service users. It was noted that staff record daily the care and support provided to service users. The manager could describe the processes used for supporting service users to be effectively engaged in the care planning and review processes.

The agency retains a register of any practices deemed to be restrictive; it is reviewed quarterly by the manager and additionally with the relevant stakeholders. Restrictive practices in place are reviewed as part of the agency's quality monitoring process.

The agency contributes to service user reviews and supports service users to be involved in the process; reviews are in conjunction with HSCT representatives and other relevant stakeholders. The human rights of service users were clearly recorded in their individual care and support plans.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations made indicated that staff endeavour to communicate appropriately with service users. The communication needs of each service user is recorded in their assessments and care plan.

The manager and staff could describe the methods used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders as appropriate.

The agency facilitates staff meetings at least quarterly; staff are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern. It was noted that a range of matters are discussed including staffing arrangements, communication, training, incidents, risk assessments, medication and the care needs of service users.

Service user meetings are facilitated monthly; records viewed indicated that service users are involved in the meetings and their views and choices relating to a range of matters recorded.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records, systems for effectively communicating with service users and other key stakeholders.

### 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

#### 6.4 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 inspectors assessed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The manager stated that staff receive information relating to equality, human rights and confidentiality as part of their induction programme. Discussions with service users and staff, and observations made and documentation viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way staff provide the care and support to service users.

The agency has provided information to service users relating to human rights, complaints, advocacy and adult safeguarding.

Service users could describe how staff support them to make decisions about all aspects of their life; they stated that staff are approachable and friendly. Service users provided assurances that they have choice and are consulted about decisions relating to the care and support they receive. The inspectors observed service users being supported by staff to make decisions with regards to their daily routines.

Care records viewed were noted to be completed in a detailed and comprehensive manner and contained information relating to the specific needs of service users and their individual choices and preferences. Care plans made reference to service users' human rights.

Discussions with staff and service users, and observations made provided assurances that care and support is provided in an individualised manner.

### **Comments made by staff:**

- “I got a good induction, the training is never ending.”
- “Supervision is worthwhile.”
- “Happy with most things overall.”
- “We do everything well; the service users have so many opportunities.”
- “We could do with more male staff, think we are getting one soon.”
- “The care is very person centred.”

Staff were informed of the process for raising concerns with RQIA if required.

The inspectors discussed arrangements in place relating to the equity of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme.

Some of the areas of equality awareness identified during the inspection include:

- effective methods of communication
- effective service user engagement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

The organisation has developed a wide range of key information in an alternative format; this can be used if appropriate to support service users in having a clearer understanding of the information being provided.

It was identified that the agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

It was identified that there are arrangements in place to regularly review any restrictive practices that are in place. This process is completed in conjunction with service users and other relevant stakeholders.

Service users who spoke to the inspectors indicated that staff will engage with them in relation to the care and support to be provided. Records of care review meetings, daily recording notes and reports of quality monitoring visits indicated regular engagement with service users, relatives and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved. The agency’s quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with service users and staff, and observation of staff and service user interactions indicated that care was provided in a compassionate manner.

## Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the methods used by staff to effectively engage with service users and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for protecting and promoting the human rights of service users.

## 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 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 inspectors reviewed governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager supported by four team leaders and a number of support workers.

Staff could describe the process for obtaining support at any time. Staff who spoke to the inspectors indicated that they had good working relationships with the manager and senior staff.

The agency's policies and procedures are retained electronically; staff can access them as required.

The organisation's complaints policy outlines the process for managing complaints. Discussions with the manager and staff indicated that they had knowledge of the actions to be taken in the event of a complaint being received. It was identified that staff receive complaints awareness information during their induction programme. Service users could describe the process for raising a complaint or concern.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had not received any complaints since the previous inspection. There was evidence that complaints are audited monthly as part of the agency's quality monitoring process.

The organisation has developed systems for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, appropriate supervision of staff and provision of relevant staff training. In addition the agency monitors staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly basis. The organisation completed

annual performance audits of the agency; it was positive to note that the agency had achieved 100% for the year 2017/18 in relation to staff training and performance review.

The inspectors viewed evidence which indicated appropriate staff induction, training and supervision/appraisal. The manager and staff could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided to the service users.

The inspectors viewed evidence of ongoing collaborative working relationships with HSCT representatives and other key stakeholders in relation to individual service users.

The organisational and management structure of the agency is outlined within the Statement of Purpose; it clearly record lines of accountability. Staff are provided with a job description at the commencement of employment. The manager stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings. This was evident from documentation viewed.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. On the date of inspection the certificate of registration was on display and reflective of the service provided.

The organisation has a process for completing quality monitoring audits on a monthly basis and a report is developed. One of the inspectors viewed the quality monitoring reports; it was noted that the audits are completed by the regional manager. Reports viewed indicated that the process was effective in identifying areas for improvement; an action plan is developed. The reports included comments made by service users, and where appropriate their representatives. Comments included: "Positive experience working with the team at Rusheyhill."; "The communication is good."; "One of the best places ever."

The reports were noted to include details of the review of the previous action plan, review of service user care records, any restrictive practices currently in place, staffing arrangements, accidents/incidents, adult safeguarding referrals, and complaints.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and relevant stakeholders; and in addition the agency's governance arrangements including the quality monitoring process.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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