



The Regulation and
Quality Improvement
Authority

Triangle Housing Association
RQIA ID: 10814
Tower Court
9 Warden Street
Ballymena
BT43 7DT

Inspector: Rhonda Simms
Inspection ID: IN023213

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**Unannounced Care Inspection
of
Triangle Housing Association**

6 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 6 October 2015 from 10.00 to 16.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified as a result of this inspection and there is no Quality Improvement Plan. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 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 can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Christopher Alexander	Registered Manager: Jennifer Morren
Person in charge of the agency at the time of Inspection: Stacey Bates	Date Manager Registered: 02.10.2015
Number of service users in receipt of a service on the day of Inspection: 17	

Triangle Housing Association at Tower Court, Ballymena, is a domiciliary care agency supported living type service provided to 17 service users with a primary learning disability. Tenants either share accommodation or live in single occupancy accommodation. Under the direction of the registered manager Jennifer Morren, staff provide services on a 24 hour basis. Services include help with assistance with daily living/life skills, involvement in the local community, and maintaining a tenancy, with the overall goal of promoting independence and maximising quality of life.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incident records
- Correspondence

During the inspection the inspector met with Alison Simpson, registered manager of a Triangle Housing Association supported living service, five members of support staff, five service users, one relative, and spoke with one relative and one community professional. Feedback received by the inspector is included throughout this report.

The inspector left a number of staff questionnaires for completion; nine were returned. Eight questionnaires indicated that staff were either satisfied or very satisfied:

- That service users received care and support from staff who were familiar with their care needs
- That service users have their views and experiences taken into account in the way service is provided and delivered
- That service users' views are listened to
- That staff would be taken seriously if they were to raise a concern
- That the arrangements for service user involvement within the service are effective.

Three questionnaires indicated that staff were either unsatisfied or very unsatisfied that an appropriate number of suitably skilled and experienced persons were available at all times. Three questionnaires indicated that staff were unsatisfied that the agency's induction process prepared them for their role. Two questionnaires indicated that they were very unsatisfied that the agency's whistleblowing policy is accessible to all staff.

During the inspection no staff member highlighted areas of concern regarding staffing levels or the induction process to the inspector. The areas of staffing levels and induction were examined and discussed during the inspection to the satisfaction of the inspector; these areas are covered in Theme 1 of the inspection report. Following receipt of staff questionnaires, the inspector further discussed the issues raised with the registered manager. The inspector was satisfied with the response provided by the registered manager and the actions taken by the agency to address staff concerns.

The inspector left a number of questionnaires for service users to complete; eight were returned. Service users indicated that they were satisfied or very satisfied:

- With the care and support they received
- That staff know how to care for them
- That staff help them to feel safe and secure.

Six service users were either satisfied or very satisfied:

- That staffing levels are appropriate.
- That their views and opinions were sought about the quality of the service.

Feedback received from two service users was discussed with the team leader and a registered manager, to the satisfaction of the inspector.

The following records were examined during the inspection:

- 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
- Documents relating to staff training
- Records relating to staff supervision
- Recruitment policy
- Supervision policy
- Induction procedure and records
- Complaints records
- Staff register
- Staff rota information
- Service user meeting minutes
- Staff handover information
- Staff meeting minutes
- Survey records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 17 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No requirements or recommendations resulted from the primary unannounced inspection on 17 February 2015.

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. The agency has a process in place to ensure that domiciliary care workers supplied are physically and mentally fit for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme which comprises five days training and up to ten days on site learning, including shadowing experienced staff. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The inspector was advised that the agency aims to use its own staff to cover shifts as far as possible. In recent months the agency has used domiciliary care employment agency regularly due to a number of staff changes.

The inspector viewed records relating to the supply of domiciliary care employment agency staff and examined the induction programme specific to temporary staff. The agency has issued guidance for staff with regard to verification of the identity of all staff prior to their supply; staff who spoke with the inspector could explain how the procedure worked in practice.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency: four performance reviews each year, two of which are competency assessments. Staff who spoke to the inspector confirmed that they had received supervision in line with policy and procedure. The inspector examined a range of supervision and appraisal records which demonstrated provision in accordance with the agency's policy and procedure.

Overall on the day of inspection care was found to be safe.

Is Care Effective?

Discussions with staff and examination of rotas demonstrated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Staff described how to access a manager at any time by using the manager on call rota which was clearly displayed in the agency office.

Some service users provided positive feedback regarding the availability of staff, whilst other service users indicated that staff were not always available to them. Following discussion with the registered manager, the inspector was satisfied that staffing levels are sufficient to meet the assessed needs of service users. During the unannounced inspection, the inspector was seated adjacent to a communal area and observed that staff were available to meet the needs of service users.

Staff who took part in the inspection clearly described their roles and responsibilities. It was noted that a range of effective verbal and written methods are used to facilitate staff communication within the agency.

Records indicated that an effective induction is provided prior to staff giving care and support to service users. The inspector was advised by staff that the induction period allows time to get to know service users and a gradual increase in responsibility following assessment. In the course of the inspection day it was noted that two new staff were in the process of induction, which involved shadowing and learning from experienced staff. The agency operates a process of evaluating the effectiveness of staff induction through monthly supervision during the probationary period, observation, and staff evaluation.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. Staff described how additional training has been provided in relation to the needs of service users, in conjunction with appropriate specialist professionals.

Supervision is provided by the registered manager who is appropriately skilled to carry out the role. Staff described receiving supervision and appraisal in line with the agency's policy, and having access to a manager on shift, and an on call manager out of hours.

Staff described how to raise concerns about poor practice through management and knew how to access the whistleblowing policy.

Overall on the day of inspection care was found to be effective.

Is Care Compassionate?

The agency uses a range of methods to record comments made by service users/representatives in relation to staffing arrangements, including monthly monitoring reports and tenants' meetings. The inspector noted that staffing arrangements are a standing item on the agenda of every tenant meeting.

Whilst the agency is undergoing a period of staff changes, it was noted that continuity of care is maximised by using agency staff from other supported living services, or the same group of domiciliary care employment agency staff as far as possible.

Induction records showed that the agency provides an induction specific to the needs of service users. Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. During the inspection new staff were observed being introduced to service users. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Staff commented on how the agency has enabled them to build on their knowledge and skills by providing training specific to the needs of service users.

The agency has a process in place to address the unsatisfactory performance of a domiciliary care worker.

Overall on the day of inspection care was found to be compassionate.

Areas for Improvement

There were no areas of improvement identified in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment. Staff described care and support plans as dynamic documents which continue to change and develop in response to the needs and wishes of service users.

The inspector received feedback from staff regarding a range of examples of positive risk taking in response to the views of service users, in conjunction with assessment by the HSC Trust where appropriate. Staff understood mechanisms in place to balance the safety of service users with their desired wish for independence. The inspector noted that the agency provides structured training in advocacy, human rights, and safeguarding to service users, in addition to including these issues in tenants' meetings and staff meetings. A service user discussed how advocacy training has enabled them to take part in peer review and consultation regarding Triangle Housing Association service delivery.

Overall on the day of inspection care was found to be safe.

Is Care Effective?

The inspector examined records which showed evidence of regular evaluation and review of care. The agency completes 'Preparation for Review' records with service users to help them consider who they wish to attend the review and what they would like to talk about. The views of service users and/or their representatives were recorded throughout the review process.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout, and showed evidence of updating. Staff described a process of reviewing care and support plans along with service users; this was supported by documentation viewed by the inspector. It was noted that a service user's written care plan had not been updated in relation to significant changes. Staff were aware of the changes to the service user's plan and were implementing them accordingly. The service user had been involved in the practical changes to their plan and discussed them with the inspector. Subsequent to the inspection the registered manager forwarded an appropriately updated care plan to RQIA.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through surveys, monthly monitoring, the complaints process and tenants' meetings. Feedback from staff and service users provided examples of service delivery responsive to the views of service users.

The inspection took place in the registered office, which is situated directly off a communal lounge area. During the day, the inspector observed a number of interactions which showed how staff respond appropriately to the wishes and needs of service users.

Relatives provided feedback that the agency responds to their views appropriately. A relative discussed concerns regarding an environmental issue which impinges on the privacy and dignity of some service users. Records and discussion with the registered manager showed how this issue has been addressed appropriately with regard to the impact on service users.

Service users have been provided with information relating to human rights and advocacy in a suitable format. Some service users have received human rights and advocacy training from the agency, alongside service users across the wider agency.

Some service users are involved in the Tenants' Advisory Group, and can represent the views of all tenants at these meetings. The inspector noted that the views and opinions of the Tenants' Advisory Group are used to inform a range of issues across Triangle Housing Association. A service user was able to talk to the inspector about their role in the Tenants' Advisory Group and their experience as a peer reviewer of agency services.

Overall on the day of inspection care was found to be effective.

Is Care Compassionate?

Feedback from service users indicated that they receive care in an individualised manner; this was supported by feedback from staff. The inspector visited two service users in their own homes; each person's home was individually decorated to reflect their personal preference and interests. Service users discussed their individual interests and how they choose to spend their time. It was evident from speaking to staff that the agency aims to ascertain and facilitate the interests and choices of all service users.

Triangle Housing Association involves service users in tenants' meetings and with consultation and advocacy groups across the wider organisation. The inspector noted that staff issues, safeguarding, and human rights are included in each tenants' meeting and reflected in the minutes.

Services users who spoke with the inspector were able to express their views and choices. Records relating to reviews of care and support plans and tenants' meeting demonstrated that service users have their views considered in relation to service delivery.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. This is particularly evident through the promotion of independence of service users. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

The agency's ethos of involving service users across the organisation in the Tenants' Advisory Group and peer review of services through the 'Choice Checkers' programme, particularly demonstrate the values underpinning the Minimum Standards.

Overall on the day of inspection care was found to be compassionate.

Areas for Improvement

There were no areas of improvement identified in relation to Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports include progress on improvement issues identified by monitoring, RQIA Quality Improvement Plans, and provide assurance of a robust system of quality monitoring.


5.5.2 Complaints

The inspector examined records of four complaints received from 1 January 2014 - 31 March 2015 which had been appropriately addressed. One complaint is in the process of resolution.

5.5.3 Safeguarding Referrals

The inspector discussed and examined records of one safeguarding referral subject to ongoing consideration with the HSC Trust. Staff who took part in the inspection had a clear understanding of their roles in the ongoing protection plan.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	J. McMan Jennifer McMan	Date Completed	30/11/15
Registered Person	CHRISTOPHER H. ALEXANDER Chris Alexander	Date Approved	30/11/15
RQIA Inspector Assessing Response		Date Approved	16/12/15

Please provide any additional comments or observations you may wish to make below:

"Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address"

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.