

# Unannounced Care Inspection Report 23 November 2017



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**

**Address: Tower House, 9 Warden Street, Ballymena, BT43 7DT**

**Tel No: 02825659074**

**Inspector: Kieran Murray**

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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 24 hour personal care (and housing support) to 13 people who have a learning disability and complex needs.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Person</b> Mr Christopher Harold Alexander	<b>Registered Manager:</b> Ms Liza Morgan
<b>Person in charge at the time of inspection:</b> Ms Liza Morgan	<b>Date manager registered:</b> Liza Morgan – 15 December 2015

### 4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 09.20 to 17.00.

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

#### Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development
- supervision and appraisals

No areas requiring improvement were identified.

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.

### 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 Ms Liza Morgan, Registered Manager and a newly appointed manager (currently on induction), 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 2 August 2016

No further actions were required to be taken following the most recent inspection on 2 August 2016.

## 5.0 How we inspect

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

- previous inspection report
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with five service users, four staff, and a telephone call to one service users' representative and to one HSC Trust professional.

The following records were examined during the inspection:

- a range of 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
- staff meeting minutes
- staff training records
- records relating to staff supervision
- complaints records
- incident records
- records relating to safeguarding of adults
- induction records
- staff rota information
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding vulnerable adults policy
- restrictive practice policy
- risk management policy
- incident policy
- whistleblowing policy
- policy relating to management of data
- complaints policy
- statement of purpose
- service user guide

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by service users. A poster outlining how staff could complete their questionnaire via the survey monkey was given to the registered manager to display in the agency.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 2 August 2016**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 2 August 2016**

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 inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. The inspector was satisfied that the agency's arrangements for obtaining all pre-employment information were satisfactory.

The agency has a structured induction programme lasting up to two weeks shadowing experienced staff, plus an additional five days training before the end of the six month probationary period. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. However, on the day of the inspection it was noted by the inspector that not all inductions records had been retained by the agency. After consultation with the registered manager these records were returned to the agency before the end of the inspection.

Staff are provided with a handbook, and have access to policies, procedures and guidance which are available on the desktop computer and on a team tablet. The inspector spoke to staff whose feedback supported the above information. Staff provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by staff, and the registered manager.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The registered manager advised the inspector that vacant shifts are covered by a small pool of staff from an employment agency which is a domiciliary care agency to meet the needs of service users.

The registered manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic identification and evidence of their NISCC registration and the induction programme provided to them.

**Service user comments:**

- 'I am happy living here'.

**Staff comments:**

- 'The rota is as fair as it can be'.
- 'Staff are good if you need time off'.
- 'Training with Triangle is superior to other agencies'.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances. Staff who spoke to the inspector provided feedback that they had received supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed supervision and appraisal was made available to the inspector.

The registered manager informed the inspector that staff complete a Record of Discussion prior to their performance review.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. RESPECT, Dementia Care, End of Life Care and Stoma Care. The inspector reviewed the staff training matrix which indicated compliance with regulations and standards.

On the day of the inspection a member of staff informed the inspector that they had attended a two day course initiated by the trust called 'Cook It'. The team member described how the training was discussed with service users and how they would like it tailored to meet their needs at the agency.

**Relative's comments:**

- 'If I saw anything that wasn't right, I would say to staff'.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from staff, and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance.

The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion. On the day of inspection staff were able to name the agency's safeguarding champion. A safeguarding alert flow chart was available in the agency office for staff.

The agency had completed a number of safeguarding referrals since the last inspection of 2 August 2016. Records reviewed by the inspector indicated that the referrals were made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users. The registered manager provided feedback that staff are able to access advice and guidance from a manager at all times.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and they were confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. Documentary evidence and discussion with the registered manager indicated that referral information and risk assessments are completed by the HSC Trust. Care plans and 'Be Safe' plans reviewed by an inspector reflected risk assessments supplied by the HSC Trust.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was noted that a number of restrictive practices were in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were reviewed regularly and evaluated.

The inspector found that care and support plans are formally reviewed by agency staff with service users on a six monthly basis or sooner if required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. It was noted that a number of incidents had taken place since the last inspection of 2 August 2016. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had not received any complaints since the last inspection of 2 August 2016.

No questionnaires were returned by service users or staff.

### **Areas of good practice**

There were examples of good practice throughout the inspection in relation to staff recruitment, professional registration records for staff, training, supervision and appraisal, adult safeguarding, restrictive practices

No areas for improvement were identified 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 agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2014) and Service User Guide (2015).

The inspector reviewed three service users' care and support plans. The inspector was informed by the registered manager and staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately.

A record of yearly reviews with the HSC Trust was available for the inspector to examine.

Feedback received by the inspector from staff and service users indicated that service users have a genuine influence on the content of their care plans. The inspector had an opportunity to speak to one family member who confirmed their involvement in care and support plans.

The inspector was informed that care and support plans are reviewed on a six monthly basis or sooner if required. The inspector was informed that service users are involved prior to these reviews and saw 'Preparation for review' forms which recorded the views of service users. The registered manager advised the inspector that monthly reviews were carried out by each key worker in conjunction with individual service users.

#### Service users' comments:

- 'I know all the staff'.
- (Agency) 'Staff are nice'.

#### Relative's comments:

- 'If anything happens to my XXXX, staff would tell me'.

#### Staff comments:

- 'Close working team'.
- (Agency) 'Staff are advocates for our service users'.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users,



staff, relatives as appropriate and HSC Trust professionals, and progress on improvement matters.

**The inspector noted feedback from a HSC Trust professional on the monthly monitoring form:**

‘Staff keen to ask questions to ensure they fully understand Occupational Therapist (OT) assessments and recommendations’.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. The registered manager and staff described effective verbal and written communication systems within the staff team and with the registered manager, including the use of a diary, and daily written and verbal handovers.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified that staff could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. The inspector noted items on agenda such as Human Rights, RQIA visits, staffing levels including an event to mark the recruitment of a new manager in the agency and suggestions for social events.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and refers to or consults with a range of appropriate professionals when relevant.

**Community key worker comments:**

- ‘Generally I meet once a month to discuss service users’.

The inspector noted and examined the following surveys/audits carried out by Triangle Housing Association, Triangle Safeguarding Report 2016/2017, Audit of Incidents 2016/2017, Health and Safety Survey March 2017, Tower House Fire Risk Assessment 2017, Scorecards for staff, Contract Returns to the Trust on a monthly basis, all with very positive results. The Annual Plan 2017/2018 was available in the office.

The registered manager informed the inspector that an audit of Safeguarding referrals 2015/2016 had been completed for Tower House since the last inspection of 2 August 2016 with positive results.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Advocacy services were recorded in the Statement of Purpose and on the wall of the agency office for service users to contact if necessary.

The registered manager informed the inspector that both a tablet and desktop were available for staff to use to access policies and on-line training.

No questionnaires were returned by service users or staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

No areas for improvement were identified 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 service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observation of their interactions with service users during the inspection showed that they understood and respected the differing needs and wishes of service users. The inspector observed that the language and behaviour of staff sensitively promoted the independence and choice of service users throughout their interactions with service users.

The inspector was invited to visit service users in the communal areas of their homes and bedrooms. The inspector particularly noted displays of photographs which reflected service users enjoying social activities.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

It was evident that staff, HSC Trust professionals and the agency promote the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. A service user informed the inspector that they were going to a musical event at the weekend supported by staff.

During the inspection service users shared photographs with the inspector of them enjoying social events and recent holidays. Another service user informed the inspector that they skype their mother each night, again supported to do so by staff.

The inspector noted that service users' care plans were very person centred specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs.

The inspector noted that service users are encouraged to develop their independence inside and outside of their own homes. On the day of the inspection a number of service users had attended a community resource centre.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safe guards. It was noted that the agency has a process of supporting service users to make choices about dietary intake i.e. weekly dietary planning and they were supported with individual choice.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. The inspector was informed by the registered manager that service users are also invited to contribute to the Triangle Housing Association Tenants' Advisory Group, and to attend the Tenants' Conference, which is service user led.

On the day of the inspection service users informed the inspector that they had decorated the agency Christmas tree with support of staff.

The registered manager advised the inspector that there were planning to handout 40 gifts between service users, representatives and staff for 40 smiles as part of their contribution to mark Triangle's 40th birthday celebrations.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives.

The registered manager advised the inspector that staff from Mid and East Antrim district council were facilitating Zumba sessions at the agency for both service users and staff.

#### **Relative's comments:**

- 'It's like walking into my family'.
- 'XXXX tells me all the time she is happy, mummy I am happy here'.

#### **Staff comments:**

- 'Very happy in my job'.

**Community key workers comments:**

- 'The agency is taking the needs of the person seriously and helping XXXX manage her
- issues in a patient and compassionate way'.

No questionnaires were returned by service users or staff.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users and their representatives.

No areas for improvement were identified 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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the service manager. The management structure of the agency is clearly defined and was understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection, 2 August 2016. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its procedure and policy.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues. A number of safeguarding referrals were made since the last inspection, 2 August 2016 which were dealt with in accordance with its procedure and policy.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on electronic systems accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted no complaints had been received since the last inspection, 2 August 2016.

There are effective systems of formal supervision and appraisal (performance review) within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the day of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

The agency had completed their annual plan 2017/2018 and was available for examination by the inspector.

#### **Relative's comments:**

- 'If I had concerns I would speak to XXXX or XXXX'.

#### **Staff comments:**

- 'Management is very approachable'.

#### **Community key worker's comments:**

- (Agency) 'Good joined up working'.

No questionnaires were returned by service users or staff.

#### **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.

No areas for improvement were identified 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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