

# **Announced Inspection Report 2 August 2016**



## **Triangle Housing Association**

**Domiciliary Care Agency/Supported Living  
Tower House, 9 Warden Street, Ballymena, BT43 7DT  
Tel No: 02825659074  
Inspector: Lorraine O'Donnell**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Triangle Housing Association – Tower House took place on 2 August 2016 from 09:00 to 14:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

During the inspection the agency was found to be competently delivering safe care. The agency ensures there are appropriately trained and supervised staff who understand the needs of service users.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The inspector found significant evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

### **Is care effective?**

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users' representatives are closely involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users' representatives, and provide a thorough system of audit and service improvement.

### **Is care compassionate?**

During the inspection the agency was found to be competently delivering compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making.

### **Is the service well led?**

During the inspection the agency was found to be competently delivering a well led service. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. The registered person has operated the service in accordance with the regulatory framework and worked effectively with RQIA.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Allison Simpson, the regional 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Triangle Housing Association / Christopher Alexander	<b>Registered manager:</b> Liza Morgan
<b>Person in charge of the service at the time of inspection:</b> Senior Support Worker.	<b>Date manager registered:</b> Liza Morgan – 15 December 2015

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016.

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

- Discussion with the regional manager
- Consultation with four members of staff
- Discussion with three service users
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector met with the regional manager, four support workers, three service users and one relative.

The service users' views are contained within the body of this report.

On the day of inspection the inspector met with four care staff to discuss their views regarding care provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The regional manager was provided with ten questionnaires to distribute to randomly selected staff members for their completion. Nine completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report. The regional manager was also provided with ten questionnaires to distribute to service users for their completion. Seven service users returned completed questionnaires and information from these questionnaires has been included in this report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Schedule of staff supervision and appraisal dates
- Three induction records
- Complaint log
- Staff training schedule
- Staff duty rotas
- Monthly monitoring reports for April to June 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to; risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose.

#### **4.0 The inspection**

Triangle Housing Association, Tower House, is a supported living type domiciliary care agency which provides care and support for 12 individuals.

Discussions with the staff and service users, provided evidence of positive outcomes for service users; details of which have been included within this report.

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

#### **4.1 Review of requirements and recommendations from the last care inspection dated 8 December 2015.**

There were no requirements or recommendations made as a result of the last care inspection.

#### **4.2 Is care safe?**

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. However, one member of staff stated improvements to the premises were needed, such as adjustments to bathrooms and doorways.

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The agency has a structured comprehensive staff induction programme which includes a two week period when newly appointed staff are supernumerary and completion of a 6 month probationary period. The inspector viewed induction records for two staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults, which is in line with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership', July 2015. Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The regional manager discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practise and their understanding of the agency's policy and procedure on whistleblowing. Records of training and staff feedback indicated that staff attended a range of training necessary to meet the needs of service users.

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.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned

and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users and/or representative's views had been obtained and incorporated. Records of risk assessments are completed with each service user, regularly evaluated and reviewed.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The service users interviewed by the inspector stated that they felt safe and secure in their homes. The inspector found the care provided was of a high standard, responses to questionnaires received from both service users and staff would indicate a high level of satisfaction. One service user's questionnaire response would suggest they were not fully satisfied with the care provided, however records indicate the service user may not have fully understood the question.

#### **Service user comment**

- "Feel safe and secure at all times".

#### **Staff Comment**

- "I think good safe care is provided".

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### **4.3 Is care effective?**

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users. Service user records evidenced that the agency had carried out care reviews with service users in line with the agency procedure.

The regional manager confirmed annual questionnaires were issued to staff and service users to obtain feedback on services provided. The agency has also held a family event in May to engage with service users' representatives.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions they had with the inspector.

Monthly quality monitoring is undertaken and these quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

Complaints, quality monitoring reports, care records, and the service user evaluation survey provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. Discussions with the service users indicated that they have open lines with communication with staff. The service users provided feedback that they know who to go in the agency to discuss an issue or complaint.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. The service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings.

The service users informed the inspector that they felt that the staff are appropriately trained and knowledgeable regarding their care and support needs.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is the service well led?

Staff described the manager as approachable. It was noted that managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that the manager responds 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 and are accessible to all staff. The agency maintains and implements policy relating to complaints and compliments.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. Feedback provided to the inspector indicated



that there are effective collaborative working relationships with key stakeholders which are valued by staff. The Annual report contained comments received from HSCT professionals involved with the agency, one of which was;

“staff are very positive towards my client “

The regional manager informed the inspector they have also introduced a programme called “Choice Checkers” which aims at improving quality through service users’ peer review.

However, information contained within two staff questionnaires returned to RQIA indicated these staff had concerns relating to current staffing arrangements.

### Staff comments

“too much change”

“major issues with staff leaving this project”

“not enough staff to complete daily routines without rushing”.

These issues were discussed with the regional manager; the inspector was informed they had made offers of employment to four people following recent interviews. The four staff who participated in the inspection informed the inspector there was adequate numbers of staff available and that the manager employed agency staff to address any staff shortages.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.





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