

# **Announced Care Inspection Report 20 April 2021**



## **Triangle Housing Association**

**Type of Service: Domiciliary Care Agency**

**Address: Tower House, 9 Warden Street, Ballymena, BT437DT**

**Tel No: 028 2565 9074**

**Inspector: Joanne Faulkner**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Tower House is a domiciliary care agency, supported living type which provides 24 hour personal care and housing support to service users who have a learning disability and complex needs. The service user's care is commissioned by the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Registered Manager:</b> Alison Simpson- Acting manager
<b>Person in charge at the time of inspection:</b> Acting Manager	<b>Date manager registered:</b> Acting

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 26 October 2018. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

Since the date of the last care inspection RQIA was not informed of any notifiable incidents. Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 20 April 2021 from 10.00 to 12.00 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by us in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. We contacted stakeholders to obtain their views on the quality of service provided.

We reviewed the dates that criminal record checks (AccessNI) for staff recently employed by the agency had been completed to ensure that they were in place before staff were supplied to service users. We reviewed and confirmed that staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations.

Staff adherence to the Covid-19 Guidance was also reviewed and supported through discussions with a number of staff and service users. In addition, we reviewed Covid-19 related information, disseminated to staff by the agency.

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

Evidence of good practice was found in relation to recruitment practices. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were satisfied with the care and support provided.

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

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 and the Domiciliary Care Agencies Minimum Standards, 2011.

#### 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 Alison Simpson, acting manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 26 October 2018

No further actions were required to be taken following the most recent inspection on 26 October 2018.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, staff and Health and Social Care Trust (HSCT) representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI checks completed for staff employed;
- Staff NISCC registration information.

We also reviewed agency's IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed with the manager any complaints received by the agency and incidents that occurred. In addition we reviewed the quality monitoring processes to ensure that these

areas were routinely monitored as part of the monthly checks completed in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff with regards to providing feedback to the RQIA.

## 6.0 What people told us about this agency

The feedback received indicated that people were generally satisfied with the current care and support. During the inspection we spoke with the manager and a number of staff and service users with the use of video technology.

We also spoke with a number of service users who indicated that they were satisfied with the care and support provided by the agency. In addition, feedback was requested from relatives and HSCT representatives. Comments are detailed below:

### Staff

- “I feel supported by the team leaders and the manager. Can approach the manager at any time.”
- “The service users are struggling without routine, we support them with activities.”
- “Nothing I am not happy about.”
- “We are all trying our best, making sure the service users are happy.”
- “All the staff here are very, very good.”
- “We are coming down with PPE.”
- “Service users are adapting well, they can get confused with it (Covid-19) at times.”
- “We have enough staff.”
- “I love my job. Think we have done a great job getting the service users through the pandemic.”

### Service users

- “This is the best; they look after me and are good to me.”
- “Staff are lovely; I tell the manager if I am not happy.”
- “Staff are very good, they treat us nice.”
- “I am very happy, I have no worries.”

### HSCT professionals

- “I am named worker to a few service users. We have recently had reviews in relation to their care and all was positive. Communications are good and I have no issues.”

### Relatives

- “I have no complaints, my son has settled very well. The staff are very accommodating and keep me informed. \*\*\*\*\* (service user) is very happy; it has been great for him.”

In addition a small number of relatives responded to the electronic survey. The feedback received indicated that people were generally satisfied.

- “My sister who is a resident at \*\*\*\*\* (service), always seems happy and content when I visit or phone. This past year has been very difficult with lockdown restrictions and staff ensured that my sister was able to keep in touch with me via phone. One staff member helped my sister to write and send to me a photo of her having a manicure. This small act meant so much to me as the small detail assured me that despite the challenges of Covid my sister continued to have ‘treats’. I would like to highlight how staff helped my sister through the bereavement of friends. I longed to be the one who comforted my sister but what I saw and heard again assured me of the sensitive personal care my sister received at a time of grief.”
- “Grateful for such honest reliable care given to my family member in a safe house/home.”
- “There has been no visiting, no activities for the residents. It is a concern that due to the isolation over the past year our relative will not be confident in external environments. Residents unable to go to normal external day centres and to their family home, so it has been very isolating both for residents and family.”

A comment made by one relative with regards staffing continuity during the pandemic was discussed with the manager prior to issuing the report. Assurances were provided that continuity of staff has been maintained during the pandemic; the manager stated that skilled mix and required staffing levels have been maintained at all times.

We would like to thank the manager, staff, service users, relatives and HSCT professionals for their support and co-operation.

## 7.0 The inspection

### 7.1 Inspection findings

#### Recruitment

Staff recruitment is completed in conjunction with the organisations Human Resources (HR) department. The review of the agency’s staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this information was reviewed. We noted that the two staff members have their registration pending following recent application. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

#### Covid-19

Discussion with the manager and staff identified that they had a clear understanding of the procedure to follow in the event of service users or staff displaying symptoms or being diagnosed with Covid-19. It was identified that staff had received training in IPC in line with their roles and responsibilities.

It was noted that staff had completed training in relation to Covid-19 and on the donning (putting on) and doffing (taking off) of PPE. Staff described how they wore PPE for activities that brought them within two metres of service users.

Staff reported that there was a good supply of PPE.



There was a system in place to ensure that IPC procedures were being adhered to. This included senior staff undertaking spot checks of care staff in relation to their adherence to the guidance and handwashing audits.

The manager and staff described the availability of handwashing facilities and hand sanitisers which are accessible throughout the areas staff use. They stated that information detailing the procedure for effective hand-washing was displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Staff described how they supported service users to adhere to Covid-19 guidance with particular regards to handwashing, social distancing and the wearing of facemasks. There was also a system in place to ensure that staff and service users had twice daily temperature checks completed. Enhanced daily cleaning schedules were in place to minimise the risk of cross contamination. This included the frequently touched points throughout the agency.

Covid-19 information was available for staff and includes current guidance documents from the Public Health Agency (PHA) and the DOH.

Discussions with the manager and staff evidenced that:

- clear systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff;
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices;
- staff are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service;
- service users had been provided with information with regards to Covid-19 and IPC.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a safe, effective and compassionate manner. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

## **Governance and Management Arrangements**

There is a process for recording complaints in accordance with the agency's policy and procedures. On the day of the inspection we noted that complaints received had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

We discussed the monitoring arrangements in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. We reviewed the agency's monthly monitoring reports completed in January, February and March 2021. We identified that the process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the organisation.

Discussion with the manager indicated that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns. The manager confirmed that a small number of adult safeguarding referrals had been made since the last inspection. Discussions with the manager indicated that the appropriate actions had been taken by the agency.

Staff who spoke to us demonstrated that they had a clear understanding of the actions to be taken with regards to reporting matters relating to allegations of abuse.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

### Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices specifically relating to Access NI checks. Good practice was found in relation to IPC practices; there was evidence that staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 8.0 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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