

Unannounced Care Inspection Report 26 October 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency

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

Tel No: 02825659074

Inspector: Aveen Donnelly

www.rqia.org.uk

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

Tower House 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. The service user's care is commissioned by the Northern Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Not applicable
Person in charge at the time of inspection: Manager	Date manager registered: Clare Hall – application not yet submitted

4.0 Inspection summary

An unannounced inspection took place on 26 October 2018 from 09.45 to 15.00 hours.

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

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

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the tenants with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas requiring improvement were identified during the inspection.

Tenants met with during the inspection indicated that they were happy living in Tower House.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the 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 23 November 2017

No further actions were required to be taken following the most recent inspection on 23 November 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Five responses were received and the details included within the report.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the tenants and/or their representatives; six were returned and are included within the report.

The inspector spoke with the manager, six relatives, three staff members, four tenants and one HSC Trust representative. Comments received are included within the body of the report.

The following records were examined during the inspection:

- | | |
|--|--|
| • recruitment checklists for two staff members | • tenants' meeting' minutes |
| • staff training records | • records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) |
| • two staff induction records | • monthly quality monitoring reports |
| • performance review matrix | • the Statement of Purpose |
| • two tenants' care records | • the Service User Guide. |
| • staff' meeting' minutes | |

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017

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 agency's registered premises are located at Tower House, 9 Warden Street, Ballymena and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of three team leaders and 14 domiciliary care staff. The manager advised that there were two care staff vacancies. The vacancies were covered by relief staff and a small number of agency staff, provided from another domiciliary care agency. All those consulted with stated that the required staffing levels were consistently adhered to.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of one recruitment checklist identified that the required checks had been undertaken in keeping with regulation. Discussion with the manager and a review of records confirmed that the agency had in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

A review of records confirmed that there was a system in place to monitor the registration status of staff in accordance with NISCC.

The inspector reviewed two staff induction record, which confirmed that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment. The review of the records confirmed that new staff completed a local and corporate induction and were supported to complete the NISCC Induction standards. Induction was also provided to staff provided from another domiciliary care agency.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the training matrix confirmed that the staff received performance reviews twice a year and completed competency and capability assessments in relation to medicines management and managing tenants' finances. These areas were monitored by the management team as part of their quality monitoring processes.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of the staff profiles received for agency staff provided from other domiciliary care agencies identified that these were not up to date records; this meant that the manager could not have been assured in relation to their compliance with mandatory training requirements. When raised with the manager, immediate action was taken and satisfactory profiles were obtained from the other domiciliary care agency before the end of the inspection.

The staff member spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. A flowchart was displayed in the manager's office, to assist staff in understanding the referral process.

Tenants had been provided with information, in easy-read format, in relation to the different types of abuse. There had been no incidents referred to adult safeguarding since the date of the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The Annual Safeguarding Position Report had been completed. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately; however, the review of the records did not evidence that the HSC representatives had been consistently informed of incidents. Following the inspection, the manager confirmed to RQIA by email on 29 October 2018 that an incident involving an identified tenant, had been reported to the relevant Trust representative. The review of the incident reporting policy identified that it had not been updated in relation to locally agreed reporting protocols with the HSC Trust. An updated policy in relation to incident and accident reporting was submitted to RQIA, by email on 1 November 2018.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the tenants health, welfare and safety. There was some evidence of positive risk taking in collaboration with the tenants and/or their representative, the agency and the HSC Trust. This was evident in the restrictive practice register, which identified regular review and the use of the least restrictive practices possible.

A review of the records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with the tenants.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain 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 full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

The inspector examined two tenants' care record and found this to be very detailed, personalised and reflective of the individual's preferences. The care record reviewed demonstrated that the staff had a very good understanding of the tenants' needs and preferences. Care plans were enhanced with symbols which were used to assist the tenants' understanding of the content. This is good practice.

The review of two tenants' records identified that monthly discussions with care staff had not been consistently undertaken in keeping with the agency's policies and procedures. This was discussed with the manager and advice was given in relation to implementing a more robust system of auditing the records.

A range of person centred tools had been developed by the organisation to effectively support the tenants. It was noted that a number of tools had been developed, in pictorial and easy-read format, to assist a tenants to adjust to the supported living model. This is good practice.

Care reviews with the HSC Trust representatives were noted to be held annually or as required; and minutes were available.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the tenants. Quality monitoring reports indicated consultation with a range of tenants, relatives, staff and where provided, HSC Trust representatives. Advice was given to the manager in relation to improving input from relevant stakeholders.

There was evidence within the care record reviewed of effective communication with the tenants, their representatives and with relevant HSC Trust representatives, as required.

Staff meeting' minutes reflected that there was effective communication between staff.

Tenants' meeting minutes reflected that they were involved in decision making.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the tenants.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the tenants with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support.

Comments made by tenants' representatives indicated that the tenants were treated in a respectful manner and that the agency successfully encouraged and promoted independence. There was also evidence within the care record reviewed, of good communication between agency staff and the tenants' representatives.

Participation in activities in the local and wider community were encouraged, with appropriate staff support.

The agency's Service User Guide included details of information relating to advocacy services which the tenants can access if required. The manager also advised that two tenants had been supported to attend advocacy training at the local technical college.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the tenants, relatives and staff.

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. This included an annual survey and consultation as part of the monthly quality monitoring visits. The manager advised that the annual staff' and tenants' satisfaction' survey had been completed; however the outcome of these had not been received. The manager agreed to follow up on this.

During the inspection the inspector spoke with four tenants who indicated that they were happy living in Tower House. The inspector also spoke to the manager, six relatives, three staff members and one HSC Trust representative. Some comments received are detailed below:

Staff

- "It is very good."
- "I have no problems, the tenants are very content and comfortable."
- "We tend to all their needs and wants."

Tenants' representatives

- "I am over the moon, the staff are like sisters to me, finding this place is the best thing I have ever done."
- "I have no concerns, it is a great place, they are terrific."
- "The care is second to none."
- "My (relative) has been transformed since she came here, we are very happy and the care has been fantastic."
- All the staff are very good to them, one in particular is like a mother to (my relative)."

Two tenants' representatives spoke at length with the inspector and gave examples of care and support which supported the domain of compassionate care. It was evident from the examples given that the staff provided emotional and practical support to the tenants if they were unwell or if their relatives were unwell. This is good practice and is commended.

Trust representative

- "I have no concerns, the staff are good at keeping us up to date."

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the tenants and their representatives. Six questionnaires were returned from tenants; and two were returned which did not indicate whether they were from tenants or from relatives. All respondents indicated that they were 'very satisfied' that the care/support provided was safe, effective and compassionate; and that the agency was well led. No written comments were received.

Five staff members provided electronic feedback to RQIA regarding the quality of service provision. All respondents indicated that they felt either 'very satisfied' or 'satisfied' that the care provided was safe. Whilst some respondents indicated that they were 'very satisfied' that the care was effective and compassionate and that the service was well-led; some respondents indicated that they felt 'unsatisfied' in relation to these domains. Given that there were no written comments received to support this, this feedback was relayed to the manager, for review and action, as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the Service User Guide. The day to day operation of the agency was overseen by the manager, three team leaders and a team of care staff. In addition, the agency's on call system ensured that staff could avail of management support 24 hours a day. The staff member consulted with described the management team in positive terms.

There was a procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. No complaints had been received since the last care inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. Tenants had been provided with information, in easy-read format, to ensure that they were aware how to make a complaint.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned. Advice was given to the manager in relation to improving the input sought from tenants' relatives and those of HSC Trust representatives.

There were processes in place to ensure that the quality of services was evaluated on an annual basis; this included the completion of an Annual Plan, Human Resource Performance report, Participation and Engagement Report, Learning and Development Report, internal audit processes and Performance Cards.

There were arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. Equality monitoring was undertaken on an annual basis, where information was collected on tenants' age, community background, gender, ethnicity, sexual orientation and marital status. This information was compiled into a report, which the organisation submitted to the Equality Commission on an annual basis. Prior to the inspection, this report had been reviewed. The report evidenced the organisation's promotion of equal opportunities for tenants, through the continued development of easy-read performance reports, information leaflets and tenants' involvement in Tenant Action Groups, if they wanted to participate.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

There had been no incidents reportable to RQIA since the last care inspection.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff. The inspector received positive feedback from HSC Trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the tenants.

The management arrangements were discussed and the inspector was advised that a new manager had been appointed to manage the service in the absence of the registered manager. A Notification of Absence had not been submitted to RQIA in line with regulation. This matter was discussed with a senior representative of the organisation and a satisfactory Notification of Absence was submitted to RQIA on 30 October 2018. An updated registration certificate will be issued to the agency to reflect the change of manager.

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.

Areas for improvement

No areas for improvement were identified in this domain 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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