



The Regulation and
Quality Improvement
Authority

Triangle Housing Association
RQIA ID: 10900
Knockladye House
2 Kilns Road
Ballycastle

Inspector: Rhonda Simms
Inspection ID: IN023215

Tel: 02820763566
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**Unannounced Care Inspection
of
Triangle Housing Association**

17 July 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 17 July 2015 from 09.45 to 14.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no Quality Improvement Plan (QIP) appended to this report. 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

Following the care inspection of 7 October 2014, the registered person and their representatives attended a meeting at RQIA's offices on 22 October 2014. This meeting concerned matters regarding: charging for personal care and the financial agreement.

During and subsequent to the meeting of 22 October 2014, the registered person provided satisfactory assurance to RQIA to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

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: Marie Colette Sheppard
Person in charge of the agency at the time of Inspection: Nuala McAlister	Date Manager Registered: 05/05/2009
Number of service users in receipt of a service on the day of Inspection: 10	

Triangle Housing Association at Knocklayde House, Ballycastle, is a supported living type domiciliary care agency providing services in shared accommodation for up to 10 service users with a learning disability and/or complex needs. Under the direction of the registered manager,

Colette Sheppard, and a service manager, staff provide services on a 24 hour basis. Services can include 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
- Incidents
- Correspondence

During the inspection the inspector met with four service users, the service manager, and three care and support staff. The inspector spoke with the registered manager, one community professional and two relatives.

Staff questionnaires were left for completion; seven were returned. These indicated that staff were either satisfied or very satisfied:

- that service users receive 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 an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern
- that the induction process had prepared them adequately for their role.

Comments included:

Questionnaires asking service users' views on the care they receive were left in the agency for completion; three were returned.

Service users were either satisfied or very satisfied:

- with the care and support they receive
- that their views and opinions are sought about the quality of service

- that staff know how to care for them and respond to their needs
- that staff help them feel safe and secure
- that staffing levels are appropriate.

Service users' comments:

'All the staff here are very good to us all.'

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
- Staff meeting minutes
- Records relating to staff training
- Records relating to staff supervision
- Supervision policy
- Complaints records
- Recruitment policy
- Induction procedure
- Records of induction
- Staff register
- Staff rota information
- Staff handover information
- Tenant meeting minutes.

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 7 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements	Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 23 (1) (5)</p>	<p>1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <ul style="list-style-type: none"> • The registered person must ensure that the ongoing evaluation of restrictive practice is included in the monthly monitoring reports <p>(5)The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <ul style="list-style-type: none"> • The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector examined six reports of monthly monitoring undertaken on behalf of the registered person. The reports included comments on restrictive practices, including the date of review of such practices. The reports included the views of relatives and professionals, or explanations when comments could not be obtained.</p> <p style="text-align: center;">Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (2)(a)(b)(c)</p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ('the service user plan') is prepared which shall-</p> <ul style="list-style-type: none"> (a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users; (b) Specify the service user's needs in respect of which prescribed services are to be provided; (c) Specify how those needs are to be met by

	<p>the provision of prescribed services.</p> <p>The registered manager must ensure that restrictive practices are included in the risk assessments and care records of all service users subject to a restriction, or impacted on by the restriction experienced by another service user.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed a range of care and support plans and risk assessments which included restrictive practice.</p>	
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This refers to ascertaining the views of service users, and representatives, and professionals, in monitoring reports on a monthly basis.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector examined six reports of monthly monitoring undertaken on behalf of the registered person which included the views of relatives and professionals, or explanations when comments could not be obtained.</p>	

Recommendation 2 Ref: Regulation 4.2	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> • The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept. <ol style="list-style-type: none"> 1. The registered person should ensure that there is a system to record when property is withdrawn or returned for safekeeping. This refers to recording when service user's property, including bank cards, are removed or returned for safe keeping. 2. The registered person should ensure that when agency staff routinely purchase items on behalf of a service user, this need is noted in their financial support plan as an additional safeguarding measure. 	Met
	<p>Action taken as confirmed during the inspection:</p> <ol style="list-style-type: none"> 1. The inspector examined records of the removal and return of service users' property for safekeeping, relating particularly to bank cards. 2. The inspector examined financial support plans which included when staff routinely purchase items on behalf of a service user. 	

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. 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 lasting up to ten days, plus an additional five days training. 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 service manager advised that the agency's own staff cover all shifts; this was supported by feedback from staff.

The registered manager advised that the agency does not use employment agency staff; the agency has procedures and an induction in place regarding the use of employment agency staff which were examined by the inspector. The inspector noted that team meeting minutes included discussion regarding procedures to be used if employment agency staff are required in future.

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, and that they could access informal supervision or consultation with a senior member of staff at any time if required.

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

Is care effective?

Discussions with the service manager and staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Examination of staff rotas reflected staffing levels described by the service manager and staff. Feedback from service users and relatives indicated that staff were suitably trained to meet the needs of service users.

The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities; staff who took part in the inspection were clear about what the agency expected of them.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction supported staff feedback. A staff member commented that the induction period enabled them to get to know service users in addition to receiving training.

The service manager discussed the agency's process of evaluating the effectiveness of staff induction through monthly supervision during the probationary period, observation and staff evaluation. The inspector examined records of supervision provided during the probationary period which included a comprehensive assessment of the employee's progress towards objectives.

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 the agency has responded to additional training needs by providing bespoke specialist training tailored to the needs of individual service users.

Staff described receiving supervision and appraisal in line with the agency's policy, and described having open access to a manager on shift, and an on call manager out of hours.

Staff interviewed by the inspector were aware of how to raise issues regarding poor practice and were confident of an appropriate management response. Staff knew how to access and use the whistleblowing policy.

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

Is care compassionate?

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements, including through monthly monitoring reports and tenants' meeting. Service users expressed an awareness of the staff rota and knew how to access information about staffing arrangements.

During the inspection staff described how significant staff changes are discussed with service users, including the introduction of new staff. The inspector noted that the agency has good continuity of staff with few changes.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users; this was supported by staff comments. Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. 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. Relatives described how the staff had a good knowledge of service users and knew how to meet their needs.

Professionals commented positively on the skills of the manager, the staff team and the person centred ethos of the service.

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

Areas for Improvement

There were no areas identified for improvement.

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 discussed examples of positive risk taking in practice, where service users were supported by staff to maintain or promote independence by taking part in activities of their choice. Staff described working with relevant professionals to increase the independence of service users through positive risk taking. Service users described having enjoyed a recent group experience which balanced risk with positive benefit to service users.

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

Is care effective?

Records were maintained which showed that care is regularly evaluated and reviewed within procedural guidelines and as the service user's needs change. The agency has a process of reviewing care and support monthly with service users, then six monthly, with at least a yearly review including a community professional from the Trust. The views of service users and/or their representatives were recorded in review records. 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.

Feedback from service users, relatives, staff and a professional indicated that the delivery of service is responsive to the views of service users and/or their representatives.

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. The inspector met with service users who were able to describe how they exercise choice and control over how they lead their lives.

Service users have been provided with information relating to human rights and advocacy in a suitable format. A service user discussed how they have received training and been involved in advocating on behalf of other service users.

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

Is care compassionate?

Service users provided feedback which indicated that they receive care in an individualised manner, this was supported by care records. Discussions with staff showed that they knew and understood the needs and wishes of service users, including those with communication needs.

It was evident from documentation and discussion with service users and relatives that they are aware of their rights to be consulted and have their views considered in relation to service delivery. A professional commented that service users are able to 'have their say' in relation to the service they receive.

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.

Staff discussed how the agency facilitates service users to make choices regarding their daily routines and activities. This was supported by discussions with service users.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards. Discussions with staff indicated that values underpinning the Minimum Standards are embedded in service delivery.

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

Service user comments

'I would talk to my keyworker and staff.'
 'I like doing jobs in the house here and outside too.'
 'The staff are great.'

Relatives' comments

'The staff are fantastic'
 'The staff listen and are friendly and approachable'
 'I have no complaints'
 'If there were any problems I could speak to staff.'

Staff comments

'I love it here, it's great how new tenants have a better quality of life than before they arrived. The active support is a great success'.

Professional's comments

'The staff are very compassionate and have the client's best interests at heart'
 'Service users seem very relaxed and comfortable'
 'Service users meet in groups and able to have their say.'

Areas for Improvement

There were no areas identified for improvement.

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 progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

5.5.2 Complaints

The inspector was advised that there were no complaints received from 1 January 2014 - 31 March 2015. The agency has a process for recording and responding to complaints which was seen by the inspector.

5.5.3 Safeguarding

The inspector was advised that no safeguarding referrals have been made.

5.5.4 Service Users' Finances

The inspector examined records maintained in respect of payments made to service users by the agency, as outlined in the service users' agreement.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Colette Sheppard	Date Completed	17/08/15
Registered Person	Chris Alexander	Date Approved	17/08/15
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	15/09/15

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

Please complete 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 agency. 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.