

# Unannounced Care Inspection Report 15 May 2018



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: Knocklayde House, 2 Kilns Road, Ballycastle, BT54 6QQ**  
**Tel No: 02820763566**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

Knocklayde House is a supported living facility for service users with a learning disability or complex needs, operated under the auspices of Triangle Housing Association. Care and support provided includes assisting service users with personal care needs, housing support and social inclusion. The service users' care is commissioned by the Northern Health and Social Care Trust (HSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Christopher Harold Alexander	<b>Registered Manager:</b> Marguerite McToal
<b>Person in charge at the time of inspection:</b> Marguerite McToal	<b>Date manager registered:</b> 28 October 2016

### 4.0 Inspection summary

An unannounced inspection took place on 15 May 2018 from 09.10 to 13.30 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 well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas for improvement were identified during this inspection.

Service users said that they were very happy 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.

### 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 Marguerite McToal, registered manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent care inspection dated 19 October 2017

No further actions were required to be taken following the most recent inspection on 19 October 2017.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- 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. Eight responses were received and the details included within the report.

The inspector requested that the registered manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. During the inspection process the inspector spoke with the manager, one staff member, two service users, one relative and one HSCT representative. Questionnaires were also provided for distribution to the service users and/or their representatives; seven were returned and are included within the body of the report.

The following records were examined during the inspection:

- recruitment checklist
- staff induction and training records
- performance review records
- restraint register
- incident and accident records
- records relating to potential adult safeguarding incidents
- two service user' care records
- staff' meeting' minutes
- complaints and compliments records
- monthly quality monitoring reports
- annual equality report
- annual quality plan
- the Statement of Purpose
- the Service User Guide.

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 19 October 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 2 Kilns Road, Ballycastle and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a registered manager in post, who managed the agency with the support of a team leaders and a number of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there was currently one staff vacancy, which was being covered by permanent staff working additional hours.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. Recruitment checklists reviewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified. The manager explained that changes had recently been made to the recruitment procedures, whereby the manager would be required to attend the human resource department, to verify that all the pre-employment checks were completed.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager discussed the system in place to ensure that all staff were registered and to identify when staff are due to renew their registration.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations. The review evidenced that the staff received the NISCC Induction, in addition to the Triangle induction.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the records confirmed that the staff received performance reviews twice a year and completed competency and capability assessments in relation to medicines management and managing service users' 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. Additional training in areas such as assessment and risk management and managing behaviours which challenge is provided. The manager also advised that plans were in place to provide staff with training on diabetes awareness and dementia care.

Discussion with one staff member 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. Discussion with the manager and a review of records evidenced that any potential safeguarding incidents had been managed appropriately. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. 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 accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. Discussion with the manager identified that there was good management oversight of incidents which occurred within the agency.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

A restrictive practice register was in place and it was noted that any restrictive practices in place were of the least restrictive nature considered necessary, in conjunction with the HSCT, and were reviewed regularly.

It was noted that the service users had a Personal Emergency Egress Plan (PEEP) in place to ensure that the staff were aware of the level of assistance required, in the event that the service user may require to be evacuated in an emergency. Missing persons profiles were also in place, to ensure that each service user's details were available, in the event that they went missing.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 service users were examined during the inspection.

The inspector examined two service users' care records and found these to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools had been developed by the organisation to effectively support the service users. It was noted that a number of tools had been developed, in pictorial and easy-read format, to assist a service user to adjust to the supported living model. This is good practice.

Care reviews in conjunction with the relevant HSC Trust representatives were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and as appropriate HSC Trust representatives.

It was clear from discussions with service users and relatives that the staff had a good knowledge of the service users' needs and preferences; and how they worked with the service users to minimise any challenging behaviours.

During the inspection the inspector was able to observe a number of service users communicate effectively with staff and noted that they were fully involved in day to day decisions and routines. The staff were using appropriate language and behaving in a manner which encouraged each service user to make their own choices.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Relatives spoken with also indicated that there was appropriate communication and that they had good working relationships with the staff. Staff meeting' minutes reflected that there was effective communication between all grades of staff. The minutes of the service users' meetings' also confirmed that they included standing items, such as how to make a complaint and the outcomes of any RQIA inspections. Service users had also been provided with training in self advocacy and human rights, which aimed to enhance their ability to represent their own interests and rights, but also to engage in lobbying on issues which affect their wider community.

### 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 service users.

### Areas for improvement

No areas for improvement were identified in this domain 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 the service users with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the care records, monthly monitoring reports and consultation with service users and their representatives.

The review of the care records identified that the service users had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including pool tournaments, visits to pubs/restaurants, cinema, hairdressers, beauticians/nail shops. The service users were encouraged to be involved in decision making relating to holidays; the manager stated that a number of the service users were planning to go to the Balmoral Agricultural Show and another was planning an overnight stay in Portrush. The manager also advised that plans were in place to support four service users to visit the ITV Emmerdale studio set, because of their interest in the programme. This is commended.

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 service users and their representatives.

Discussion with the manager confirmed that there were systems in place to obtain the views of service users, their representatives and staff on the quality of the service provided. An annual survey had been undertaken; views and comments recorded were analysed and areas for improvement had been acted upon.

The service users consulted with informed the inspector that they were encouraged to raise any concerns they may have. A review of the compliments records identified that the service users and their representatives were very satisfied with the care and support provided; comments included praise for all the 'kind care and attention' given to service users. The views of services users and their' representatives were also sought as part of the monthly quality monitoring process. Comments included:

- "The staff are absolutely brilliant."
- "The staff are excellent."

During the inspection, the inspector spoke with two service users, who appeared relaxed and happy with the staff member who accompanied them. The inspector also spoke with, one staff member, one relative and one HSC representative. Some comments received are detailed below:



## Service Users

- “They are all very nice.”
- “I like it here.”

## Staff

- “No two days are the same, they get great care.”

## Representatives

- “I have no concerns whatsoever, they are great.”

## HSC representative

- “I have no concerns. The staff are very attentive and the service users report that they are happy living there. The staff are good at communicating appropriately.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the service users and their representatives. Six service users responded, indicating that they were generally ‘very satisfied’ that the care/support provided was safe, effective and compassionate; and that the agency was well led. One relative provided written comment, indicating that they were ‘very satisfied’ with the agency.

Eight staff members provided electronic feedback to RQIA regarding the quality of service provision. Five respondents indicated that they felt either ‘satisfied’ or ‘very satisfied’ that the care provided was safe, effective and compassionate and that the service was well led. Two respondents indicated that they felt ‘very unsatisfied’ in relation to all of the four domains and one respondent was ‘undecided’ in this regard. Following the inspection, this information was relayed to the manager, for review and action. The manager advised that two staff members had identified to her, that they had experienced computing difficulties when they were completing the electronic feedback, which she felt may have led to the unsatisfactory responses. The inspector spoke by telephone with one of the identified staff members, who confirmed this information and stated that ‘it is very safe, the care is very good’.

## 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 service users and their representatives.

## Areas for improvement

No areas for improvement were identified in this domain 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users; 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 registered manager, 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 spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments reflected that they felt that the agency was well led.

The manager explained the procedures in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. There had been no complaints received from the date of the last inspection.

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; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

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.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the service users. Equality monitoring was undertaken on an annual basis, where information was collected on service users' 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. A review of this report evidenced the organisation's promotion of equal opportunities for service users, through the continued development of easy-read performance reports, information leaflets and service user involvement in Tenant Action Groups. Other initiatives included Choice Checkers, which enables service users to review the support, care and housing provision provided to other service users. Service users were also involved in the Tenant Action Group (TAG) at which the Equality Scheme was discussed. The group had asserted the importance of bringing the associated action plan to them, as it was their rights and

services that would be impacted and this was agreed. Staff had also received training on equality and diversity.

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

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSCT representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection the registration certificate was up to date and displayed appropriately.

### 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
<b>Total number of areas for improvement</b>	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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)