

# Unannounced Domiciliary Care Agency Inspection Report 17 June 2016



## Triangle Housing Association

Knocklayde House, 2 Kilns Road, Ballycastle, BT54 6QQ

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Triangle Housing Association, Knocklyde House took place on 17 June 2016 from 10.00 to 16.15.

The inspection sought to assess progress with any issues raised during and since the previous 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 inspectors found evidence which indicated delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspectors found 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 and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. 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, their representatives, and the HSC Trust, and provide a thorough system of audit and service improvement. The inspectors received feedback from service users, a relative, staff and an HSC Trust professional, which indicated that service provision had resulted in positive outcomes for service users' lives.

### **Is care compassionate?**

During the inspection the agency was found to be delivering person centred compassionate care. The inspectors observed interactions between staff and service users and received feedback from service users, a relative and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of relatives and there was evidence of regular involvement of relatives in the development and review of appropriate care and support plans. The inspectors found that delivery of compassionate care has resulted in positive outcomes for service users.

## Is the service well led?

During the inspection competent delivery of a well led service was found. Management and governance systems have been effectively implemented at the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspectors noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Marguerite McToal, registered manager (pending) as part of the inspection process and can be found in the main body of the report.

### 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> Marguerite McToal (application pending)
<b>Person in charge of the agency at the time of inspection:</b> Marguerite McToal	<b>Date manager registered:</b> Application pending

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspectors spoke with the acting service manager, the registered manager (pending), two support staff, three service users, one relative, and one HSC Trust community professional. Throughout the inspection the inspectors observed the interactions of staff with service users.

As part of the inspection and at the request of the inspectors, questionnaires were distributed for completion by staff; five were returned. At the request of the inspectors, questionnaires were distributed for completion by service users' representatives; three were returned.

Feedback received by the inspectors during the inspection process is included throughout this report.

The following records were examined during the inspection:

- A range of 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
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Induction records
- Staff rota information
- Recruitment policy 2013
- A range of policies relating to the management of staff
- Supervision policy 2015
- Induction policy 2014
- Safeguarding Vulnerable Adults policy 2013
- Restrictive practice policy 2016
- Risk Management policy 2015
- Incident policy 2015
- Whistleblowing policy 2015
- Policy relating to management of data 2014
- Complaints policy 2015
- Statement of Purpose 2014
- Service User Guide 2014.

#### 4.0 The inspection

Triangle Housing Association at Knocklayde House, Ballycastle is a supported living type domiciliary care agency which provides twenty four hour care and support in shared accommodation to nine service users who have a learning disability and complex needs.

#### **4.1 Review of requirements and recommendations from the last care inspection dated 17 July 2015.**

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

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

During the inspection staffing arrangements were reviewed by the inspectors. 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.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspectors noted that vacant shifts are covered by the current staff team, staff that hold substantive posts in other services operated by the agency, or a small number of staff provided by a registered domiciliary care agency which is also an employment agency. The staffing arrangements enable the agency to maximise the provision of familiar staff to service users.

It was noted that the agency has an induction policy and induction programme which includes an initial two week period of shadowing experienced staff for support workers, and five days of training within the first twelve weeks. The inspectors received feedback from staff, including those with managerial responsibilities, which indicated that the induction period prepared them for their roles and responsibilities within the organisation. Staff provided positive feedback regarding the support provided to them in the induction period. The agency has an appropriate induction procedure and support mechanisms in place for staff working on a temporary basis.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards such as RESPECT training in relation to positive behaviour support, dementia training, and accredited training courses such as QCF, ILM and NVQ. In response to specific needs identified in relation to one service user, a community professional will be providing training to staff in the near future. Medication training attended by staff included specific input from the community pharmacist. It was noted that competency assessments are completed subsequent to key training events to identify future training, and records maintained.

Inspectors noted that staff have a positive attitude towards continuous learning and reflection. A staff member with a number of years' experience commented 'each day I'm still learning'. A community professional commented on how open the staff have been to considering different ways of working to meet the needs of a service user.

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. Staff described managers as 'supportive', 'approachable', and responsive to queries and concerns. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances.

The agency's provision for the welfare, care and protection of service users was examined by the inspectors. The inspectors viewed a policy maintained by the agency in relation to the safeguarding of adults. The inspectors received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion. The inspectors were informed that safeguarding policy and procedures are due to be adapted subsequent to and in accordance with review of policy by the HSC Trust. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspectors noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users.

The acting service manager and registered manager (pending) discussed a safeguarding referral made to the HSC Trust. Clear records were maintained of the circumstances surrounding the referral, and subsequent discussions and protection plan with the HSC Trust. It was noted that the views of the service user and their representatives were taken into account regarding the ongoing implementation and review of the protection plan. Appropriate amendments were made to the service user's care plan and risk assessment.

The inspectors examined the safety of the agency's arrangements to identify and manage risk to service users. The inspectors examined referral and review arrangements with the HSC Trust which include risk assessments and care plans. Documentation indicated that where restrictive practices are assessed as necessary, the agency maintains effective partnership with the HSC Trust to appropriately implement and review the need for restrictive practices. Discussion with the acting service manager and review of available documentation indicated that effective review arrangements have led to use of least restrictive practices.

It was evident to the inspectors that the agency has sought to minimise risk whilst maximising the safety, independence and choice of service users, thus contributing to more positive outcomes for service users. A community professional described how the agency has worked collaboratively with the HSC Trust to provide a safe environment for a service user, whilst maximising their independence. Review of documentation indicated that the agency has identified risk and responded appropriately by making referral to the HSC Trust for assessment. The inspectors saw evidence of effective implementation of HSC Trust recommended care which resulted in a safer outcome for a service user.

The inspectors received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

### **Areas for improvement**

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. The full nature and range of service provision is laid out in the Statement of Purpose (2014) and Service User Guide (2014).

The inspectors reviewed a range of service users' care and support plans. The inspectors were informed that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Feedback received by the inspectors from staff and service users indicated that service users have a genuine influence on the content of their care plans. A community professional provided feedback regarding amendment to information recorded in a care plan at the request of a service user.

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users', relatives and the HSC Trust. Staff described service users as actively involved in the review of care and support plans, which take place on a monthly basis with their key worker, and on at least an annual or when required basis with the HSC Trust. The inspectors examined review records which clearly documented the views of service users and included their signatures.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with relatives indicated that they have open lines of communication with staff and are confident that they will be responded to appropriately. A relative provided positive feedback regarding the effective working relationship they have with staff, commenting that staff 'are very helpful' and 'open to suggestions'.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, quality monitoring reports, and monthly care plan reviews between keyworker and service user. Review of tenant meeting minutes by inspectors showed that standing agenda items including service users' views, staffing arrangements; the views of service users and the agency response were clearly recorded.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. Staff described the use of information books, diary and daily verbal handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and understands when to refer to or consult with a range of appropriate professionals.

### Areas for improvement

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 inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.

The inspectors found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users. The inspectors observed staff promoting the independence and choice of service users throughout their interactions and provision of service delivery.

Service users commented:

- 'The staff are all good, they treat me well.'
- 'The staff treat me with respect.'

Staff commented:

- 'Service users are involved in every aspect of their journey.'

The inspectors received feedback from a range of sources regarding the compassionate nature of care provided in respect of one service user. This feedback indicated the non-judgemental attitude of staff, their empathy, and understanding of the needs of the service user.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. Inspectors observed staff using language which encouraged the service user to make their own choice, 'what would you prefer'. A service user who spoke with an inspector described, 'what I want to do...' The inspectors spoke with service users who had been enabled by staff to live individual lives and pursue different interests within the local community and with their families. It was noted that staff routinely support service users with individual activities which are personally meaningful for them.



Examination of tenant meeting minutes indicated that the agency seeks to involve service users in making informed decisions regarding a range of issues, such as their environment, and marking significant events. It was evident that tenant meetings have been effectively used by staff to recognise service users' feelings on sensitive issues, such as loss, change, and relationships within the communal environment.

The inspectors noted that the agency actively promotes service user involvement throughout Knocklayde House and across the wider agency through the Tenants' Advisory Group. A service user who is active in the Tenants' Advisory Group discussed their attendance at meetings with service users from other services, their participation in contributing to decision making by Triangle Housing Association, and development of service user information leaflets. The service user described how subjects discussed at the Tenants' Advisory Group are brought to Knocklayde House tenant meetings for further consideration. Minutes of meetings of the Tenants' Advisory Group reflected meaningful inclusion of service users across the wider agency in decision making processes, and responsiveness of senior managers to requests made by service users.

Some service users provided positive feedback regarding their experience of the annual Service User Conference. A service user discussed how he was one of a number of service users who spoke at the conference and took part in a video to show all service users and attendees the purpose and function of the Tenants' Advisory Group.

The inspectors received feedback regarding training which service users can choose to participate in, such as safeguarding, self-advocacy and health matters.

The inspectors were advised that one service user has participated in a 'Choice Checker' interview, providing their views and evaluation of the service they receive. Subsequent to this experience, the service user has requested and can be facilitated to attend training to become a 'Choice Checker' who will interview other services to obtain their evaluation of services received.

An inspector received feedback from relatives which indicated that the agency seeks and takes into account their views and knowledge on an ongoing basis. The agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring, review meetings and a relatives' evening which was held in May 2016.

The agency maintains a range of quality monitoring systems to evaluate the quality of service provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives. The inspectors examined the report of the annual service user evaluation survey 2016, which reflected a high level of satisfaction amongst service users regarding the care they receive and the manner in which staff treat them. The registered manager (pending) discussed how the agency responded to service user feedback in 2015 which directly resulted in changes to the format of the survey in 2016.

The inspectors observed various examples of the provision of written information in a suitable format, such as a notice board in the service users' kitchen which contains relevant posters and leaflets on subjects such as keeping safe, and how to make a complaint.

### **Areas for improvement**

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?

The inspectors examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management of governance established by Triangle Housing Association have been implemented at the agency. The day to day operation of the agency is currently overseen by an acting service manager who is supported by the registered manager (pending).

The inspectors saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA. An inspector received positive feedback from the HSC Trust regarding the ability of the agency staff to work in partnership, particularly the openness of staff to suggestions of new ways of working.

The management structure of the agency is clearly defined and was well understood by staff. Agency staff and relatives provided feedback that they were confident of the managers' ability to address concerns constructively. The agency has undergone a recent change of management arrangements which included the provision of an effective induction and appropriate support to the incoming acting service manager.

The agency operates a robust training system and has an appointed training manager/safeguarding champion who is available for consultation with staff on training and safeguarding issues. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that managers would listen to and respond 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 on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily. The agency maintains and implements policy relating to complaints and compliments. The inspectors noted that one complaint was received and addressed in accordance with agency procedures during the reporting period of 1 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspectors 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. It was noted that staff had been provided with specific information regarding the role of RQIA, inspection guidance issued by RQIA to providers, and their role in the event of an RQIA inspection.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Feedback provided to the inspectors indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspectors that effective partnership working with Trust professionals and relatives has resulted in positive outcomes for service users.

### Areas for improvement

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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**No requirements or recommendations resulted from this inspection.**

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 person/manager from their responsibility for maintaining compliance with the regulations and standards.



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