

Inspection Report

1 March 2022



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: Kilns Court, 2 Kilns Road, Ballycastle, BT54 6RY
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Mrs Danielle Therese Madden
Person in charge at the time of inspection: Mrs Danielle Therese Madden	Date registered: 29 January 2021
Brief description of the accommodation/how the service operates: Triangle Housing Association, 10902, is a domiciliary care agency supported living type located in Ballycastle. The agency's staff provide care and support to a number of service users who have a learning disability or complex needs and are living in their own apartments or bungalows. Staff are available to provide 24 hour support and to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community. The care is commissioned by the Northern Health and Social Care (HSC) Trust.	

2.0 Inspection summary

An announced inspection was undertaken on 1 March 2022 between 10.15 a.m. and 1.30 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users, staff registrations with NISCC and the management of complaints and adult safeguarding. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements. This included reviewing how care staffs' registrations with the NISCC and/or the NMC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided to staff and service users on how feedback could be provided to RQIA about the quality of services in the agency. This included service user easy read questionnaires and a staff poster.

One staff member responded to the electronic staff survey; they indicated that they were very satisfied with the care provided. A comment made with regard to staff sleepover/ office facilities was discussed with the manager for follow up with the staff team.

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

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good.

During the inspection we spoke with two service users and two staff members. We requested feedback from HSC Trust representatives; we received one response.

The information provided during the inspection indicated that there were no concerns in relation to the agency.

Comments received during inspection process included:

Service users' comments:

- "Staff are good."
- "I love going out with the staff."
- "No concerns."
- "I speak to the manager if I am not happy."
- "Staff help us."

Staff comments:

- "We are well supported."
- "Hard time during Covid but the staff all pull together and work well with each other."
- "Service users are safe and have choice."
- "I have no concerns."
- "Manager is very approachable, very good."
- "I love working here, it is all good."

HSC Trust representatives' comments:

- "I am named worker for one service user who lives in Kilns Court. In his most recent review feedback from him was very positive. He remains very happy living in Kilns Court. Staff have been very attentive to his changing health needs and maintain excellent lines of communication and updates."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Triangle Housing Association, 10902 was undertaken on 3 June 2019 by a care inspector; no areas for improvement were identified. An inspection was not completed during the inspection year of 2020-21 due to the first surge of the Covid-19 pandemic.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency was reviewed.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. It was identified that adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to the manager or staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to the process for reporting any concerns.

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

It was noted that all staff have completed DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representatives.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSCT representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance. It was noted that the agency are appointee for one service user and had forwarded relevant information to RQIA as required.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users have regular contact with family.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff. The Human Resources (HR) department has recently reviewed and updated their pre-employment checklist.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details are monitored by the manager in conjunction with the organisation's HR department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was noted that one service user had been assessed by the SALT in relation to swallowing issues and dysphagia needs. Discussions with the manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe, effective and specific to the individual assessed needs of service users.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements. Staff were knowledgeable with regard to how food and fluids should be modified. It was positive to note that all of staff had completed dysphagia awareness training.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, staff, and HSC Trust representatives as appropriate.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. Complaints are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision, appraisal and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Danielle Therese Madden, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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