

Unannounced Care Inspection Report

10 June 2016



Triangle Housing Association

Domiciliary Care Agency (DCA)/Supported Living
Kilns Court, 2 Kilns Road, Ballycastle, BT54 6RY

Tel No: 02820763610

Inspectors: Rhonda Simms
Kieran Murray

1.0 Summary

An unannounced inspection of Triangle Housing Association took place on 10 June 2016 from 09.45 to 16.45.

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 to indicate the delivery of safe care. Examination of the staffing arrangements showed that the individual needs of service users are central to decision making about how services are provided. The agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff have a high degree of confidence in management and have access to appropriate 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 to service users include evidence of positive risk taking whilst actively maximising safety for service users at all times. The inspectors found solid 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 inspector received feedback from service users, relatives, 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 a high standard of person centred compassionate care.

The inspectors observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery. Discussions with service users indicated that their views and wishes are absolutely central to service delivery. The agency staff make extensive efforts to support the choices and independence of service users.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making. The involvement of service users

across the wider organisation in the Tenants' Advisory Group is particularly meaningful. The delivery of compassionate care has resulted in notable positive outcomes for service users.

Is the service well led?

During the inspection the 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 is driven. 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, were notable and have contributed significantly to the 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
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 were discussed with the acting manager, 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

Registered organisation / registered person: Triangle Housing Association Christopher Alexander	Registered manager: Colette Marie Sheppard
Person in charge of the agency at the time of inspection: Acting manager	Date manager registered: 5 May 2009

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 manager, three support staff, three service users, two relatives, and one 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; seven were returned. At the request of the inspectors, questionnaires were distributed for completion by service users' representatives; six 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 2 Kilns Court Ballycastle is a supported living type domiciliary care agency which provides twenty four hour care and support to eight 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. It was noted that liaison with the HSC Trust regarding the changed needs of service users has resulted in improvements in staffing arrangements.

The inspectors received feedback from the acting manager and staff which indicated that the needs of service users are to the forefront of decision making regarding providing appropriate cover across all shifts. 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 largely provide familiar staff to service users who particularly need staff continuity. At present an acting manager is responsible for the day to day provision of services. It was noted that the current acting manager had prior knowledge of service users before taking on this role. The staffing arrangements provided by the agency have contributed to positive outcomes for 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, and five days of training within the first twelve weeks. The inspectors received feedback from staff which indicated that the induction period prepared them for their roles and responsibilities within the organisation. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspectors noted that the staffing arrangements include flexibility to allow service users the time they need to get to know new staff before they provide services alone in the service users' home. A staff member commented: 'We gently introduce new staff. New staff need to observe and learn people's needs.' The inspectors received consistent feedback from staff and through observation which indicated that the needs of service users are a primary consideration in staffing arrangements and have contributed to positive outcomes for service users.

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, recent autism awareness training, and dementia training. 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. Staff commented:

'Triangle is brilliant with training and supporting staff to protect service users.'
'The training is excellent.'

The inspectors were given positive feedback regarding a series of training and development events provided to staff by specialist community professionals, with the aim of improving communication and the understanding of the needs of a service user. Information provided to the inspectors and examination of documentation including incident records indicated that this learning had improved the ability of staff to understand the service user and appropriately respond to their needs. Comments included:

- 'The staff are very positive about wanting to learn more...they are working really well with ****.'
- 'The staff are keen to find ways to meet ****'s needs.'

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' 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 inspector. The inspector 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 inspectors were informed that 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.

Staff described safeguarding training as being of a high standard and directly relevant to their roles. 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 agency has not made any recent safeguarding referrals to the HSC Trust. The acting manager confidently described the agency's role working with the HSC Trust in relation to safeguarding concerns based on experience as a manager in another agency service. The inspectors noted that the single person accommodation arrangements, in conjunction with effective person centred care and support plans, may have contributed to safer outcomes for service users. The inspectors noted that some service users have participated in self-advocacy and safeguarding training.

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.

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 manager and review of available documentation indicated that effective review arrangements have led to use of least restrictive practices or cessation of 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 positive outcomes for service users.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose. A change in the location of the registered office has led to increased privacy for a service user, whilst maintaining safety and accessibility of staff to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 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 assessment provided by the HSC Trust multi-disciplinary team. Staff described service users as actively involved in the development and review of care and support plans.

'Person centred is the key term for care and support plans. The service users are very able to tell you what they want. If they change their mind, they let you know.'

Records indicated regular evaluation and review of care plans, including involvement as appropriate with service users' relatives and the HSC Trust; this was supported by feedback from agency staff. In the case of one service user, the inspectors noted that review arrangements included regular meetings with specialist community professionals who continue to work closely in partnership with agency staff to enhance their skills in providing best possible care and support to a service user.

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 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 'try very hard' to meet the needs of the service user. A further relative commented: 'I have total faith in the staff at Kilns Court'.

The inspectors were provided with extensive feedback regarding the agency's actions to promote effective communication with a service user. It was evident that the agency worked effectively with specialist community professionals to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to the service user. In the course of the inspection the inspectors observed that staff were aware of and promoted effective communication with the service user. The service user provided positive feedback to the inspectors regarding how helpful their communication care plan has been.

The inspectors received feedback from staff regarding the development of effective communication with a service user who has very specific needs regarding their contact with staff. It was evident that staff have effectively worked as a team to provide services in a manner which enables the service user to communicate with them.

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 a number of service users visited the agency office and indicated that they regularly do so, in addition to staff providing services within their homes.

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.

A community professional provided positive feedback regarding effective regular communication with the agency which has led to positive outcomes for 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.

Number of requirements:	0	Number of recommendations:	0
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4.5 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 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.

Staff discussed how service users expect to have their voices heard in relation to care and support planning:

- '****'s plan was very important, I did a lot of listening, I said 'Tell me what you want'.

In the course of the inspection the inspectors noted that service users were comfortable in their interactions with staff and freely stated their wishes and views. Service users were keen to speak with the inspectors and to participate actively in the inspection, such as showing inspectors the location of the registered office, distributing and completing questionnaires, showing inspectors their homes, and explaining how staff at the agency provide care and support to them. The service users who spoke with the inspectors were familiar with the staff rota and knew when to expect services to be provided to them. 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.

The inspectors received robust evidence that the agency's effective working relationships with specialist professionals and implementation of recommended strategies has led to significant improvements in the ability of the service user to lead a more active and independent life. A community professional provided positive feedback regarding the focus of staff on improving a service user's ability to make choices regarding their day to day life. A service user showed the inspectors their home and explained how they use communication systems in daily decisions and routines. The inspector received feedback from a community professional and a relative about how much effort the staff put into understanding a service user and endeavouring to improve their quality of life.

A service user discussed with pride how staff have enabled them to make healthier choices about food, to plan, purchase and cook meals of their choice. The service user described how the agency has facilitated them to participate fully in the local community, including successfully lobbying other agencies to improve the safety of the local town. Significant positive feedback was provided to the inspectors by staff and service users regarding the agency's actions in facilitating relationships with friends and family who reside at some distance from the service user's home. It was noted that the wishes of service users are a central driving force to facilitating travel, even when there are obstacles to overcome.

Service users commented:

- 'The staff are very good.'
- 'Triangle is very good.'
- 'I'm happy, the staff are good.'
- 'I know all about what's happening.'
- 'The staff go over what is expected of them.'

The inspectors noted that the agency actively promotes service user involvement throughout Kilns Court and across the wider agency through the Tenants' Advisory Group. Service users who are active in the Tenants' Advisory Group discussed their attendance at meetings with service users from other services, and their participation in contributing to decision making by Triangle Housing Association, and development of service user information leaflets. Discussion with service users and records of tenants' meetings indicated that subjects discussed at the Tenants' Advisory Group are brought to Kilns' Court 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.

A number of service users provided very positive feedback regarding their experience of the annual Service User Conference. A service user discussed how they were 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 provided to service users such as safeguarding, self-advocacy and health matters.

The inspectors were advised that some service users have received 'Choice Checker' training and subsequently participated in ascertaining the views of service users in other services. Some service users who live at Kilns Court have participated in 'Choice Checker' interviews, providing their views and evaluation of the service they receive.

The 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. Relatives described having an ongoing working relationship with agency staff where they felt that their opinions are listened to and valued.

A relative commented:

- 'The staff are so good to ****, they always have been.'
- 'All the staff are good to all the tenants.'

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 discussed how the agency responded to service user feedback in 2015 which directly resulted in changes to the format of the survey in 2016.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The inspector 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 by the agency. The agency is managed on a day to day basis by a service manager, supported by a registered manager. At present, due to a leave of absence of the service manager, the service is managed by an acting manager, who is registered manager in an agency service located on the same site.

The inspector 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.

The inspector saw evidence of reflective learning from a range of incidents, which resulted in assessment and ongoing involvement of HSC Trust professionals, changes to working practices effectively implemented by staff, and subsequent improvements in the safety and quality of life of a service user. The manager discussed in detail the process of reviewing each incident individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector received positive feedback from the HSC Trust regarding the ability of the agency to work in partnership, particularly the commitment of agency staff to learn new ways of working, implement strategies consistently and openness to review and evaluation of practices.

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. Whilst the agency has undergone changes in staffing, the inspectors noted that the manager has taken action to facilitate consistency for service users as far as possible. This includes providing service users as much time as they individually need to familiarise themselves with new staff.

The agency operates a robust training system and has an appointed training manager/safeguarding lead 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 inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about the 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 who provided feedback to the inspector 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.

Inspectors noted that agency staff work effectively as a team, particularly with regard to maintaining consistency needed by service users, and enabling service users to gradually familiarise themselves with new staff members. The inspectors saw evidence of effective planning of staff resources to enable service users to engage in social inclusion, prepare healthy food of their choice and facilitate relationships with friends and family.

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

Feedback provided to the inspector 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 has resulted in positive outcomes for service users who have complex needs.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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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