

Inspection Report

4 February 2022



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 2 Garryduff Road, Ballymoney, BT53 7AF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Triangle Housing Association	Registered Manager: Mrs Orlagh Francis McGivern
Responsible Individual: Mr Christopher Harold Alexander	Date registered: 17 July 2015
Person in charge at the time of inspection: Mrs Orlagh Francis McGivern	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency supported living type which provides care and housing support to six individuals who have a learning disability and complex needs. Staff are available to support service users 24 hours per day and aim to encourage service users to be as independent as possible. Service users are supported with personal care, medication, housing support and accessing the local community.	

2.0 Inspection summary

An announced inspection was undertaken on 4 February 2022 between 10.10 a.m. and 3.30 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 provide care and support to service users. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

One area for improvement was identified with regard to the agency's monthly monitoring reports.

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 Quality Improvement Plan (QIP), 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.

Five individuals responded to the electronic staff survey; they indicated that they were very satisfied with the care provided.

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. Comments included: "The staff take me out for benefits and shopping."

During the inspection we spoke with five service users and three staff members. We observed service users being supported by staff in their home environment; service users appeared

relaxed and comfortable. We requested feedback from Health and Social Care Trust (HSCT) representatives; we received one response. Following the inspection we spoke to a relative of one service user.

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:

- "I like living here. Staff are good."
- "I like going out shopping. Staff help me with shopping and cooking."
- "I like going out to my mummy's house. I am going to a party later."
- "I tell the staff if I am worried. I am very happy."
- "***** (manager) is good."
- "It is all good."
- "Like watching the soaps on TV."
- "I like having a treat, like crisps or coke or sausages and chips."

Relative's comments:

- "Good communication, staff ring me with any issues."
- "The staff fantastic, they are open and honest."
- "The staff make sure the services users are the happiest they can be."
- "The staff are more than willing to help anyone."
- "I have no concerns, the staff phone me and tell me how ***** (service user) is."

Staff comments:

- "I love it here, I feel well supported."
- "The registered manager is brilliant, so supportive. The staff team are good."
- "Service users are well looked after, they have choice."
- "I have no concerns."
- "Really happy with everything. The service users are well looked after."
- "The needs of the service users come first. It is a very relaxed atmosphere."
- "I enjoy my job; it took me a while to adapt as it is more about doing with the service users than doing for. "

HSCT representatives' comments:

- "I have involvement with Garryduff House. I have had no concerns in relation to the service provided there. The staff will go out of there way at times for the service users and have a very good relationship with them. They are good at communicating with me when there are issues of concern."

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, 10904 was undertaken on 29 July 2019 by a care inspector. An inspection was not completed during the inspection year of 2020-21 due to the Covid-19 pandemic restrictions.

Areas for improvement from the last inspection on 29 July 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21.- (1)(a) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner; This relates specifically to the agency's staff rota information. Ref: 6.2 Action taken as confirmed during the inspection: Review of the staff rota information evidenced that it was kept up to date, in good order and in a secure manner.	Met

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 and was noted to have been completed in a comprehensive manner.

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 including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and annual 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 referrals made to the HSCT adult safeguarding team since the last inspection had been managed appropriately and in accordance with policy and procedures. 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 staff if they had any concerns in relation to safety or the care being provided. Relatives who spoke to us stated they had no concerns. 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.

It was noted that 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 representative.

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 not appointee for any service users' monies.

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 had 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 developed an updated 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 human resources 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 some service users had been assessed by the SALT in relation to 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 in the setting was safe and effective.

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 the majority of staff had completed dysphagia awareness training. There is a plan for two new staff members to complete the 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, service users' relatives and HSCT 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.

However from records viewed it was identified that the reports viewed lacked detail. It was noted that staff registration status with NISCC had not been reviewed since October 2021 by the person completing the monitoring visit. In addition it was noted that the reports lacked detail of the issues with regard to the housing matters or the actions taken. It was identified that the reports needed to include more detailed information. An area for improvement was identified.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedure. Complaints are reviewed as part of the agency's monthly quality monitoring process.

It was positive to note that a complaint had been made on behalf of the service users with regard to ongoing housing matters that had failed to be addressed in a timely manner by the organisation's housing department. The manager described the actions taken to date to resolve the matters and advised that the HSCT had been informed of the issues/concerns. It was good to note that service users plan to move to two purpose built bungalows in the future; building work is due to commence in the next few months.

There was a system in place to ensure that staff received supervision 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

As a result of this inspection one area for improvement was identified in respect of the agency's quality monitoring process. Details can be found in the Quality Improvement Plan (QIP) included.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Orlagh McGivern, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 23. (1) Stated: First time	The registered person shall ensure that the monthly quality monitoring reports include a comprehensive account of the matters reviewed and the actions taken. Ref: 5.2.5
To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: The Organisation will ensure compliance within identified area.

Please ensure this document is completed in full and returned via Web Portal



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