

Unannounced Care Inspection Report 25 July 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 2 Garryduff Road, Ballymoney, BT53 7AF
Tel No: 02827667686
Inspector: Joanne Faulkner

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

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.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Christopher Harold Alexander	Registered Manager: Orlagh Francis McGivern
Person in charge at the time of inspection: Team Leader	Date manager registered: 17 July 2015

4.0 Inspection summary

An unannounced inspection took place on 25 July 2019 from 10.00 to 15.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

There were a number of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, performance review, training; and in addition risk management and adult safeguarding procedures. The agency has a range of effective governance and management systems in place. Care records were comprehensive and individualised. There was evidence of effective communication with service users and relevant stakeholders. The culture and ethos of the organisation aims to treat service users with dignity and respect with an emphasis on their safety whilst maximising their privacy, choice and independence. There was evidence that care and support was provided in a person centred manner.

There was evidence to indicate that in all four domains the agency promoted the service users' human rights; this was particularly evident in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

One area for improvement was identified during this inspection relating to the agency's staff rota information.

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.

The inspector would like to thank the team leader, the service users and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the person in charge
- examination of records
- consultation with one service user and staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; two responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and satisfied that the service is well led.

Ten questionnaires were provided for distribution to the service users and/or their representatives; six responses were received prior to the issuing of this report. Five of the respondents indicated that they were very satisfied or satisfied that care provided was safe,

effective and compassionate and that the agency was well led. One respondent indicated that they were unsatisfied that care was compassionate however commented that they had no concerns to be raised. Other comments included: “Generally feel very happy with the care provided to me.

The inspector requested that the person in charge place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

During the inspection the inspector spoke with the person in charge, four service users, two relatives and three staff members. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency’s systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The organisation’s recruitment policy details the process for ensuring that required staff pre-employment checks are completed. Staff recruitment is co-ordinated by the organisation’s Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the person in charge indicated that they had an understanding of the recruitment process and the need for robust systems to be adhered to. The manager is notified when new staff are ready to commence their induction. The person in charge stated that new staff are not supplied until required pre-employment checks have been satisfactorily completed.

The induction programme provided to new staff is in line with the timescales as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency for the initial two weeks of employment.

New staff employed are required to complete an induction workbook during their probationary period linked to the Northern Ireland Social Care Council’s (NISCC) Standards. In addition staff are required to complete competency assessments in areas such as medication and finance.

Staff indicated that their induction had provided them with the required knowledge and skills to meet the needs of the service users. Staff who spoke to the inspector stated that shadowing other staff had provided them with the opportunity to become familiar with the needs of the service users.

Discussions with the person in charge, staff and one service user indicated that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users.

Discussions with staff and rota information viewed indicated that the care and support is provided to service users by a core staff team; staff felt that this helps to ensure continuity of care. Staff felt that continuity of those providing the care can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect.

During the inspection staff stated that they had no concerns in regards to having time to provide care as outlined in individual service users' care plans. One staff member commented that there were enough staff and that it is important that the staff are available to support the service users to get out.

From staff rota information viewed it was identified that correction fluid had been used on a number of the records, that the full name of all staff supplied was not recorded on the rota information and that the records were not consistently recorded in black ink. This was discussed with the person in charge; an area for improvement was identified.

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the person in charge. The person in charge stated that relief staff are required to complete an induction prior to providing care. The reports of quality monitoring audits viewed indicated that an audit of staffing arrangements is completed monthly.

The agency provides quarterly supervision/ appraisal to staff in the form of a performance review; records are maintained. The process includes a medication and financial management competency assessment. The inspector was unable to view individual records of staff supervision/appraisal however a supervision matrix viewed indicated that staff had received supervision/appraisal in accordance with the agency's procedures. Staff stated that they are supported in developing individual development plans as part of the performance review process.

The agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. An electronic record of the registration status and expiry dates of staff required to be registered with NISCC is retained. The person in charge provided assurances that staff are not supplied for work if they are not appropriately registered and stated that the registration status of staff is monitored monthly by the manager and the organisation's HR department. Records viewed indicated that all staff were registered appropriately.

It was noted that staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users. Staff indicated that training provided had equipped them with the required knowledge and skills for their job roles. It was noted that staff have recently completed Makaton training. Staff described the value of the additional training received in improving the quality of care to service users.

Discussions with staff demonstrated that they had a clear understanding of service users' human rights in all aspects of their lives.

The inspector reviewed the agency's staff training matrix; records viewed indicated that staff complete training in a range of areas such as moving and handling, finance, medication, fire and adult safeguarding. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, diversity, confidentiality, safeguarding, human rights and whistleblowing. Training information viewed during and following the inspection indicated that staff had completed relevant training. The inspector discussed with the person in charge the need to ensure that training records accurately reflect training completed by staff.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 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 has been developed.

Discussions with the person in charge and staff demonstrated that they had an understanding of 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 out of hours; they stated that the manager and team leaders are approachable and very responsive in addressing concerns raised.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. Training records viewed during the inspection and information provided by the manager following the inspection indicated that staff had completed or had been booked to attend training in relation to adult safeguarding.

Staff had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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.

Discussions with the person in charge and records viewed relating to adult safeguarding evidenced that the agency has a system for retaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders with regard to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that matters identified with regard to adult safeguarding had been managed in accordance with the agency's policy and procedures.

It was identified that new staff are introduced to the service users prior to providing care; staff felt that this was necessary to ensure they had the required knowledge of the care and support required and to ensure that service users felt valued in terms of their dignity and privacy. One service user indicated that they had no concerns regarding the safety of care being provided by the agency; they stated that they could speak to staff if they had any concerns in relation to safety or the care being provided.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately.

It was noted that details of the incidents and the actions taken were recorded clearly. It was noted that they are reviewed as part of the agency's quality monitoring process.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge described the processes for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and where appropriate their representatives. Records viewed indicated that the human rights of service users had been considered in the process. It was good to note that service users have a care plan relating to participation and engagement.

Staff who spoke to the inspector were noted to be very knowledgeable regarding the individual needs and human rights of service users'. Staff described the value they place on ensuring that service users are supported in an individualised way, where their preferences and views are respected. Staff could describe the importance of the need to balance risk with the choices and human rights of individual service users.

Observations of interactions between staff and service users indicated that they had choice and that staff listened to them. Staff who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they observe service users closely to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety, wellbeing, dignity and choices of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency's office accommodation is located within the home of the service users and accessed from a shared entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in an organised manner. It was noted that computers were password protected.

Comments received during inspection process

Staff comments

- "Very happy in my job."
- "We get good training; I shadowed other staff for 2 weeks."
- "Service users have choice."
- "Service users are supported to get out; they went to the Learning Disability Pride."
- "We supported service users to go on holiday."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training and performance review; and management of risk.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's staff rota information.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector assessed the agency's arrangements for appropriately responding to, assessing and meeting the needs of service users. The agency's Statement of Purpose (SOP) and Service User Guide (SUG) contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Records viewed during the inspection were noted to be retained in an organised manner. It was noted that staff had received information relating to record keeping and confidentiality during their induction programme.

Service user care records viewed during the inspection were noted to include referral information received from a range of relevant HSCT representatives and in addition included risk assessments and care plans. The review of two service user care records identified that they were individualised and contained a range of assessments including those for any practices deemed to be restrictive.

Care plans viewed were noted to be comprehensive, providing a detailed account of the care and support required by service users. Those viewed were noted to contain details of specific choices made by service users and made reference to their human rights. The agency retains a register of all practices deemed to be restrictive; it is reviewed quarterly in conjunction with the service users and where appropriate their representatives. One service user who spoke to the inspector stated that they were supported to make choices in relation to the care and support they received. They described how they had been encouraged by staff to choose new furniture and soft furnishings for their room.

Staff could describe the processes used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. It was noted that staff record daily the care and support provided and that a monthly review is completed with each service user in conjunction with their identified keyworker within the agency.

The human rights of service users were clearly recorded in their individual care and support plans and in the 'All about Me' plans developed in conjunction with the service users and where appropriate their relatives. The agency has provided service users with information in an easy read format relating to human rights and choice; it included details of how the agency strives to protect their confidentiality and information retained by them.

The agency supports service users to participate in an annual review meeting involving their HSCT keyworker. The person in charge felt that review meetings are beneficial to ensure the needs of service users were being appropriately met.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with one service user and staff, and observations made evidenced that staff communicate appropriately with service

users. It was identified that the communication individual needs of service users are considered as part of the referral, assessment, care planning and review processes.

Staff could describe the processes used to develop and maintain effective working relationships with relatives, HSC representatives and other relevant stakeholders. Staff spoken with on the day of inspection confirmed that they were provided with details of the care required to be provided to all service users'. Staff who spoke to the inspector indicated that they were knowledgeable regarding the care and support required by individual service users.

The agency facilitates quarterly staff meetings; staff stated that they are provided with the opportunity to express their views and to raise matters of concern. From the minutes of meetings viewed it was noted that a range of matters are discussed such as NISCC registration, training, staffing and service users' needs.

The person in charge stated that more recently service user meetings have not taken place as planned; they stated that the agency is endeavouring to facilitate monthly meetings going forward. The person in charge stated that due to the small number of service users living in the shared house there is ongoing engagement in relation to a range of matters. The inspector viewed evidence which indicated that this had been discussed with staff and that a meeting had taken place in July 2019.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

The agency has contingency arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans.

Comments made by a service user:

- "I am very happy, I am safe."
- "I speak to staff if worried."
- "I go out to the shops and spend my money."
- "I am saving for my holidays."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records and the agency's processes for communicating and engaging with service users and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 inspector assessed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The agency's staff receive information in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff and a service user, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. The agency has provided information to service users relating to human rights, complaints, advocacy and adult safeguarding in an easy read format. During the inspection the inspector observed service users making decisions in relation to their care, support and daily routines.

A service user who spoke to the inspector stated that they can make their own decisions; they stated that staff respect their views, opinions and choices. Staff who spoke to the inspector described how service users are supported to make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. The person in charge discussed the risks that may arise due to choices made by service users and could describe the procedure for raising concerns with the manager or HSCT keyworker in relation to any identified risks.

Service user care records viewed in the agency office were noted to be comprehensive and contain information relating to the needs of service users and their individual choices and preferences. Discussions with staff and a service user indicated that care and support is provided in an individualised manner. Staff could describe the value of developing a good rapport with service users and their relatives, and the need to be mindful of the individual preferences of service users.

Comments made by a service user:

- "I got my room done."
- "My keyworker helps me, she talks to me and takes me out."
- "Staff are good to me."

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. The agency's SOP and SUG contain information relating to equality and diversity. The agency's staff have been provided with equality awareness information during their induction. Staff could describe how their training had equipped them to engage with a diverse range of service users.

Discussions with staff and observation of staff interactions with service users provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle.

Some of the areas of equality awareness identified during the inspection include:

- effective methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred manner
- risk assessment and care planning

The organisation has developed a wide range of key information in an alternative format; staff stated that this supports service users in having a clearer understanding of the information being provided.

The agency has a range of processes for obtaining and recording comments made by service users and/or their representatives. Records of care review meetings, daily recording records, one to one keyworker meetings and reports of quality monitoring visits indicated engagement with service users and where appropriate other relevant stakeholders. It was noted that these processes assist the agency in obtaining the views of service users and stakeholders as to how the service could be improved.

The agency's quality monitoring process and annual survey has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with staff and a service user, and observations of staff and service user interactions during the inspection indicated that care provided was compassionate; staff were observed to treat service users with dignity and respect and to obtain consent from service users in relation to care and support provided.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care. In addition engagement with service users, and where appropriate relevant stakeholders. There was evidence that the agency had arrangements in place for consistently promoting human rights; this has led to good outcomes for service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

Management and governance systems in place within the agency to meet the assessed needs of service users were assessed. The agency is currently managed on a day to day basis the registered manager supported by a number of team leaders and support workers.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

Staff could clearly describe the procedure for obtaining support at any time, including out of hours arrangements. Staff indicated that they had a good working relationship with the manager and senior staff; they stated that they felt supported in their role. Staff spoken with commented:

- “Well supported.”
- “The manager is approachable.”
- “Can talk to them (seniors) at any time.”

The agency’s policies and procedures are retained electronically and staff can access them.

Discussions with staff indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information during their induction programme; service users have been provided with information in relating to making a complaint.

Staff stated that they would support service users to make a complaint or raise a concern; this indicated that service users have access to fair processes for getting their views heard in line with their human rights and to raise concerns or complaints. One service user who spoke to the inspector stated that they could speak to staff if they were worried or concerned.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency had received one complaint since the previous inspection. This related to an issue in the home of the service users; the person in charge could describe the actions that have been taken to resolve the matter. Complaints are audited monthly as part of the agency’s quality monitoring process.

The agency has developed methods for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency’s governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, supervision of staff, provision of training for staff and the monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly basis. The inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives.

Both during and following the inspection the inspector viewed evidence which indicated appropriate staff induction, training and performance reviews had taken place. The person in charge could describe the benefits of regularly reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is detailed within the Statement of Purpose; it record lines of accountability. Staff who spoke to the inspector had a clear understanding of the responsibilities of their roles. The agency's staff are provided with a job description at the commencement of employment.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspector.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The organisation has a process for completing quality monitoring audits on a monthly basis; a report is developed. The inspector viewed the quality monitoring reports for a number of the audits. It was noted that the audits are completed by managers from the organisation's other supported living services. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users; the inspector discussed the need to ensure that comments received following the visit from HSCT keyworkers are included in the reports.

The reports viewed were noted to include details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; they contain details of actions taken following the identification of any issues.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with relevant stakeholders and governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including

possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
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
	Response by registered person detailing the actions taken: Actions completed and disseminated through team.

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



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