

Inspection Report

10 December 2021



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 60 Eastermeade Gardens, Ballymoney, BT53 6BD
Tel No: 028 2766 1755

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 Mary (Marie) Scullion
Responsible Individual: Mr Christopher Harold Alexander	Date registered: 5 May 2009
Person in charge at the time of inspection: Service Manager	
Brief description of the accommodation/how the service operates: Triangle Housing Association, 10905 is a domiciliary care agency, supported living type located in Ballymoney. The agency's office is located in the organisation's Head Office situated close to the homes of the service users. Staff provide care and support to service users who are living in their own homes. Staff are available to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 December 2021 between 10.00 a.m. and 15.30 p.m. by two care inspectors.

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 monitoring of NISCC registrations, and the agency's system in place of disseminating Covid-19 related information to staff. There was evidence of robust governance and management oversight systems in place.

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.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

No questionnaires were returned from service users and relatives. Three staff members responded to the electronic survey; the information received indicated that the majority were satisfied that the service provided was safe, effective, compassionate and well led. One respondent stated; "I have worked here since September and love this job."

During the inspection we spoke to two service users, a relative of one service user, two staff and two Health and Social Care Trust (HSCT) representatives. Comments received are detailed below.

Service users' comments:

- "Great place. Staff are good to us."
- "Staff help us."
- "Can do what I want; I go out for coffee with my boyfriend."
- "Can spend my money on what I want."
- "Speak to the staff if I am worried; I have no problems."
- "I love living here, staff talk to me. We go out up the town."

Staff comments:

- "Job can be challenging at times but all management are very approachable."
- "Training is good. Can report concerns."
- "Service users have choice and are well looked after; we promote their independence."
- "Service is very personal; some service users need more support than others."
- "We are doing our best to give them a good life."
- "We get supervision and can raise concerns."

Relatives' comments:

- "They have good communication with me. I meet ***** (service user) for coffee."
- "The staff are good."
- "If I had any concerns about the service I would contact the manager."

- “***** (service user) is happy with the service.”

H SCT representatives’ comments:

- “There is good communication with the staff. The staff have developed ***** (service user) independence.”
- “They promote independence.”
- “The staff respond to matters.”
- “No concerns at all; there is clear, direct communication with staff.”
- “Detailed updates provided for onward referrals. They provide updates for annual care planning and reviews.”
- “***** (service users) love it there.”
- “Feel safe when coming to Triangle, with regards PPE (Personal Protective Equipment).”

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 the agency was undertaken on 25 June 2019 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year due to the impact of the first surge of Covid-19.

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 has been formulated.

Discussions with the person in charge 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 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. It was noted that a number of referrals had been made with regard to adult safeguarding since the last inspection. Records reviewed and discussions with the person in charge indicated that referrals made had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The agency has provided service users and relatives with information with regard to the process for reporting any concerns. Those who spoke to us stated that they had no concerns regarding the safety of the service users; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided and that the staff are very responsive.

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.

Information reviewed during and following the inspection indicated that staff have completed appropriate 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.

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

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) 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 person in charge 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 their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records and discussion with the HR officer confirmed that staff recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff prior to commencement of employment. The organisation has recently updated their recruitment checklist; we discussed the benefits of recording the date the AccessNI return is received.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department.

The person in charge confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations 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 no service users have been assessed by SALT in relation to dysphagia needs. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs with regards to eating and drinking. It was positive to note that staff had undertaken dysphagia awareness training.

Discussions with staff indicated that they had knowledge of the process for referring to the multi-disciplinary team if required.

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, service users' relatives, staff and HSC Trust representatives on the majority of the visits.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration and staffing arrangements and the environment. 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 and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints have 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 and training in accordance with the agency's policies and procedures.

It was established during discussions with the person in charge 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.

Staff described the measures in place with regards to IPC such as PPE. Staff were observed to be using PPE appropriately and stated that there are no difficulties in accessing sufficient supplies are needed.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the person in charge/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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