

Inspection Report

19 January 2022



Triangle Housing Association

Type of Service: Domiciliary Care Agency
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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: Mr Francis McCartan
Responsible Individual: Mr Christopher Harold Alexander	Date registered: 23/07/2019
Person in charge at the time of inspection: Mr Francis McCartan	
Brief description of the accommodation/how the service operates: Triangle Housing Association, 10909, is a domiciliary care agency supported living type located in Belfast. The agency's staff provide care and support to a number of service users who have are living in their own bungalows. Staff are available to provide 24 hour support and to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community. The agency's office is located adjacent to the home of a number of tenants and accessed from a separate entrance.	

2.0 Inspection summary

An announced inspection was undertaken on 19 January 2022 between 10.10 a.m. and 3.40 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 staff recruitment, adult safeguarding, management of complaints and incidents, 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 prior to the issuing of the report. One staff member responded to the electronic survey; the information received indicated that they were satisfied that the service provided was safe and compassionate.

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

Service users' comments:

- "I like it here. The staff help me, they are very good."
- "I like getting out."
- "I have no problems."
- "Staff are great, ***** the team leader is great."
- "I have no concerns; I speak to the manager if I have any problems."
- "I love living here, I am very happy."
- "Staff spend time with me; I appreciate all they do."
- "If I get low the staff speak to me."
- "It is all good. I live with another service user, she is kind and caring."
- "I have no worries."
- "I am able to see my family and my boyfriend comes to visit."

Staff comments:

- "I love working here, I am very happy."

- “The manager is very good and approachable.”
- “Service users are well cared for.”
- “Enjoy working here; the service users are well looked after. I can raise any concerns with the manager.”

Relatives’ comments:

- “I am very happy with everything. ***** (service user) is well supported. The staff are attentive.”
- “I speak to the manager or staff if any problems arise.”

H SCT representatives’ comments:

- “Generally, communication is very good, all appropriate information is provided in a timely manner, appropriate professionals are informed of any incidents and the management/team are willing to engage with Multi-Disciplinary Team to involve professionals as required and adapt care plans to meet service user’s needs, enabling tenants to remain living in the service for as long as possible. The four tenants on my case load are happy. There is good communication with the staff. The staff have developed ***** (service user’s) independence.”
- “The last care management review was held on 25 October 21 face to face. In attendance both team leads were welcoming and very informative regarding resident. Spoke with ***** (service user) in her house after review and both team leads left to allow for a one to one chat. Service user stated she enjoys company of staff especially outings and likes where she is living at present. ***** (manager) is timely in sending through incident reports or Adult Safeguarding.”

A comment made by one staff member was discussed with the manager; it was agreed that this would be discussed with the regional manager for further follow-up with staff team.

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 was undertaken on 20 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 manager 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.

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 manager 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. 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 and that the staff are approachable and caring.

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 had not completed appropriate DoLS training appropriate to their job roles. An area for improvement was identified.

Staff 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 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 their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records and discussion with the manager 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.

It was identified that the information regarding registration details and renewal dates is collated and monitored by the organisation's human resources department. Review of the information provided during the inspection indicated that it was not a true reflection of staff members' current registration status. Following contact with NISCC by a small number of staff it was evidenced that all staff were registered appropriately. Staff spoken with were aware of their responsibilities to keep their registrations up to date. The manager discussed challenges encountered by staff in engaging with NISCC.

We discussed with the manager the need to ensure that a more robust system is implemented to ensure that they monitor and have oversight of staff registration status with their professional body. The manager stated that they plan to implement a system to review this information monthly and a template has been developed. An area for improvement was identified.

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

The discussions with 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 within the domiciliary care agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

It was noted that one service user had 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.

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. We discussed with the manager the need to ensure that details are retained of the records reviewed. 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 complaints received since the last inspection had been managed appropriately. 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 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.

Staff described the measures in place with regards to IPC such as Personal Protective Equipment (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 manager/management team.

Two areas for improvement were identified in regard to staff training and NISCC registration.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2021

	Regulations	Standards
Total number of Areas for Improvement	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Francis McCartan, 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 Minimum Standards, 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to DoLS training.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All support staff have now completed Level 2 DoLS training on the Triangle staff training platform.</p> <p>F McCartan 23/02/2022</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that arrangements are in place to ensure that care workers are able to maintain their registration with the appropriate professional regulatory body.</p> <p>They should ensure that there is a robust system in place for monitoring staff registration details.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>System now in place where NISCC live register is checked at the beginning of each month. Appropriate action taken as required.</p> <p>F McCartan 23/02/2022</p>

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