

Announced Care Inspection Report 22 March 2018



Triangle Housing Association (10909)

Type of Service: Domiciliary Care Agency

Address: Grays Park Court, 3 Grays Park Court, Belfast, BT8 7QD

Tel No: 02890642860

Inspector: Joanne Faulkner

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Triangle Housing Association (10909), located in Grays Park Court, Belfast, is a Domiciliary Care Agency supported living type. The agency provides care and support to a number of service users who live in their own home, in either single or shared occupancy accommodation. The agency's office is located adjacent to the home of a number of service users and accessed from a separate entrance.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Christopher Alexander | Registered Manager: Amanda Jayne Crawford |
| Person in charge at the time of inspection: Service manager | Date manager registered: 05/05/2009 |

4.0 Inspection summary

An announced inspection took place on 22 March 2018 from 10.00 to 15.30.

This inspection was underpinned by 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.

Evidence of good practice was found in relation to:

- Staff recruitment;
- Staff induction and training;
- Staff appraisal;
- Quality monitoring systems;
- Engagement with stakeholders;
- Service user engagement;
- Person centred care planning;
- Record Keeping.

No areas requiring improvement were identified during the inspection.

The comments of service users have been included in the relevant report sections.

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 registered manager, service manager, service users and staff for their support and co-operation during the inspection process.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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.

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

4.2 Action/enforcement taken following the most recent care inspection dated 25 October 2016

No further actions were required to be taken following the most recent inspection on 25 October 2016.

5.0 How we inspect

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

- Discussion with the registered manager and service manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the registered manager, the service manager, three service users and two staff members.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

During and prior to the inspection the inspector viewed a number of the agency's policies and procedures; those viewed were noted to be in accordance with regulations, legislation and minimum standards.

Following the inspection the registered manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; one response was received. The response received indicated that the staff member was satisfied that care provided was safe, effective and compassionate and the agency was well led. A comment made was discussed with the registered manager prior to the issuing of this report and assurances provided that the issue raised would be discussed with all staff.

Questionnaires were provided for service users; six responses were received. Service users indicated that they were satisfied that care provided was safe, effective and compassionate and that the agency was well led.

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 Review of areas for improvement from the most recent inspection dated 25 October 2016

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 October 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 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 that agency's systems in place to avoid and prevent harm to service users, this included a review of staffing arrangements in place within the agency.

The agency's resourcing and pre-employment vetting policies outlined the mechanisms used for ensuring that required staff pre-employment checks are completed prior to commencement of employment. It was identified that the agency's staff recruitment process is managed by the organisation's Human Resources (HR) department.

The inspector noted that prior to commencement of employment the registered manager verifies that all required checks have been satisfactorily completed. The person in charge stated that the agency's HR department provides the manager with details of staff that are available to commence their induction.

Records viewed by the inspector indicated that the organisation has effective recruitment processes in place to ensure that staff are not provided for work before the necessary checks have been satisfactorily completed.

The agency's training and development policy outlines the agency's induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations. Records viewed and discussions with staff indicated that staff are required to attend a welcome session at the organisations head office, complete an online corporate induction and undertake an induction for support services. The person in charge stated that new staff are required to shadow staff employed by the agency for a period of two weeks.

Records of the induction provided to staff is retained by the agency; those viewed by the inspector outlined the information provided during the induction period. It was noted the staff are required to complete the Northern Ireland Social Care Council's (NISCC) Induction booklet. The registered manager stated that the expectation is that staff complete the full induction programme within their six month probationary period. It was noted that staff performance and competency is regularly reviewed during their probation period.

Staff who spoke to the inspector demonstrated that they had the required knowledge and skills to fulfil the requirements of their individual job roles.

It was noted that relief staff are accessed from another domiciliary care agency; the person in charge could describe the process for ensuring that all staff provided at short notice have the necessary knowledge; experience and skills to fulfil the requirements of the role. Staff profiles viewed for staff provided from another registered agency were noted to contain information relating to staff training, experience, induction and registration status with the NISCC. The registered manager stated that the agency has requested that staff profiles provided include details of the expiry date of NISCC registration for all staff supplied.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The agency's staff rota reflected staffing levels as described by the service manager and staff. Staff who spoke to the inspector felt that there is generally enough staff to meet the assessed needs of the service users; however it was noted that the agency is currently in the process of recruiting additional staff to meet the increased needs of one service user. The inspector discussed with the person in charge the need to ensure that the agency's staff rota information clearly records the timings of shifts and includes details of all staff on shift; assurances were provided that this would be actioned immediately.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. It was identified that staff receive quarterly performance reviews which includes two competency assessments. The agency retains a record of staff supervision and appraisal; documentation viewed indicated that staff have received supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector indicated that their supervision and performance reviews support them in their job roles. The agency has a system for recording staff training; it was noted that in addition to the matrix retained by the service manager the agency receives a quarterly report from the organisations training department. The training matrix is required to be updated to include details of both the registered and the service managers' training information. The person in charge could describe the process for identifying training needs in conjunction with the organisation's training department. Staff were aware of their responsibility for ensuring that required training updates are completed.

The inspector identified that staff are required to complete mandatory training in a range of areas and in addition training specific to the needs of individual service users. Records viewed indicated that staff had completed relevant mandatory training. Staff stated that their training and induction had equipped them with the required knowledge and skills for their role.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The agency'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. The agency's policy outlines the process for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC).

Staff demonstrated that they had an understanding of adult protection matters and the process for reporting concerns; they had knowledge of the agency's whistleblowing policy. Training records viewed during the inspection indicated that staff had received training in relation to safeguarding vulnerable adults. It was identified that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete an annual update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has an effective process for maintaining details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed evidenced that the agency has made one referral in relation to adult safeguarding since the previous inspection; documentation viewed and discussions with the person in charge indicated that the agency had acted appropriately and in accordance with their policies and procedures.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety were reviewed. Staff stated that they are required to ensure that risk assessments and care plans are completed in conjunction with service users and where appropriate their representatives.

The inspector noted that care plans were detailed and completed in a person centred manner and on occasions included details of care required in a pictorial format. Staff stated that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed six monthly or as required. The agency records details of

the monthly one to one meetings between service users and their identified keyworker from the agency.

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices that may be deemed to be restrictive. It was identified that any practices deemed to be restrictive had been agreed with the service user and where appropriate their representative in conjunction with their HSCT representative. It was noted that they had been recently reviewed.

The agency's registered premises are located adjacent to the home of a number of service users and accessed from a separate entrance; the premises include a number of offices that are suitable for the operation of the agency as outlined in the Statement of Purpose.

Service user comments

- 'I am happy here.'
- 'I go out with staff; I speak to ***** if I am worried.'
- 'I have no complaints.'
- 'Staff are good; I have a keyworker.'
- 'I talk to the staff if I am worried.'
- 'I like living here.'

Staff comments

- 'Care is person centred.'
- 'I feel training is good; I think online training is not as effective.'
- 'I am the health and safety champion.'
- 'We get a good handover and have delegation sheets for each shift.'
- 'I think at times we could do with more staff to help with appointments etc.'
- 'I had a good induction.'
- 'If I have any concerns I report them to the manager or person in charge.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, appraisal; person centred care planning and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide. It was identified that the statement of purpose and service user guide were required to be updated to include accurate details of the agency's office; following the inspection the registered manager provided RQIA with updated copies.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records during inspection that they were maintained in accordance with legislation, standards and the organisational policy. It was positive to note that records maintained in the agency's office were stored appropriately, that the office was locked at all times and PC's were password protected.

Staff could describe how they actively encourage service users to engage in the development of their care plans; it was noted that the agency requests that service users sign their care and support plans. Service users indicated that they are supported to be involved in all decisions relating to their care and support.

The agency has systems in place to monitor, audit and review the effectiveness and quality of care provided to service users. Monthly quality monitoring visits are completed by a service manager from another of the organisation's facilities and a report is produced.

The inspector viewed the records of quality monitoring visits completed and the action plans developed; records viewed indicated that the process assists the agency in identifying areas for improvement. A small number of reports viewed were noted to include comments made by service users, and where appropriate their representatives. The reports included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, medication audits, record keeping and financial management arrangements. The inspector discussed with the person in charge the need to update the report format to change the wording used to describe the service from home to agency.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users and relevant stakeholders. The inspector observed a number of service users visiting the agency's office to speak to staff.

The agency facilitates monthly service user and bi-monthly staff meetings. Staff described how they support service users to attend and ensure that they are provided with the opportunity to express their views and opinions. A brief record of the matters discussed is retained; the inspector discussed with the person in charge the benefits of recording who attends and details of the staff member who records the minutes and in addition the need to reflect decisions and comments made by service users.

The person in charge could describe the ongoing systems in place to maintain effective working relationships with the HSCT representatives.

Service user comments

- 'Staff do everything for me'
- 'Staff are so good; they take me to the football.'
- 'I go out to work; staff help me.'
- 'I like going on holiday with my parents.'
- 'I have my own bungalow it gives me more privacy.'
- 'You can speak out at the tenant's meetings.'

Staff comments

- 'Service users have choice and are supported to do what they want.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping and process for effective communication with service users and other relevant key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 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 inspection sought to assess the agency's ability to treat service users with dignity, respect and equality and to effectively involve service users in decisions affecting the care and support they receive.

It was identified that staff receive information relating to human rights and confidentiality during their induction programme. It was identified that the agency's staff induction programme is competency and values based. Discussions with the person in charge, service users and staff, and observations made during the inspection provided assurances that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Staff could describe how they provide care and support to service users in a person centred manner. Service users stated that they are supported by staff to be involved in review meetings relating to the care and support they receive and in keyworker and service user meetings. Service users stated that they are involved in decisions relating to their care and support.

The agency can access a range of information in an alternative format to support service users to meaningfully engage in decisions about their care and support; the inspector viewed a range of information provided in an alternative format.

Records of service user, keyworker and care review meetings, and reports relating to the agency's quality monitoring visits reflected the involvement of service users and contain comments made by service users and where appropriate relevant stakeholders.

Processes for effectively engaging and responding to the views and choices of service users and where appropriate their representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings and service user meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

The person in charge and service users could describe recent tenant, staff and stakeholder conferences held to celebrate the organisations 40th Anniversary.

Service users who spoke to the inspector stated that they could speak to the service manager, their keyworker or a staff member at any time if they had an issue of concern. They indicated that staff listen to them and help them to deal with issues or concerns.

Service user comments

- 'Staff talk to me.'
- 'I like it here.'
- 'Staff listen to me and they help me sort things out.'
- 'Staff help me with my bills and my shopping and cooking.'

Staff comments

- 'Service users have choice.'
- 'I feel the service users have a very active and busy life.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to treating service users with dignity and respect, the provision of care in a person centred manner and the agency's systems for effectively engaging with service users, their relatives and relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 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.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented effective systems of management and governance. The agency is managed on a day to day basis by a service manager, three team leaders and a team of support workers. Staff who spoke to the inspector could describe the process for obtaining support and guidance from a senior manager.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; staff can access policies electronically in the agency's office. Policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has demonstrated a systematic approach for reviewing information with the aim of improving the quality of the service provided to service users. Documentation of the agency's governance arrangements viewed and discussions with the person in charge indicated that the processes promote the identification and management of risk. They include the provision of required policies and procedures, monthly audit of staffing arrangements, complaints, accidents, and practices deemed to be restrictive, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for effectively managing complaints; staff demonstrated that they had knowledge of the appropriate actions to be taken in the event of a complaint being received. Staff stated that they were provided with training in relation to handling complaints during their induction programme. It was identified from discussions with the person in charge and records viewed that the agency has received one complaint since the previous inspection. Records viewed indicated that the agency had acted in accordance with their policy and procedure in managing the complaint; it was good to note that the outcome of the investigation was recorded and copies of all correspondence were retained.

The inspector reviewed the agency's incident records and those viewed indicated that the agency had managed them effectively and had reported appropriately to RQIA. The agency retains a record of all accidents and incidents; they are reviewed monthly by the person completing the quality monitoring visit.

Service users could clearly describe the process for raising any concerns they have in relation to the care and support they receive; they indicated that they felt that staff listen to them.

The agency has management and governance systems in place to effectively monitor and promote quality improvement; they include arrangements for the monitoring of staffing arrangements, incidents, accidents and complaints. During the inspection the inspector viewed evidence of appropriate staff recruitment, induction, training and performance management.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose and service user guide; it details lines of accountability. Staff indicated that they had a good understanding of the responsibilities of their individual job roles; they could

describe the process for obtaining support and guidance including the arrangements for out of hours.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

Staff could describe examples of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives in order to achieve better outcomes for service users.

Staff are required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate; a record is maintained by the agency's HR department which details individual staff members' registration status and expiry dates. Staff stated that NISCC registration is discussed at supervision. Discussions with the person in charge provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered. Records viewed by the inspector provided by the HR department during the inspection indicated that staff were appropriately registered; the registered manager stated that the agency is currently developing a process to retain a list within the agency's office.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were reviewed and updated and forwarded to RQIA following the inspection.

Staff comments

- 'We have a good team.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints and incidents and quality monitoring processes.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)