

Unannounced Care Inspection Report 9 October 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency

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

Tel No: 02890642860

Inspector: Aveen Donnelly

www.rqia.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

Gray's Park Court is a Domiciliary Care Agency, supported living type. The agency provides care and support to tenants 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 tenants and accessed from a separate entrance.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Ms Amanda Jayne Crawford
Person in charge at the time of inspection: Service manager	Date manager registered: 5 May 2009

4.0 Inspection summary

An unannounced inspection took place on 9 October 2018 from 10.15 to 15.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development and adult safeguarding. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the tenants with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas requiring improvement were identified during the inspection.

Tenants met with indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' experience.

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 manager, 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 22 March 2018

No further actions were required to be taken following the most recent inspection undertaken on 22 March 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow tenants 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.

Questionnaires were also provided for distribution to the tenants and/or their representatives; four were returned and are included within the report.

During the inspection process the inspector spoke with two tenants, who indicated that they were happy living in Gray's Park Court. The inspector also spoke with the manager, three staff members, four relatives and three HSC Trust representatives.

The following records were examined during the inspection:

- | | |
|--|---|
| • recruitment checklists for two staff members | • two tenants' care records |
| • staff training records | • staff' and service user' meeting' minutes |
| • staff induction records | • complaints records |
| • performance review matrix | • monthly quality monitoring reports |
| • restrictive practice register | • annual quality plan |
| • incident and accident records | • a sample of policies and procedures |
| • records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) | • the Statement of Purpose |
| | • the Service User Guide |

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 March 2018

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 agency's registered premises are located at Grays Park Court, Belfast and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of two team leaders and a number of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to, although a number of relatives commented on the high turnover of staff. These comments were relayed to the manager who advised that new staff had recently been recruited and were awaiting the required checks before starting in post.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of two recruitment checklists identified that the required checks had been undertaken in keeping with regulation. Discussion with the manager and a review of records confirmed that the agency had in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

A review of records confirmed that there was a robust system in place to monitor the registration status of staff in accordance with NISCC.

New staff and those provided from other domiciliary care agencies received a structured induction programme in line with the timescales outlined within the regulations. Discussion with staff confirmed that this included a three days of shadowing.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the records confirmed that the staff received performance reviews twice a year and completed competency and capability assessments in relation to medicines management and managing tenants' finances. These areas were monitored by the management team as part of their quality monitoring processes.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as diabetes awareness, autism awareness, dementia, and bereavement had been provided.

Discussion with staff members confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. There had been one incident referred to adult safeguarding from the date of the last inspection. A review of records and discussion with the manager confirmed that it had been managed appropriately.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately. The review of the monthly quality monitoring records identified that there was good management oversight of incidents which occurred within the agency.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to tenants' health, welfare and safety. There was some evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had generally been completed in conjunction with the tenants.

However, observation of two tenants' homes identified that where bedrails were deemed necessary to keep the tenants safe, the bed rails had not been included in the restrictive practice register. A review of the care records also identified that risk assessments and care plans were also not in place, to reflect their use or that the decision to use the bedrails had been made in consultation with the HSC Trust. The manager agreed to address this and provided assurances that this would be addressed. Following the inspection, the manager confirmed to RQIA, by telephone on 24 October 2018, that the use of bedrails had been included on the restrictive practice register; and that they were planning on meeting with the relevant HSC Trust representatives in relation to the risk assessments and care plans. This matter will be reviewed at future inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development and adult safeguarding.

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 care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

The inspector examined three tenants' care records and found these to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools had been developed by the organisation to effectively support the tenants. It was noted that a number of tools had been developed, in pictorial and easy-read format, to assist a service user to adjust to the supported living model. This is good practice.

Care reviews with the HSC Trust representatives were noted to be held annually or as required and care and support plans were updated to reflect changes agreed at the review meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the tenants. Quality monitoring reports indicated consultation with a range of tenants, relatives, staff and as appropriate HSC Trust representatives. Advice was given to the manager in relation to improving input from HSC stakeholders.

It was clear from discussions with relatives that the staff had a good knowledge of the tenants' needs and preferences; and how they worked with the tenants to promote their independence.

There was evidence of effective communication with the tenants, their representatives and with relevant HSC Trust representatives, as required. Staff meeting minutes reflected that there was effective communication between all grades of staff.

Tenants were also encouraged to participate in a Tenants Advisory Group (TAG), which enabled them to attend regional meetings or tenants' conferences and feed-back accordingly to other tenants.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the tenants.

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

6.6 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 the tenants with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the care records, monthly quality monitoring reports and through discussion with all those consulted with during the inspection.

The review of the care records identified that the tenants had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the tenants and their representatives.

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. This included an annual survey and consultation as part of the monthly quality monitoring visits.

A review of the compliments recorded within the monthly quality monitoring reports identified that all those consulted with were very satisfied with the care and support provided.

During the inspection, the inspector spoke with two tenants, who indicated that they were happy living in Gray's Park Court. The inspector also spoke with, three staff members, four relatives and three HSC Trust representative. Some comments received are detailed below:

Staff

- "Here is excellent."
- "I would recommend Triangle, it is very good."
- "I have no concerns."

Representatives

- "The care and support is pretty good."
- "Overall very happy with the care, the staff are very good."
- "They are alright, but they could do better."

Two representatives spoken with relayed specific comments which were relayed to the manager on the day of the inspection, for review and action.

HSC representatives

- “Absolutely no concerns, communication is always excellent, I have no issues.”
- “I have no concerns.”

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the tenants and their representatives. Four questionnaires were returned; three from tenants; and one from a relative. All respondents indicated that they were ‘very satisfied’ that the care/support provided was safe, effective and compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives.

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

6.7 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 the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The day to day operation of the agency was overseen by the manager, two team leaders and a team of care staff. In addition, the agency’s on call system ensured that staff could avail of management support 24 hours a day.

Staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There had been no complaints received from the date of the last inspection. There was a procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency’s own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. All those consulted with described the manager in positive terms; comments from staff included ‘he is the best manager I have ever had’ and ‘he is very approachable’.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned. Advice was given to the manager in relation to improving stakeholder feedback.

There were processes in place to ensure that the quality of services was evaluated on an annual basis; this included the completion of an Annual Plan, Human Resource Performance report, Participation and Engagement Report, Learning and Development Report, internal audit processes and Performance Cards.

There were arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. Equality monitoring was undertaken on an annual basis, where information was collected on tenants' age, community background, gender, ethnicity, sexual orientation and marital status. This information was compiled into a report, which the organisation submitted to the Equality Commission on an annual basis. Prior to the inspection, this report had been reviewed. The report evidenced the organisation's promotion of equal opportunities for tenants, through the continued development of easy-read performance reports, information leaflets and service user involvement in Tenant Action Groups.

Other initiatives included Choice Checkers, which enables tenants to review the support, care and housing provision provided to other tenants.

Tenants were also encouraged to become involved in the Tenant Action Group at which the Equality Scheme was discussed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Staff were able to access the policies and procedures electronically.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff. The agency had received positive feedback through the quality monitoring report from HSCT representatives regarding the ability of the agency staff to work in partnership to meet the needs of the tenants.

On the date of inspection the registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

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.



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