



Inspector: Rhonda Simms
Inspection ID: IN023229

Triangle Housing Association
RQIA ID: 10909
Grays Park Court
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**Announced Care Inspection
of
Triangle Housing Association**

24 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 24 November 2015 from 09.30 to 03.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with Amanda Crawford Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Triangle Housing Association Christopher Alexander	Registered Manager: Amanda Crawford
Person in charge of the agency at the time of Inspection: Amanda Crawford	Date Manager Registered: 5 May 2009
Number of service users in receipt of a service on the day of Inspection: 7	

Triangle Grays Park Court is a supported living type domiciliary care agency providing services to service users with learning disability and overlapping complex mental health and/or physical health needs. Seven service users live in a range of single person and shared accommodation. Services provided include help with daily living/life skills, involvement in the local community, and maintaining a tenancy, with the overall goal of promoting independence and maximising quality of life.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

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

- Examination of records
- Discussion with the staff and registered manager
- Feedback from service users and their representatives.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents
- Correspondence.

As part of the inspection the inspector met with the registered manager, five staff, four service users, and spoke with two relatives. The feedback received by the inspector is included throughout the report.

Questionnaires were left for completion by staff; seven were returned. Seven questionnaires indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who were familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that the induction process had prepared them adequately for their role
- that the agency's whistleblowing policy is available to all staff.

Six questionnaires indicated that staff were either satisfied or very satisfied:

- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users.

Six questionnaires indicated that staff were either satisfied or very satisfied:

- that staff would be taken seriously if they were to raise a concern.

Issues relating to the staff questionnaires were discussed with the registered manager and service manager during the inspection process to the satisfaction of the inspector. The areas commented on in the questionnaires are discussed later in this report.

Questionnaires asking service users' views on the care they receive were left in the agency for completion; seven were returned subsequent to the inspection.

Seven service users were either satisfied or very satisfied:

- that staff help them feel safe and secure

Six service users were either satisfied or very satisfied that:

- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- with the care and support they receive.

Five service users were either satisfied or very satisfied that:

- that staffing levels are appropriate.

Subsequent to the inspection, feedback from the questionnaires was discussed with the registered manager. On 10 December 2015 the registered manager provided assurance that all issues highlighted on questionnaires would be addressed with service users.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Quality monitoring information
- Monthly monitoring reports
- Staff meeting minutes
- Records relating to staff training
- Records relating to staff supervision
- Policy relating to supervision and the management of performance
- Complaints records
- Recruitment policy
- Induction procedure

- Records of induction
- Staff register
- Staff rota information
- Staff handover information
- Tenant meeting minutes.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 19 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (c) (d) (e)	<p>The registered manager must ensure that where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided –</p> <p>(c) so as to promote the independence of service users;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them</p> <p>The registered person must ensure that RQIA is informed in writing of the progress of plans to remove the office from the service user's home, in line with the timescale proposed by Triangle Housing Association.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency has informed RQIA of the progress of plans to build staff accommodation and office facilities at Grays Park Court; this will remove the office from the home of any service user.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 14 (b) (d)</p>	<p>The registered manager must ensure that Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes</p> <ul style="list-style-type: none"> • The inspector noted that reconciliations of financial transactions by the registered manager had not always been undertaken on a monthly basis, as stated in agency policy. • The registered person must ensure that appropriate referrals are made to the HSC Trust in order to assess their financial capacity; to protect service users' finances, or increase their financial independence. This refers to the registered manager's reflection on the changing financial abilities of service users. <p>Action taken as confirmed during the inspection:</p> <p>The inspector examined a range of records of financial transactions. It was noted that audits had been completed in accordance with the amended Service User Finance Procedure.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (d)</p>	<p>The registered manager must ensure that Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided –</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes</p> <p>The registered person must provide RQIA with written assurance that they have highlighted to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter.</p>	

	Action taken as confirmed during the inspection: The registered person provided RQIA with written assurance that they had highlighted to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter.	Met
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Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.4	<p>The registered manager must ensure that Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home and control over who enters it. This process should be kept under review.</p> <p>This refers to:</p> <ul style="list-style-type: none"> • service users who have a sleepover room in their home • service users who have an office area in their home 	Met
	Action taken as confirmed during the inspection: The insepctor saw a record of a tenants' meeting where the views of service users regarding sleepover and office facilities in their homes were sought.	

<p>Recommendation 2</p> <p>Ref: Standard 4.2</p>	<p>The registered manager must ensure that The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> • the arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept; <p>The registered person should ensure that written agreements include appointee arrangements; and where service users keep money in a safe.</p> <p>Action taken as confirmed during the inspection:</p> <p>Examination of finance support plans confirmed that the arrangements for any financial transactions undertaken on behalf of service users by agency staff, including appointee and storage arrangements, were included.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 12.4</p>	<p>The registered manager must ensure that The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates to additional training requested by staff in the areas of:</p> <ul style="list-style-type: none"> • Autism • Mental Health <p>Action taken as confirmed during the inspection:</p> <p>It was noted that additional resources were made available to staff in relation to autism, and mental health. In the course of inspection a number of staff highlighted the need for further training in the areas of autism and mental health, in light of the needs of current service users.</p> <p>This recommendation will be re stated.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.11</p>	<p>The registered manager must ensure that The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions</p>	

	<p>taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <ul style="list-style-type: none"> Any factors impacting on the agency's ability to include consultation with relatives must be noted on the reports of monthly monitoring. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector was advised that relatives were surveyed to establish their willingness to be contained regarding the monthly monitoring report. The monthly monitoring reports examined contained the views of relatives, or a statement as to why no relatives' views could be obtained.</p>	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme which comprises five days training and up to ten days on site learning, including shadowing experienced staff. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The inspector was advised that the agency uses its own staff to cover shifts as far as possible. In the event of use of domiciliary care employment agency staff, the agency has in place procedures to verify the identity of staff supplied, and provide an induction. It was noted that the induction records relating to domiciliary care employment agency staff had not been consistently completed in accordance with the agency's procedure. Feedback from staff on the day of inspection indicated that domiciliary care employment agency staff are provided with an induction. A requirement has been made regarding the maintenance of induction records.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency: four performance reviews each year, two of which are competency assessments.

Is Care Effective?

The registered manager and service manager described staffing levels effective to meet the needs of service users. Overall, discussions with staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Examination of staff rotas reflected appropriate staffing levels described by the staff.

The inspector noted that staff who took part in the inspection could confidently describe their roles and responsibilities. Staff described a range of effective verbal and written communication methods used within the agency. It was noted that staff new to the agency provided positive feedback regarding how their roles and responsibilities are communicated to them, making reference to the effectiveness of the shadowing period.

Overall, records indicated that an effective induction is provided prior to staff giving care and support to service users. As stated previously, some inconsistencies were noted regarding the maintenance of records relating to the induction of domiciliary care employment agency staff. Staff who took part in the inspection provided positive feedback regarding the quality of the induction period. Staff described how the agency induction process allowed them to gain knowledge and assume responsibility over a period of time. The agency operates a process of evaluating the effectiveness of staff induction through monthly supervision during the probationary period, observation and staff evaluation. The competence of staff to manage money and manage medication is assessed throughout the induction period. Staff commented that the induction period provided a safe learning environment with good team and managerial support.

Staff provided good feedback regarding the quality of training provided by the agency. A number of staff who took part in the inspection stated that some service users would benefit from the provision of additional training in autism, and mental health. This issue was highlighted in the review of requirements and recommendations from the last care inspection and is included in the Quality Improvement Plan.

Supervision is provided by the service manager, who is supervised in turn by the registered manager. Staff described receiving supervision and appraisal in line with the agency's policy, and having open access to a manager on shift, and an on call manager out of hours. A member of staff provided positive feedback regarding the quality and thorough nature of supervision. Examination of records confirmed that supervision is completed and recorded in line with agency procedure.

Staff interviewed by the inspector knew how to access and use the whistleblowing policy. The inspector received positive feedback from a member of staff regarding the agency's timely and appropriate response to concerns raised.

Is Care Compassionate?

The agency uses a range of methods to record comments made by service users/representatives, including monthly monitoring reports, tenants' meetings and tenants' survey. The inspector noted that staffing arrangements are a standing item on the agenda of every tenant meeting. The inspector discussed and examined a visual guide to a staffing change which had been designed to meet the needs of a service user. The service user provided feedback to the inspector which indicated that the staffing change had been discussed with them in a way which was meaningful to them.

The agency can demonstrate that the provision of domiciliary care workers ensures service users receive continuity of care. It was noted that the agency's own staff cover the majority of shifts, and that the use of domiciliary care employment agency staff is low.

Induction records showed that the agency provides an induction specific to the needs of service users. Agency staff described how the induction process involves meeting service users, with their consent, and learning about their care needs with an experienced member of staff. A member of staff discussed how the agency's value base, including respect for service users, was modelled throughout the induction period. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Relatives provided positive feedback regarding the knowledge and skills of the staff team. In the course of the inspection, the appropriate knowledge and skills of agency staff were observed during their interaction with service users.

The agency has procedures in place to address the unsatisfactory performance of a domiciliary care workers.

Areas for Improvement

One requirement has been made regarding the maintenance of induction records, with particular reference to domiciliary care employment agency staff.

A recommendation has been made regarding the provision of training in response to a needs highlighted by staff.

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or their representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment. Staff described how assessments are undertaken and care plans developed to reflect the changing goals and wishes of service users.

The inspector received staff feedback which included examples of positive risk taking in response to the views of service users, in conjunction with assessment by the HSC Trust where appropriate. Staff who provided feedback were aware of issues relating to balancing of risk with the independence and wishes of service users. The inspector noted that the agency provides structured training in advocacy, human rights, and safeguarding to service users who wish to avail of this.

Is Care Effective?

The inspector examined records which showed evidence of regular evaluation and review of care. Prior to an annual review with the HSC Trust, service users are invited to participate in a 'preparation for review' process when their views are sought. It was noted that records of reviews included the views of service users and/or their representatives.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout, and showed evidence of updating. Staff consistently described a process of monthly evaluation of care and support plans along with service users; this was supported by documentation viewed by the inspector. The inspector received positive feedback from some service users regarding individualised information which they contributed to and held in their homes.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through surveys, monthly monitoring, the complaints process and tenants' meetings. Feedback from staff indicated that the delivery of the service is responsive to the views of service users on a day to day basis. Relatives provided feedback that staff listen to and respond to their views appropriately. A relative described the honesty and integrity of the registered manager in relation to responding to their views. A relative described the effort made by the staff in order to ascertain and respond to the needs of a service user during a period of transition, 'the staff have gone out of their way to make ****'s life as happy as possible.'

A relative commented, 'When (the agency) encounter a problem, they don't pass over it, they resolve it and prevent it happening again.'

Service users have been provided with information relating to human rights and advocacy in a suitable format. A service user has received human rights and advocacy training from the agency, alongside service users across the wider agency. Staff noted that the advocacy training is effective in encouraging service users to promote the rights and views of themselves and others.

Some service users are active in the Tenants' Advisory Group, and can represent the views of all tenants at these meetings. The inspector noted that the views and opinions of the Tenants' Advisory Group are used to inform a range of issues across Triangle Housing Association.

Is Care Compassionate?

Feedback from staff indicated that care is delivered in an individualised manner; this was supported by care records and observation on the day of inspection. The inspector visited four service users in their own homes; each person's home was individually decorated to reflect their personal preference and interests. Service users discussed their individual interests and how they choose to spend their time. Relatives commented positively on the efforts of the staff to support service users to engage in activities of their choice.

Services users who spoke with the inspector were able to express their views and choices. Records relating to reviews of care and support plans and tenants' meetings demonstrated that service users have their views considered in relation to service delivery. Triangle Housing Association involves service users in tenants' meetings and with consultation and advocacy groups across the wider organisation.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. Discussions with staff indicated that values underpinning the Minimum Standards are embedded in service delivery. Having received feedback from a range of sources, the inspector noted that the agency was able to

demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

Areas for Improvement

There were no areas of improvement highlighted in relation to Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. where the views of relatives and professionals have not been sought but not ascertained, an explanation is provided. The inspector discussed additional methods of capturing views of professionals and relatives outside of quality monitoring activity, to be included in quality monitoring reports. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

5.5.2 Complaints

The inspector examined records of complaints which showed that no complaints were received from 1 January 2014 - 31 March 2015, or subsequent to this reporting period.

5.5.3 Safeguarding Referrals

The inspector was advised of safeguarding referrals made since the previous inspection and the process completed to safeguard vulnerable adults. Records examined showed that the safeguarding process had been appropriately followed.

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Amanda Crawford Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.5 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.6 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.7 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 21 (1) (a) Stated: First time To be Completed by: 24 February 2016	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained and that they are –</p> <p>(a) Kept up to date, in good order and in a secure manner</p> <p>This requirement refers to induction records, particularly those which relate to domiciliary care employment agency staff, which should be consistently completed and signed in accordance with agency procedure.</p>
	Response by Registered Person(s) Detailing the Actions Taken: Staff reminded to fully complete agency staff records when they are completing shifts.

Recommendations

Recommendation 1 Ref: Standard Standard 12.4 Stated: Second time To be Completed by: 24 March 2016	<p>The registered manager must ensure that The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates to additional training requested by staff in the areas of:</p> <ul style="list-style-type: none"> • Autism • Mental Health
	Response by Registered Person(s) Detailing the Actions Taken: Email sent to Training Manager 2/12/15 to request. Further request made 7/01/16.

Registered Manager Completing QIP	Amanda Crawford	Date Completed	7/01/16
Registered Person Approving QIP	Christopher H Alexander	Date Approved	7/01/16
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	12/01/2016

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