

Unannounced Care Inspection Report 20 March 2018



Triangle Housing Association (10910)

Domiciliary Care Agency
57 Sandown Road, Belfast, BT5 6GU
Tel no: 028 9065 2582
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, located on the Sandown Road, Belfast, is a domiciliary care agency of a supported living type, which provides care to a number of service users over three locations in East Belfast. Service users live in their own homes in single or shared occupancy flats and houses. The agency's office is located in the home of a number of service users and accessed from a shared entrance.

The agency's aim is to provide care and support to enable service users to remain in their own homes and to promote independence.

3.0 Service details

Registered organisation/registered person: Triangle Housing Association Christopher Alexander	Registered Manager: Amanda Crawford
Person in charge at the time of inspection: Amanda Crawford	Date manager registered: 5 May 2009

4.0 Inspection summary

An unannounced inspection took place on 20 March 2018 from 9:45 to 15:45.

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;
- 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 user 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 Amanda Crawford, registered 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 10 January 2017

No further actions were required to be taken following the most recent inspection on 10 January 2017.

5.0 How we inspect

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and a service user
- 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, one service user and two staff.

The following records were viewed prior to and 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; no responses were received. Questionnaires were provided for service users; eight 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 10 January 2017

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 10 January 2017

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 within the agency.

The agency's resourcing and pre-employment vetting policies outlined the processes 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 completed. The agency's HR department provides the manager with a Notification of start form for all new staff.

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 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 a two day induction for support services. It was noted that staff are required to shadow staff employed by the agency for a period of two weeks.

A record 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.

Staff who spoke to the inspector demonstrated that they had the appropriate 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 registered manager could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job. 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 inspector discussed with the registered manager the benefits of requesting that the staff profiles provided include details of the expiry date of NISCC registration for staff supplied.

Discussions with the registered manager 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 registered manager. Staff who spoke to the inspector felt that there are enough staff to meet the assessed needs of the service users. The inspector discussed with the registered manager the need to ensure that the agency's staff rota information clearly records the full name of all staff supplied; 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 two performance reviews and two competency assessments per year. 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 performance reviews are beneficial to their job roles.

The agency has a system for recording staff training; it was noted that the registered manager receives a quarterly report from the organisations training department. The registered manager 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. Staff could describe the process for requesting additional training if required.

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 a clear understanding of adult protection matters and the process for reporting concerns. 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 registered manager and records viewed it was identified that the agency has a 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 indicated that the agency has made no referrals in relation to adult safeguarding since the previous inspection.

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.

It was noted 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 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 are reviewed quarterly.

The agency's registered premises are located in the same building as a number of the service users' accommodation and accessed from a shared entrance; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'I feel safe living here; staff are good.'
- 'I talk to the staff if I am worried.'

Staff comments

- 'I love working here.'

- 'I feel service users are safe.'
- 'I got induction training.'
- 'I can access my training on line; my training is all up to date.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, appraisal 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.

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. One service user 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 manager from another of the organisation's facilities; 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 is effective in identifying areas for improvement. Reports viewed were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements, medication audits, record keeping and financial management arrangements.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with one service user, staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users and relevant stakeholders.

The agency facilitates monthly service user and quarterly 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.

The registered manager could describe the processes in place to maintain effective working relationships with the HSCT representatives.

Service user comments

- 'Staff help me to go shopping; I am going out today to the shopping centre.'
- 'Staff help me with anything; I like the staff.'

Staff comments

- 'Service users are well looked after.'
- 'We are out and about daily with service users.'
- 'Service users live a very active life; they are supported to do activities they want.'
- 'We go shopping with service users and help them with budgeting and cooking.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's record keeping and 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 their care and support.

Staff indicated that they 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 registered manager 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 described how they provide care and support to service users in an individualised manner. A service user 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.

The agency can access a range of information in an alternative format if required 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 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 other relevant stakeholders.

Processes for effectively engaging and responding to the comments and views of service users and where appropriate their representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings, annual family meetings and family questionnaires, 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 registered manager could describe recent tenant, staff and stakeholder conferences held to celebrate the organisations 40th Anniversary.

A service user who spoke to the inspector stated that they could speak to the 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

- 'I can choose what I want.'
- 'Staff listen to me.'
- 'I am happy here.'

Staff comments

- 'Service users have choice; they decide what they want to do and where they want to go.'
- 'I feel service users are listened too.'
- 'I would report any concerns to my line manager.'

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 individualised care 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, two team leaders and a team of support workers. Staff who spoke to the inspector could describe the procedure for obtaining support and guidance from a senior manager within the organisation at all times.

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. 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 life for service users. Documentation of the agency's governance arrangements viewed and discussions with the registered manager 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 a good understanding of the actions to be taken in the event of a complaint being received. Staff are provided with training in relation to handling complaints during their induction programme. It was identified from discussions with the registered manager and records viewed that the agency has received no complaints since the previous inspection.

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 on a monthly basis.

One service user could describe the process for raising any concerns they have in relation to the care and support they receive; they indicated that staff listen to them.

The agency has effective management and governance systems in place to monitor and encourage 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 who spoke to the inspector had an 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. Staff had knowledge of the agency's whistleblowing policy.

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

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

It was noted that all 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 registered manager 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 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 noted to have been reviewed and updated.

Staff comments

- 'We have a brilliant team; staff are all very supportive.'
- 'The management are good and approachable.'

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)