

Unannounced Care Inspection Report 10 January 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 57 Sandown Road, Belfast, BT5 6GU
Tel No: 02890652582
Inspector: Aveen Donnelly

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 up to thirteen service users over two locations in East Belfast. The service user's care is commissioned by the Belfast Health and Social Care (HSC) Trust.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 10 January 2019 from 09.30 to 13.45.

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, adult safeguarding and risk management. The care records were generally 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.

Service users consulted 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 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 20 March 2018

No further actions were required to be taken following the most recent inspection on 20 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 their representatives; two were returned and are included within the report.

The inspector spoke with the person in charge, three support assistants, two tenants and three tenants' representatives. Comments received are included within the body of the report.

The following records were examined during the inspection:

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

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 20 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 57 Sandown Road, 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 three team leaders and a team of support assistants. All those consulted with stated that the required staffing levels were consistently adhered to.

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 person in charge 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 system in place to monitor the registration status of staff in accordance with NISCC. Advice was given in relation to the current system in place that would ensure that the manager had improved oversight over the process.

There was a procedure in place in relation to the induction process. This reflected that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment. A review of records confirmed that induction was also provided to staff provided from another domiciliary care agency.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the training matrix 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. A review of the staff profiles received for agency staff provided from other domiciliary care agencies identified that these were up to date.

The staff member spoken with 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. A flowchart was displayed in the manager's office, to assist staff in understanding the referral process.

There had been no incidents referred to adult safeguarding since the date of the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The Annual Safeguarding Position Report had been completed. 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 accidents and incidents which occurred within the agency identified that they had been managed appropriately. However, two staff members consulted with raised concerns in relation to the falls risk of one identified tenant. This matter was discussed with the person in charge and it was agreed that a care review would be arranged, to ensure that the relevant risk assessments and care plans would be reviewed. Following the inspection, the manager confirmed to RQIA, by email on 23 January 2019, that this had been addressed.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the tenants health, welfare and safety. There was some evidence of positive risk taking in collaboration with the tenants 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, discussion with the person in charge and a review of records confirmed that a specific restrictive practice had not recognised as such and had not been included in the restrictive practice register. This matter is also required to be added to the risk assessments and care plans. Following the inspection, the manager confirmed to RQIA, by email on 31 January 2019, that this had been addressed.

A review of the records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with the tenants.

Areas of good practice

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

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.

A review of three tenants' care records found these to be very detailed, personalised and reflective of the individuals' preferences. Risk assessments and care plans were generally up to date and there was evidence that tenants discussed their care plan with their key worker on a monthly basis. It was noted that one tenant did not have a trust care plan in place. This was discussed with the person in charge, who agreed to follow up with the relevant trust, to ensure this was received.

The agency had 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 staff, relatives and where provided, HSC Trust representatives.

There was evidence within the care records reviewed of effective communication with the tenants, their representatives and with relevant HSC Trust representatives, as required.

Staff' meetings were held on a regular basis and minutes were available. It was also noted that human rights was a standing item on the agenda.

Tenants' meetings were also held on a regular basis and minutes were available, to evidence the matters discussed.

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 service users. The inspection process had also been explained to the service users and they had been encouraged to speak with the inspector.

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 service users 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 service users 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 service users and their representatives.

There were systems in place to obtain the views of service users, their representatives and staff on the quality of the service provided.

A review of minutes of the tenants' meetings identified that they were encouraged to raise any concerns they may have. Tenants had also been provided with an easy-read complaints format. 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. Compliments included:

- "I have found the service meets the service users' needs, the reporting and communication has been appropriate and any agreed actions have been carried out. The reviews have been positive the overall service has been person-centred."

During the inspection, the inspector spoke with two tenants, who indicated that they were happy living in Sandown Road. The inspector spoke with the person in charge, three support assistants, two tenants and three tenants' representatives. Some comments received are detailed below:

Staff

- "I have no concerns."
- "Everything is fine, some tenants could do with more hours."
- "No problems here."

As discussed in section 6.3, two staff members discussed concerns regarding one identified tenant. During the inspection, these comments were relayed to the person in charge, for review and action.

Tenants' representatives

- “ (My relative) is well settled, everything seems to be fine, I am very happy.”
- “I have no problems.”

One tenants' representative commented that the agency could be short staffed during periods of staff' annual leave. Another tenants' representative spoke at length with the inspector in relation to specific aspects of their relative's personal care. Following the inspection, these matters were relayed to the manager for review and action, as appropriate.

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the service users and their representatives. One tenant and one relative returned their questionnaires, both of which indicated that they were either 'satisfied' or 'very satisfied' in relation to the provision of safe, effective and compassionate care and that the agency was well led.

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 service users 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 service users; 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 service manager, three team leaders and a team of support assistants. In addition, the agency's on call system ensured that staff could avail of management support 24 hours a day.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms.

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.

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.

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 and information leaflets. Staff had been provided with training on equality and diversity. No complaints had been raised in relation to inequality since the last inspection.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Staff had access to the policies on an electronic tablet and personal computer.

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

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

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.



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)