



**The Regulation and  
Quality Improvement  
Authority**

**Triangle Housing Association  
RQIA ID: 10910  
57 Sandown Road  
Belfast  
BT5 6GU**

**Inspector: Rhonda Simms  
Inspection ID: IN23225**

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**Announced Care Inspection  
of  
Triangle Housing Association**

**17 December 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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced care inspection took place on 17 December 2015 from 09.15 to 14.30. 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Christopher Alexander Triangle Housing Association	<b>Registered Manager:</b> Amanda Crawford
<b>Person in charge of the agency at the time of Inspection:</b> Charlotte Thompson	<b>Date Manager Registered:</b> 5 May 2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 11	

Triangle Housing Association is a supported living type domiciliary care agency, based at 57 Sandown Road, Belfast. The service provides domiciliary care and housing support to eleven service users. There are five apartments at 57 Sandown Road which can accommodate ten service users; an additional five service users living in two houses in the local area receive support. Service users are supported by agency staff based at Sandown Road. Under the direction of the Registered Manager, Amanda Crawford, the service manager and support staff provide services that can 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 service manager, three staff, four service users, and spoke with two relatives and one community professional. The feedback received by the inspector is included throughout the report.

Questionnaires were left for completion by staff; five were returned. Five 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

- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users.
- that staff would be taken seriously if they were to raise a concern.

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

Nine service users were either satisfied or very satisfied:

- that staff help them feel safe and secure
- 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

Eight service users were either satisfied or very satisfied:

- that staffing levels are appropriate.

#### **Service users' comments:**

'I am very happy here.'

'I do my own washing.'

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
- Tenant meeting minutes
- 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

## **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 6 January 2015. 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
<b>Requirement 1</b>  <b>Ref: Regulation 14</b> <b>(c) (d) (e)</b>	<p>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>In relation to the house which contains an office/sleepover room:</p> <p>The registered person should ensure that the views of the service users are ascertained, recorded and regularly evaluated regarding the range of business which they agree to be conducted in their home, and the times when they prefer this to occur. The registered person must ensure that the use of the service users' kitchen and the traffic throughout their home is minimised as much as possible and limited to person's necessarily providing services to service users within their own home.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector was shown written evidence of consultation with service users regarding the range of business which they agree to be conducted from their home. The service manager discussed the measures taken to minimise the use of the service users' kitchen and traffic throughout their home.</p>	Met
<b>Requirement 2</b>  <b>Ref: Regulation 14</b> <b>(b) (c)</b>	<p>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;</p> <p>(c) so as to promote the independence of service users</p>	

	<p>The registered person must review the proportion of utility costs paid by the agency in relation to the house where the agency office is situated.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Triangle Housing Association have reviewed the proportion of payment of utility bills in areas shared with service users, throughout the organisation. The inspector saw documentary evidence of the revised payments to service users.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref: Regulation 15</b> (2) (a) (b) (c)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>The registered person must ensure that restrictive practices are undertaken when risks and needs have been identified and assessed by the HSC Trust.</p> <p>This refers to restrictive practices which are included in care and support plan without evidence of assessment and evaluation by the HSC Trust.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The service manager discussed the actions agreed at the HSC Trust review of a service user who has restricted access to their property. The review is referred to in the agency's review of restrictive practices register and in monthly monitoring reports. Written confirmation of the involvement of the HSC Trust in the assessment and review of the practice was seen by the inspector.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p><b>Ref: Regulation 14</b></p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the</p>	

(d)	<p>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> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered person provided RQIA with written assurance that they had corresponded appropriately with the HSC Trust regarding service users paying for personal care.</p>	<b>Met</b>
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Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref: Standard 8.11</b></p>	<p>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 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"> <li>• This registered person should consult with relatives and professionals and record their views in the monthly quality monitoring report.</li> <li>• Any factors impacting on the agency's ability to include consultation with relatives or professionals should be noted on the reports of monthly monitoring.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed reports of monthly monitoring which showed evidence of consultation with relatives and professionals.</p>	<b>Met</b>

<b>Recommendation 2</b>  <b>Ref: Standard 1.4</b>	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>In relation to accommodation which is shared with agency staff:</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 recommendation relates to:</p> <ul style="list-style-type: none"> <li>• service users who have a sleepover room in their home</li> <li>• service users who have an office area in their home.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector saw written evidence that appropriate consultation took place with service users who share accommodation with agency staff.</p>	<p><b>Met</b></p>
<b>Recommendation 3</b>  <b>Ref: Standard 2.4</b>	<p>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"> <li>• dementia</li> <li>• more detailed training regarding recognising and responding to historical abuse or safeguarding issues.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector received feedback from staff and saw written evidence of training provided in relation to dementia, and safeguarding.</p>	<p><b>Met</b></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. The inspector noted that the induction records relating to domiciliary care employment agency staff had been consistently completed in accordance with the agency's procedure.

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?**

Discussions with the service manager and 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 including: daily use of a staff diary, verbal handovers prior to each shift, daily notes held in the home of each service user, and regular staff meetings.

Overall, records indicated that an effective induction is provided prior to staff giving care and support to service users. Staff who took part in the inspection provided positive feedback regarding the quality of the induction period: 'the induction was good, the training was of a high standard, and I could see how the training was applicable to the job role.'

Staff described how the agency induction process allowed them to gain knowledge of service users 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 positively on the availability of training and development opportunities which will be of benefit to service users, in addition to mandatory training. Staff can highlight training needs through supervision or directly to the training department. All mandatory training is overseen by the training department.

Supervision is provided by the service manager, who is supervised in turn by the registered manager. Supervisory staff have received specific supervision training. 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. 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. It was noted that staff were confident that concerns raised would be taken seriously by agency management.

### **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 regularly discussed in tenants' meetings and tenants' views recorded.

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 a small core of domiciliary care employment agency staff are used if necessary.

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 specific care needs with an experienced member of staff. 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. Staff who took part in the inspection showed an understanding of the needs of service users and knowledge regarding how to best meet these needs. In the course of the inspection, the appropriate knowledge and skills of agency staff were observed during their interaction with service users. Relatives provided positive feedback regarding the knowledge and skills of the staff team. A community professional provided positive feedback regarding the ability of agency staff to enable a service user to acquire new skills and increase their independence.

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

### **Areas for Improvement**

There were no areas for improvement identified in relation to Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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. Agency staff discussed a specific

example of positive risk taking which involved service users achieving long held goals. This particular example necessitated multi agency working and a period of planning with 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. The agency maintains a process of monthly reviews of care and support plans with keyworker and service users; these included the views of the service user and their wishes for the future. 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.

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. Agency staff commented: 'the service user is at the centre of all we do and we revolve around them.' 'We make service users as involved in life choices as possible...their rights should be upheld.'

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. A service user showed the inspector evidence of how the agency responded to their views in enabling them to fulfil an activity they wished to do. In the course of the inspection, the inspector observed agency staff responding to the views and wishes of service users. It was evident to the inspector that service users had individual interests which the agency enabled them to engage in.

A relative provided positive feedback regarding the effectiveness of the service manager and agency staff in working together with their family to support the service user through a transition period.

Service users have been provided with information relating to human rights and advocacy in a suitable format. It was noted that service users are encouraged to take part in human rights and advocacy training, alongside service users across the wider agency.

### **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 two 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.

Staff provided feedback regarding how they ascertain the views of service users' on a daily basis; this was reflected in interactions between staff and service users during the inspection.

Service users who spoke with the inspector were able to make their views known. 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 offers opportunities for service users to be involved with consultation and advocacy 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.

#### **Service users' comments**

'I like it here.'

'The staff are very good.'

#### **Relatives' comments**

'I have no complaints.'

'(The service manager) has been very understanding.'

'\*\*\*\* is very comfortable with the staff.'

'I think the staff are really very good.'

'The staff are very nice and considerate.'

#### **Areas for Improvement**

There were no areas for improvement identified in relation to Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 been sought but not ascertained, an explanation is usually provided. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The monitoring reports maintained by the agency provide assurance of a robust system of quality monitoring.

### **5.5.2 Complaints**


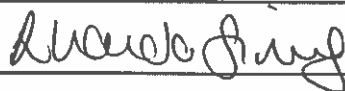
The inspector examined records of one complaint received from 1 January 2014 - 31 March 2015, which had been satisfactorily resolved. Records showed that no complaints were received subsequent to the reporting period.

### **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.

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Amanda Crawford	Date Completed	7/01/16
Registered Person		Date Approved	7/01/16
RQIA Inspector Assessing Response		Date Approved	23/02/16

Please provide any additional comments or observations you may wish to make below:
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