

# Announced Care Inspection Report 8 March 2017



## Triangle Housing Association, Castlehill Place incorporating Gordonville Park

**Domiciliary Care Agency/Supported Living  
37 Castlehill Place, Ballymoney, BT53 6TW  
Tel no: 028 2766 4013  
Inspector: Kieran Murray**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Triangle Housing Association, Castlehill Place incorporating Gordonville Park took place on 8 March 2017 from 09:30 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Delivery of safe care was evident on inspection. The agency has in place robust recruitment systems and ensures there is at all times an appropriate number of suitably skilled and experienced staff to meet the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the HSC Trust; relatives and other stakeholders. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of records, preferences and risks.

### **Is care effective?**

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, professionals and staff, which indicated that service provision, had resulted in positive changes in the lives of service users'.

### **Is care compassionate?**

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, choice, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observation and discussion with staff and service users that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life.

### **Is the service well led?**

During the inspection competent delivery of a well led service was found. Management and governance systems have been effectively implemented by the agency to ensure that the needs of service users are met and quality improvement systems are maintained.

Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and HSC Trust, have contributed to positive outcomes achieved for service users.

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

### 1.1 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 were discussed with the Acting Service Manager, as part of the inspection process and can be found in the main body of the report.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Triangle Housing Association Christopher Alexander	<b>Registered manager:</b> Mary Scullion (Acting)
<b>Person in charge of the service at the time of inspection:</b> Acting Service Manager	<b>Date manager registered:</b> 20 February 2017

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with the acting service manager; four support workers; five service users; one relative and two HSC Trust professionals. During the inspection the inspector observed the interactions of staff with service users.

Questionnaires were distributed for completion by staff and service users during the inspection and nine were returned by staff and three were returned by service users.

The following records were examined during the inspection:

- Three service users' care and support plans
- HSC Trust assessments of need and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- Service users meeting minutes
- Records relating to staff training, including induction training for agency and domiciliary agency staff
- Records relating to staff supervision/appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communications records
- Recruitment policy, 2016
- A range of policies relating to the management of staff
- Supervision policy, 2015
- Induction policy, 2014
- Safeguarding Adults in Need of Protection policy, 2016
- Restrictive practice policy, 2016
- Use of restrictive practice procedure, 2016
- Risk management policy, 2015
- Incident policy, 2015
- Whistleblowing policy, 2016
- Statement of purpose
- Service user guide

Feedback received by the inspector during the course of the inspection and returned questionnaires is reflected throughout the report.

## **4.0 The inspection**

Triangle Housing Association at Castlehill Place incorporating Gordonville Park is a registered domiciliary care agency of a supported living type. The agency provides care and support to five service users who live in their own home, with shared communal areas.

### **4.1 Review of requirements and recommendations from the most recent inspection dated 29/01/2016**

The most recent inspection of the agency was an announced care inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 29/01/2016

There were no requirements or recommendations made as a result of the last care inspection.

## 4.3 Is care safe?

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory.

The agency has a structured induction programme lasting up to ten days shadowing experienced staff, plus an additional five days training before the end of the six month probationary period. 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 spoke to four staff whose feedback supported the above information. Staff provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by staff, the service manager and registered manager.

### Staff comments:

- 'Induction is good, prepares you for the job'.
- 'Good induction, able to put into practice'.

The service manager advised the inspector that the agency uses a small number of staff from other registered domiciliary care agencies. The service manager provided the inspector with a detailed list of staff, proof of their identity including a recent photograph and evidence of the induction programme provided to them.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of the service users at all times.

### Staff comments:

- 'Requests can be made through the request book'.
- 'My work colleagues are very good, they will accommodate rota changes'.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances. Staff who spoke to the inspector provided feedback that they had received supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed supervision and appraisal was available in the office.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Epilepsy Management. The inspector reviewed the staff training matrix which indicated compliance with regulations and standards.

Staff interviewed informed the inspector that they had received support from the specialist HSC Trust professionals who provided training and guidance which was beneficial in meeting the needs of individual service users.

**Staff comments:**

- (Agency staff) 'Additional training helped them relate theory to practice'.

**Professional comments:**

- 'Kept updated'.
- 'Really good to service users'.
- 'Good teamwork with the HSC Trust professionals'.

**Relative commented:**

- (Agency) 'looking after my \*\*\*\* well'.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016). The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector was informed by staff that the training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion. Staff interviewed by the inspector on the day of the inspection were able to name the Trust designated adult protection officer.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users.

The agency has not made any recent safeguarding referrals to the HSC Trust.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and they were confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include risk assessments and care plans. Documentation indicated that where restrictive practices are assessed as necessary, the agency maintains effective partnership with the HSC Trust to appropriately implement and review the need for restrictive practices. Discussion with the acting service manager and review of available documentation indicated that effective review arrangements have led to use of least restrictive practices or cessation of restrictive practices. It was evident to the inspector that the agency has sought to minimise risk whilst maximising the safety, independence and choice of service users, thus contributing to positive outcomes for service users.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. Documentary evidence and discussion with the acting service manager indicated that referral information and risk assessments are completed by the HSC Trust. Care plans and 'Be Safe' plans reviewed by the inspector reflected risk assessments provided by the HSC Trust.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector found that care and support plans are formally reviewed by agency staff with service users on a six monthly basis, and that monthly reviews between service user and keyworker can highlight changes which result in amendments to care plans.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. No incidents had taken place since the last inspection 29 January 2016.

The inspector reviewed the agency's policy and procedure in relation to complaints. No complaints were received since the last inspection 29 January 2016.

Of the questionnaires returned by staff, six indicated they were 'very satisfied' that care was safe and two staff indicated that they were 'satisfied' care was safe. Of questionnaires returned by service users, one indicated that they were 'very satisfied' that care was safe and one service user indicated that they were 'satisfied' care was safe.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2014) and Service User Guide (2015).

The inspector reviewed three service users' care and support plans. The inspector was informed by staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. The inspector noted that support plans included pictorial guides relating to service users' support and care needs. Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately.

Care and support plans reviewed by the inspector had a strong person focus, were up to date, and clearly detailed service users' needs and how they wished these to be met.

The inspector was informed that care and support plans are reviewed on a six monthly basis or sooner if required. The inspector was informed that service users are involved prior to these reviews and saw 'Preparation for review' forms which recorded the views of service users.

The inspector had the opportunity to speak to one family member who confirmed their involvement in care and support plans and invitation to attend reviews.

The acting service manager advised the inspector that monthly reviews were also carried out by each key worker in conjunction with individual service users'; The inspector viewed three review records.

**Service users' comments:**

- 'Usually get care reviewed every month'.
- 'Can make a suggestion'.

**Relative comments:**

- 'Know that reviews happen but can't attend them'.

**Staff comments:**

- (Amongst the staff there is) 'Good teamwork'.
- 'Best team I have ever worked in'.
- 'Person centred'.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives as appropriate and HSC Trust professionals, and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback from a HSC Trust professional:

- 'I am the Named Worker for \*\*\* service users who reside in Castlehill, recent reviews have highlighted that the service is of high standard.'

The agency's systems to promote effective communication between service users, staff and other stakeholders were assessed during the inspection. Discussions with service users and staff and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time.

The staff who spoke to the inspector on the day of the inspection described effective verbal and written communication systems within the staff team and with the acting service manager, including the use of a diary, communications book and daily written and verbal handovers.

On the day of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff. The inspector observed agency staff and an HSC Professional working closely with a service user.

Advocacy services were recorded in the Statement of Purpose for service users to contact if necessary. There were posters around the agency outlining Triangle Housing Association Tenants' Advisory Group members for service users to contact if necessary. A service user informed the inspector that they had put their name forward to be part of the Tenants' Advisory Group.

**Service users' comments:**

- 'I can make a suggestion'.
- 'If I wasn't happy I would tell staff'.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and refers to or consults with a range of appropriate professionals when relevant.

**Professional comments:**

- 'Any problems they keep me updated'.
- 'Good working relationships, contacted if they need advice'.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified that staff could contribute items to the agenda for these meetings. The inspector noted that team meeting minutes had action plans aligned to meeting items. The staff who spoke with the inspector indicated the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions e.g. service users had made suggestions about where to go on holiday next year. The minutes of meetings had pictures relating to items discussed at the tenant meetings. The inspector also noted that staff discussed issues e.g. discrimination with service users at tenant meetings.

Of the questionnaires returned by staff, six indicated they were 'very satisfied' that care was safe and two staff indicated that they were 'satisfied' care was safe. Of questionnaires returned by service users, one indicated that they were 'very satisfied' that care was safe and one service user indicated that they were 'satisfied' care was safe.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users/their representatives in decisions affecting their care, support and life choices.

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users. The inspector observed staff promoting the independence and choice of service users throughout their interactions and provision of service delivery.

On the day of the inspection a service user informed the inspector they were considering moving to another Triangle service as they would prefer a bigger facility. The service user discussed how they were being supported by agency staff to view other Triangle Housing Associations in the local area which may meet the service users' specific needs.

### **Staff comments:**

- 'I am helping \*\*\*\* explore other places to live and attend other properties to help \*\*\* make informed choices'.

The inspector was invited to visit service users in the communal areas of their own homes. The inspector noted displays of photographs which reflected service users enjoying social activities. The inspector noted a 'Monthly Book' available in the dining-room; this book had photographs of service users enjoying social activities on months during the year e.g. December had photographs of service users enjoying Christmas activities. Service users informed inspector that their bedroom furniture and fittings were chosen by themselves.

Feedback/observation from service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

It was evident that staff, HSC Trust professionals and the agency promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

The inspector noted that service users' care plans were very person centred specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs.

The inspector noted that service users are encouraged to develop their independence inside and outside their own homes. The inspector was informed by staff that service users attend a local resource centre. A service user informed the inspector that they had travelled to the 'Black Box' in Belfast the previous night by public transport for a musical event.

Discussions with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was noted that the agency has a process of supporting service users to make choices about dietary intake i.e. weekly dietary planning and they were supported with individual choice. Service users were encouraged to participate in weekly shopping routines including attending local butchers at weekends to purchase fresh meat for their Sunday lunch. Service users also attended local Chinese restaurants for meals out as part of social interaction.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

The acting service manager and staff interviewed on the day of inspection informed the inspector that the views of service users are recorded at the monthly review meetings with their key worker. The inspector saw examples of monthly review meetings in three care records.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. The inspector was informed by the acting service manager that service users are also invited to contribute to the Triangle Housing Association Tenants' Advisory Group, and to attend the Tenants' Conference, which is service user led. The inspector was informed that a number of service users had attended a recent Tenants' Conference.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives.

The inspector was provided with examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe.

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

- 'Staff are good'.
- 'Staff help with cooking'.
- (Agency staff) 'Get on well with them'.

#### **Relative comments:**

- (Agency) 'Very pleasant'.
- (Agency) 'Very nice'.

#### **Staff comments:**

- 'Service user driven'.
- 'Love our wee team'.

#### **HSC Trust Professional comments:**

- (Agency staff) 'It's a gift to work here'.
- 'We work through issues and come to solutions'.

Of the questionnaires returned by staff, six indicated they were 'very satisfied' that care was compassionate and two staff indicated that they were 'satisfied' care was compassionate.

Of questionnaires returned by service users, one indicated that they were 'very satisfied' that care was safe and one service user indicated that they were 'satisfied' care was safe.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by Triangle Housing Association have been implemented at the agency. The day to day operation of the agency is overseen by an acting service manager who is supported by a registered/regional manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers. A staff member commented that staff are invited to express their views on a range of matters and receive feedback regarding management response. Staff are invited to attend an annual staff conference.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, and service improvement strategies implemented by the senior management team.

The agency operates a robust training system and has an appointed training manager/safeguarding champion who is available for consultation with staff on training and safeguarding issues. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. A rota was available for staff. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office for access by staff.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016. No complaints were noted on the day of the inspection.

There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis. It was noted that staff had been provided with specific information regarding the role of RQIA, inspection guidance issued by RQIA to providers, and their role in the event of an RQIA inspection.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

On the day of the inspection a registered manager from another Triangle service was present for part of the inspection to provide support to the acting service manager.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. The inspector noted that the agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users'.

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

- 'Usually get care reviewed every month'.

#### **Staff comments:**

- (Agency) 'Good team work with the Trust'.

#### **Relative comments:**

- (Agency) 'Look after my \*\*\*\* well'.

Of the questionnaires returned by staff, seven indicated they were 'very satisfied' that care was well led and two staff indicated that they were 'satisfied' care was well led. Of questionnaires returned by service users, one indicated that they were 'very satisfied' that care was safe and one service user indicated that they were 'satisfied' care was safe.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### **5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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