

Inspection Report

24 February 2022



Triangle Housing Association, Castlehill Place incorporating Gordonville Park

Type of Service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Triangle Housing Association	Registered Manager: Mrs Wendy Blair
Responsible Individual: Mr Christopher Harold Alexander	Date registered: 4 June 2019
Person in charge at the time of inspection: Manager from another of the organisation's registered services	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency supported living type which provides personal care and housing support to six service users living in two houses located in the Ballymoney area. Staff are available 24 hours per day to support service users with personal care, shopping, medication, meal preparation and access the local community.	

2.0 Inspection summary

An announced inspection was undertaken on 24 February 2022 between 10.15 a.m. and 2.45 p.m. by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users, staff registrations with NISCC and the management of complaints and adult safeguarding. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements.

The findings of this report will provide the registered individual and the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the agency’s governance and management arrangements. This included reviewing how care staffs’ registrations with the NISCC and/or the Nursing and Midwifery Council (NMC) were monitored.

We discussed any complaints and incidents during the inspection with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided to staff and service users on how feedback could be provided to RQIA about the quality of services in the agency. This included service user easy read questionnaires and a staff poster. No staff responded to the electronic survey within the timescales.

The findings of the inspection were provided to the person in charge and via video link to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

No questionnaires were returned.

During the inspection we spoke with one service user and three staff members. We observed service users being supported by staff in their home environment; service users appeared relaxed and comfortable. We requested feedback from Health and Social Care (HSC) Trust representatives.

The information provided during the inspection indicated that there were no concerns in relation to the care and support provided by the agency.

Comments received during inspection process included:

Service users' comments:

- "All good, love it here."
- "Staff are great."
- "I love watching TV."
- "I have no problems."
- "I am very happy; I love knitting and I am just happy sitting in my room."
- "I have no concerns; the staff are great."

Staff comments:

- "Everything is fine, I feel supported in my job."
- "Things have been tougher with Covid. Service users have been getting on well with not getting out as much due to Covid."
- "I can report concerns, I have no concerns."
- "Service users have choice."
- "I love it here, it is all good."

HSC Trust representatives' comments:

- "The service works really well, my client has come on leaps and bounds since he has been in Gordonville; his self-care and independence skills have increased. Staff are always friendly, approachable and get back to me promptly. I have no concerns or complaints."
- "Management and staff were more than helpful with the transition for one individual. Since the move a review has occurred for the individual, staff attended and provided a detailed report. There have been clear lines of communication, regular updates and incident forms provided. Staff continue to support the individual with all aspects required including arranging and supporting her to arrange/ attend relevant appointments. The individual has reported she has adjusted well and noted she has a good rapport with staff members."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the service was undertaken on 29 October 2019 by a care inspector; no areas for improvement were identified. An inspection was not completed during the inspection year of 2020-21 due to the first surge of the Covid-19 pandemic.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation'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 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The adult safeguarding report for the agency was reviewed and was noted to have been completed in a detailed manner.

Discussions with the person in charge and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. Records viewed evidenced that staff had completed appropriate adult safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the person in charge indicated that referrals made to the HSC Trust adult safeguarding team since the last inspection had been managed appropriately and in accordance with policy and procedures. Records retained were noted to contain a detailed account of actions taken. It was identified that adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was identified that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representatives. It was noted that the DoLS relating to one service user is to be reviewed within the next month.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance. It was noted that the agency are not appointee for any service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff. The Human Resources (HR) department has recently updated the pre-employment checklist.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details are monitored by the manager in conjunction with the organisation's HR department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was noted that a small number of service users had been assessed by the SALT in relation to dysphagia needs. Discussions with the person in charge, staff and the review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe, effective and specific to the individual assessed needs of the service users.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements. It was positive to note that the majority of staff had completed dysphagia awareness training. There is a clear plan for all staff to complete a training update with regard to Dysphagia.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives as appropriate.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement. We discussed with the person in charge the benefits of detailing types of incidents in order to identify trends.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. Complaints are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision, appraisal and training in accordance with the agency's policies and procedures.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge and via video link with Wendy Blair, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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