



The Regulation and
Quality Improvement
Authority

Triangle Housing Association, Castlehill
Place incorporating Gordonville Park
RQIA ID: 10912
37 Castlehill Place
Ballymoney
BT53 6TW

Inspector: Rhonda Simms
Inspection ID: IN23226

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**Announced Care Inspection
of
Triangle Housing Association, Castlehill Place
incorporating Gordonville Park**

29 January 2016

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

1. Summary of Inspection

An announced care inspection took place on 29 January 2016 from 09.45 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no 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
Total number of requirements and recommendations made at this inspection	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

Registered Organisation/Registered Person: Christopher Alexander Triangle Housing Association	Registered Manager: Marie Scullion (acting)
Person in charge of the agency at the time of Inspection: Service manager	Date Manager Registered: 13/01/2016
Number of service users in receipt of a service on the day of Inspection: 6	

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:

- Discussion with the acting registered manager and deputy manager
- Examination of records
- Consultation with service users/staff/relatives
- Evaluation and feedback.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents reported to RQIA
- Correspondence between the agency and RQIA.

During the inspection the inspector met with four service users, the acting registered manager, the service manager, two members of support staff, and spoke with one relative. The feedback received by the inspector is included throughout the report.

At the request of the inspector questionnaires were left for staff to complete, six were returned; these indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who are 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 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
- that the induction process had prepared them adequately for their role.

Comments included:

'Care and support is carried out and planned with the service users and with familiar staff working with them.'

'Service user involvement within the service is really well developed and covers a lot of the key aspects that affect their lives, eg TAG (Tenants' Advisory Group) and 'Choice Checkers.'

'I am happy with the service quality my team and organisation provide to our service users. Staff and service users views are listened to and actioned upon.'

Questionnaires were left for service users to complete, asking about aspects of care and support provided to them. Two service users returned questionnaires which indicated that they were either satisfied or very satisfied:

- with the care and support they receive
- 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
- that staff help them feel safe and secure
- that staffing levels are appropriate at all times.

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
- Monthly monitoring reports
- Complaints records
- Minutes of tenants' meetings
- Recruitment policy
- Induction procedure
- Records of induction
- Records relating to staff training
- Supervision policy
- Records relating to staff supervision
- Staff handbook
- Staff register
- Staff rota information
- Staff meeting minutes
- Records relating to staff communication and handover information.

5. The Inspection

Triangle Housing Association is a supported living type domiciliary care agency based at 37 Castlehill Place, Ballymoney. The service provides domiciliary care and housing support to six service users who have a learning disability and may have additional complex needs. Service users live in two shared occupancy houses in Ballymoney. Under the direction of the acting registered manager, Marie Scullion, the service manager and support staff provide services to include help with daily living skills, personal care, maintaining a tenancy, and community involvement, with the overall goal of promoting independence and maximising life skills.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 23 March 2015. No requirements or recommendations resulted from this inspection.

5.2 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. It was noted that the agency maintains documentation to record induction, in line with agency policy and procedure. All agency staff are provided with a handbook during the induction period, and have access to policies, procedures, and guidance within the agency.

The agency uses Triangle Housing Association staff who are familiar with service users to provide services as far as possible. In the event of the need to use domiciliary care employment agency staff, the agency has in place procedures to verify the identity of staff supplied, and provide a suitable induction.

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 acting registered manager, service manager and 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 and 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 maintained in respect of each service user, and regular staff meetings.

The agency has an induction policy and procedure which includes induction training and a two week period of supernumerary shadowing of experienced staff. Evaluation of the effectiveness of staff induction includes a process of monthly one to one supervision during the probationary period, observation and staff evaluation. The competence of staff to manage money and manage medication is assessed throughout the six month probationary period. The inspector received positive feedback from staff regarding the effectiveness of the induction period in preparing them to undertake their roles and responsibilities. Staff commented on the availability of support during the induction period and the approachability of more experienced staff who could provide them with information.

In the course of the inspection process staff commented positively on the availability and quality of training and development. Staff have the opportunity to highlight training needs through supervision or directly to the agency's training department. The agency operates an effective system of staff training which is overseen by a dedicated training department.

Staff supervision is provided by the service manager, who is supervised in turn by the acting 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. Examination of records confirmed that supervision is completed and recorded in line with agency procedure.

Staff interviewed by the inspector knew how to access the whistleblowing policy. It was noted that staff were confident that any 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. Examination of tenants' meeting minutes provided examples of discussion regarding staffing arrangements, which are a standing agenda item. Agency staff described how regular informal discussions with service users include changes in staffing, for example preparation for staff going on maternity leave. The inspector noted that the agency had recognised the impact of staff absence and supported service users accordingly.

The agency can demonstrate that the provision of domiciliary care workers ensures service users receive continuity of care. It was noted that the agency arranges to cover staff absence by the use of staff from another agency service, which are known to service users.

Induction records and feedback from staff demonstrated that the agency's induction is specific to the needs of service users and takes into account the consent, privacy and dignity of service users. The induction process includes a period of supernumerary shadowing of experienced staff which allows new staff time to get to know service users prior to providing care to them.

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.

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.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 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 where possible which reflected assessments of need and risk assessment.

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. Examples included: opportunities to extend independent living skills; taking part in community based activities. Staff who provided feedback were aware of issues relating to balancing risk with the independence and wishes of 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 and six months 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. Agency staff discussed how they endeavour to ascertain the views of service users who have communication needs. The inspector was informed that care and support plans are reviewed with the HSC Trust annually or when the need for review is highlighted; documentation relating the reviews was maintained.

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. It was noted that relevant formats have been used in plans, such as the use of individually meaningful pictures and photographs. Staff provided feedback to the inspector that care and support plans are a meaningful representation of service users' needs and preferences.

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 relative provided feedback to the inspector that staff have been responsive to the views of a service user and their family.

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. A service user described how they were looking forward to attending the upcoming Tenant Conference.

Is Care Compassionate?

Feedback from staff indicated that care is delivered in an individualised manner; this was supported by care records, observation on the day of inspection and feedback from service users, staff and a relative. It was evident to the inspector that service users were enabled to engage in individual interests by agency staff. A service user described how the provision of appropriate support from the agency had enabled them to participate more independently in activities and form friendships in the local community.

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.

Some service users had communication needs; staff discussed how they identify service users' wishes through knowledge and experience of individual service users.

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 peer 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.

Areas for Improvement

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

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 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, professionals and staff. It was noted that community professionals from the HSC Trust had provided very positive feedback regarding the standard of the service. Where the views of relatives and professionals have been sought but not ascertained, an explanation is usually provided. It was noted that following survey of the wishes of relatives, the willingness of relatives to be contacted has been recorded. Additional methods of including the views of relatives and professionals in monthly monitoring reports were discussed. 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.

5.4.2 Complaints

The inspector examined complaints records which showed that no complaints were received from 1 January 2014 - 31 March 2015, or subsequent to the reporting period.

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	Marie Scullion	Date Completed	26/2/16
Registered Person	Christopher Alexander	Date Approved	26/2/16
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	05/04/2016

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

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