

Unannounced Care Inspection Report 8 January 2019



Triangle Housing Association, Castlehill Place incorporating Gordonville Park

Type of Service: Domiciliary Care Agency
Address: 37 Castlehill Place, Ballymoney, BT53 6TW
Tel No: 02827664013
Inspector: Aveen Donnelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Triangle Housing Association (10912) is a domiciliary care agency, supported living type, which provides personal care and housing support to up to six people who have a learning disability and complex needs. The service users live in two houses, one of which is currently unoccupied due to renovation works. The service user's care is commissioned by the Northern Health and Social Care (HSC) Trust.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander | Registered Manager: Mrs Danielle Mary Dempsey |
| Person in charge at the time of inspection: Mrs Danielle Mary Dempsey | Date manager registered: 13 October 2014 |

4.0 Inspection summary

An unannounced inspection took place on 8 January 2019 from 09.30 to 13.30.

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

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the tenants with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas requiring improvement were identified during the inspection.

Service users consulted indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Danielle Dempsey, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 08 March 2018

No further actions were required to be taken following the most recent inspection on 8 March 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided them with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received and the details included within the report.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the tenants and their representatives; six were returned and are included within the report.

The inspector spoke with the manager, two support assistants, two tenants and one trust' representative. Comments received are included within the body of the report.

The following records were examined during the inspection:

- statement of physical and mental health declaration for one staff member
- staff training records
- performance review matrix
- two tenants' care records
- staff' meeting' minutes
- tenants' meeting' minutes
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- monthly quality monitoring reports
- annual tenants' survey results
- the Statement of Purpose
- the Service User Guide

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 08 March 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's registered premises are located at 37 Castlehill Place, Ballymoney. This premises was not viewed because the premises is currently unoccupied. The inspection took place in 9 Gordonville Park and was deemed suitable for the purposes of the agency.

At the time of the inspection, the agency had a registered manager in post, who manages the agency with the support of five domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. Recruitment records were not viewed because there had been no staff recruited since the date of the last inspection. There was a system in place to ensure that the registered manager provided a statement that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

A review of records confirmed that there was a system in place to monitor the registration status of staff in accordance with NISCC. Advice was given in relation to the current system in place that would ensure that the manager had improved oversight over the process.

Induction records were not viewed because there had been no staff recruited since the date of the last inspection. There was a procedure in place which indicated that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the performance review matrix confirmed that the staff received performance reviews twice a year and completed competency and capability assessments in relation to medicines management and managing tenants' finances. These areas were monitored by the management team as part of the quality monitoring processes.

A review of the training matrix confirmed that training had been provided in all mandatory areas and records were kept up to date. It was noted that the staff had been proactive in requesting specific training to be provided, prior to a new tenant moving in to the service. Additional training in areas such as swallowing difficulties and other training specific to the tenants' individual needs had also been provided to staff. A poster was displayed in the office, in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI). Refer to section 6.5 for further detail.

One staff member spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. A simplified flowchart was displayed in the manager's office, to assist all staff, in understanding the reporting process.

It was noted that information on adult safeguarding was available in easy read format, to ensure that the service users were aware of the different types of abuse. A review of records confirmed that potential safeguarding concerns were managed appropriately.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The Annual Safeguarding Position Report had been completed.

There was a system in place to ensure that accidents and incidents were managed appropriately. These areas were monitored by the management team as part of the quality monitoring processes.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to tenants' health, welfare and safety. There was some evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had generally been completed in conjunction with the tenants.

However, discussion with the manager and a review of records confirmed that a specific restrictive practice had not been recognised as such and had not been included in the restrictive practice register. A review of the care record also identified that a risk assessment and care plan were not in place, to reflect the identified restrictive practice. The manager agreed to address this and consulted with the relevant HSC representative on the day of the inspection. Following the inspection, the manager confirmed to RQIA, by email on 21 January 2019, that this had been addressed and the inspector was satisfied with this assurance.

A Fire Grab Pack was maintained at the front entrance to the building, to ensure that important information was available to the emergency services, should the tenants be required to evacuate the building.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

A review of one tenant's care record found this to be very detailed, personalised and reflective of the individual's preferences. Risk assessments and care plans were generally up to date and there was evidence that tenants discussed their care plan with their key worker on a monthly basis. Another care plan required to be updated in keeping with the new International Dysphagia Diet Standardisation Initiative (IDDSI). This was discussed with the manager, who confirmed to RQIA by email on 18 January 2019 that this had been addressed.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the tenants. Quality monitoring reports indicated consultation with a range of staff, relatives and where provided, HSC Trust representatives.

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

Staff meetings were held on a regular basis and minutes were available. It was noted that the staff were encouraged to contribute towards the agenda.

Tenants meetings were also held on a regular basis and minutes were available, to evidence the matters discussed. It was also noted that human rights was a standing item on the agenda, which was discussed with the tenants at every meeting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the tenants.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat the tenants with dignity and respect; and to fully involve them, as appropriate, in decisions affecting their care and support.

Those consulted with indicated that the tenants were treated in a respectful manner and that the staff communicated effectively with them.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. Staff supported tenants to attend work placements. The manager gave examples of individual tenants who enjoyed country music concerts, going to the cinema, spin classes and having meals out. Day trips were facilitated as appropriate.

The agency's Service User Guide included details of information relating to advocacy services which the tenants can access if required.

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. This included an annual survey which reflected their satisfaction rate of 100 percent. Tenants, their representatives and trust representatives were consulted as part of the monthly monitoring processes. Trust' comments recorded in the monthly quality monitoring reports included:

- "I find the care to be of a very high standard and staff contact me with any issues when required."
- "All the staff were open, honest and approachable."
- "Staff have promoted the service user to be more independent and (they) have learnt daily living skills in a safe and supported way."

The inspector was unable to contact any of the tenants' representatives. The inspector spoke with the manager, two support assistants, two tenants and one trust' representative. Some comments received are detailed below:

Staff

- "I have no concerns."
- "This is a good wee place, I love it here."

Trust' representative

- "I think it is great, no concerns at all."

At the request of the inspector, the person in charge was asked to issue six questionnaires to the tenants and/or their representatives. All the questionnaires returned indicated that they were either 'very satisfied' or 'satisfied' that the care/support provided was safe, effective and compassionate; and that the agency was well led. One written comment was received, noting that 'staff recruitment/retention (can) be a problem from time to time'.

One staff member provided electronic feedback to RQIA regarding the quality of service provision. They indicated that they felt either ‘very satisfied’ or ‘satisfied’ that the care provided was safe, effective and compassionate and that the service was well led. No written comments were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the Service User Guide. The day to day operation of the agency was overseen by the manager and a team of five support assistants. In addition, the agency’s on call system ensured that staff could avail of management support 24 hours a day. The staff member consulted with described the manager in positive terms, noting that she was very approachable.

There was a policy and procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency’s own policies and procedures. The complaints procedure was available in easy-read format, to ensure that the service users could understand the process. It was also noted that the manager had raised a complaint on behalf of one of the tenants and as a result the matter was resolved. This is good practice and is commended.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Advice was given in relation to improving input from tenants’ representatives in the monthly quality monitoring processes.

There were arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. Equality monitoring was undertaken on an annual basis, where information was collected on tenants’ age, community background, gender, ethnicity, sexual

orientation and marital status. This information was compiled into a report, which the organisation submitted to the Equality Commission on an annual basis. Prior to the inspection, this report had been reviewed. The report evidenced the organisation's promotion of equal opportunities for tenants, through the continued development of easy-read performance reports and information leaflets. Staff had been provided with training on equality and diversity. No complaints had been raised in relation to inequality since the last inspection.

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

There had been no incidents reportable to RQIA since the last care inspection.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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