

Unannounced Care Inspection Report 29 October 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: Joanne Faulkner

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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

This is a domiciliary care agency supported living type which provides personal care and housing support to three people living in shared accommodation. Staff are available 24 hours per day to support service users with personal care, shopping, medication, meal preparation and access the local community.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Christopher Harold Alexander	Registered Manager: Wendy Blair
Person in charge at the time of inspection: Wendy Blair	Date manager registered: 04 June 2019

4.0 Inspection summary

An unannounced inspection took place on 29 October 2019 from 10.00 to 15.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

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

There were a range of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, supervision and appraisal, training, adult safeguarding processes and risk management. There are effective governance systems in place. Care records were comprehensive, individualised and well maintained. There was evidence of effective systems for communication with service users and relevant stakeholders; staff were observed communicating effectively with service users. The culture and ethos of the organisation promotes treating service users with dignity and respect with an emphasis on their safety, and in addition maximising their privacy, choice and independence. There was evidence that care was provided in an individualised manner.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user and stakeholder engagement.

No areas for improvement were identified during this inspection.

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

The inspector would like to thank the manager, the service users and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 8 January 2019

No further actions were required to be taken following the most recent inspection on 8 January 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- examination of records
- consultation with two service users, two staff members and a relative of one of the service users
- evaluation and feedback

A range of documentation relating to the agency was reviewed during the inspection and is referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

Questionnaires were provided for distribution to the service users and/or their representatives; five responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the agency was well led. One comment was received: “love the manager, the best manager ever.”

During the inspection the inspector spoke with the manager, two service users, a relative of one of the service users and two staff members. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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

The inspector would like to thank the registered manager, service users, the relative and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

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

The inspector reviewed the agency’s systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The organisation’s recruitment policy outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that staff recruitment is co-ordinated by the organisation’s Human Resources (HR) department. Details of all information relating to staff recruitment are retained by the HR department. The manager stated that they are informed when staff are ready to commence employment/induction.

Discussions with the manager indicated that they had a clear understanding of the recruitment process; they provided assurances that staff would not be supplied prior to pre-employment checks have been satisfactorily completed and verified.

The induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. From discussions with the manager, staff and records viewed it was identified that new staff are required to complete corporate induction, training in a range of mandatory areas and in addition shadow other staff employed by the agency for a minimum of two weeks. Staff are required to complete competency assessments in areas such as medication and finance during their probationary period.

The agency's induction programme provided to staff is linked to the Northern Ireland Social Care Council's (NISCC) Standards. Staff indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users.

New staff employed are required to complete a six month probationary period; review meetings are held at one, three and six months to review staff performance. Staff stated that they were introduced to the service users prior to providing care and support.

Discussions with the manager and staff, and rota information viewed provided assurances that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussions with service users and a relative indicated that they were satisfied with the care and support provided.

Staff rota information viewed indicated that the care and support is provided to service users by a core staff team; it was felt that this supports the agency in ensuring continuity of care. It was noted that all staff provided are employed by the organisation. Staff described how this can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

Staff are provided with quarterly supervision/appraisal meetings and a record of areas discussed is retained. Part of this process requires staff to complete annual medication and financial management competency assessments. It was noted from records viewed that staff had received supervision and appraisal in accordance with the agency's policy.

The agency has a system in place for monitoring staff registration with the relevant regulatory body; details of the registration status and expiry dates of staff required to be registered is retained. The manager stated that staff would not be supplied for work if they were not appropriately registered. Records viewed during the inspection indicated that staff were registered appropriately. The manager stated that this information is monitored by them in conjunction with the organisation's HR department.

Staff are required to complete a range of mandatory training and in addition training specific to the individual needs of the service users they are providing care and support to. The manager and staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed as required.

The agency retains a record of training completed by staff; records viewed indicated that staff had completed relevant training. It was noted that staff had completed training in a range of areas such as moving and handling, Respect training, MVA training, finance, medication, fire, and adult safeguarding. It was positive to note that a range of key areas are covered within the initial induction programme provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights and whistleblowing.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures were noted to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); an Adult Safeguarding Position report has been formulated.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. Training records viewed indicated that staff had completed relevant training.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that referrals made relating to adult safeguarding had been managed appropriately. It was positive to note that comprehensive records were retained and the actions taken and outcomes were clearly noted.

Discussions with staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the agency's policy and procedure with regard to whistleblowing. One staff member stated: "I would not hesitate to report concerns".

Service users and a relative who spoke with the inspector stated that they had no concerns regarding their safety; they stated that they could speak to staff if they had any concerns in relation to their safety or the care and support. The agency had provided service users and their relatives with details of the procedure for reporting any concerns.

A review of the accidents and incidents which had occurred within the agency since the previous inspection identified that they had been managed appropriately. Incident reports are reviewed by the regional manager and as part of the agency's quality monitoring process.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. The agency has a process for assessing and reviewing risk. Records viewed and discussions with the manager confirmed that risk assessments and care plans had been completed in conjunction with service users and where appropriate their representatives. Care plans viewed indicated that the human rights of service users had been considered. Care records contained details of any practices in place deemed to be restrictive; it was noted that these are reviewed quarterly.

Staff who spoke to the inspector were knowledgeable regarding the individual needs and preferences of service users'. They described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are respected. Staff described the need to balance risk with the choices and human rights of individual service users.

Observations of interactions between staff and service users and discussions with service users and a relative indicated that the service users were supported to make their own choices and that staff communicate with them in an appropriate manner. Discussions with staff indicated that they had a clear understanding of the need to respect and promote service users' human rights. Staff could describe how they familiarise themselves with the needs of individual service users and how they have supported service users to be as independent as possible.

The agency's office accommodation is currently located in the same building as the home of a number of service users and accessed via a shared entrance. The office accommodation is

suitable for the operation of the agency. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

Comments received during inspection process

Service user comments

- “I am happy.”
- “Staff are good.”

Comments from a relative

- “All good, happy with the staff.”
- “I have no concerns; I can ring staff at any time.”
- “I can come at any time.”
- “**** is getting on well; he is out and about.”
- “**** is settled since coming to there.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision/appraisal, engagement with service users and relatives and adult safeguarding processes.

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

6.3 Is care effective?

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

The agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed. The agency’s Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Documentation viewed during the inspection was noted to be retained in a well organised and secure manner. It was noted that staff had received training relating to record keeping and confidentiality as part of their initial induction programme.

Care records viewed included referral information received from a range of HSCT representatives and other key stakeholders. The records included risk assessments, risk management plans, ‘All about me’ plans, care plans, keyworker monthly discussion reports, and details of the decision making process for any practices deemed to be restrictive. The review of two service user care records identified that they were comprehensive individualised and

contained a range of assessments including those for any practices deemed to be restrictive. It was good to note that information relating to rights, responsibilities and confidentiality were provided in an easy read format.

Care plans viewed were noted to be completed in a detailed and comprehensive manner, providing an account of the specific care and support required by individual service users. It was noted that staff record daily the care and support provided to service users and that keyworkers meet monthly with individual service users. The manager and staff could describe the processes used for supporting service users to be effectively engaged in the care planning and review processes.

The agency retains a register of any practices deemed to be restrictive; it is reviewed quarterly by the manager and additionally with the relevant stakeholders. The review of restrictive practices is completed monthly as part of the agency’s quality monitoring process.

The agency contributes to service user reviews and supports service users to be involved in the process; annual reviews are completed in conjunction with HSCT representatives and other relevant stakeholders. The human rights of service users were recorded in their individual care and support plans.

The agency’s processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, a relative and staff, and observations made indicated that staff endeavour to communicate appropriately with service users. The communication needs of each service user are recorded in their assessments and care plan.

The manager described the methods used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders as appropriate.

The agency facilitates staff meetings on an 8 weekly basis; staff are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern. It was noted that a range of matters are discussed including staffing arrangements, handovers, shopping, lone working, health and safety, NISCC and service users care and support needs.

Service user meetings are facilitated quarterly; records viewed indicated that service users are involved in the meetings and their views and choices relating to a range of matters recorded. It was noted that staff meet daily with service users to ascertain their choices.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records, systems for effectively communicating with service users and other key stakeholders.

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

6.4 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 inspector assessed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive information relating to equality, human rights and confidentiality as part of their induction programme. Discussions with service users, relatives and staff, observations made and documentation viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way staff provide the care and support to service users. The inspector observed staff supporting service users in a very caring manner.

The agency has provided information to service users relating to human rights, complaints, and adult safeguarding.

The inspector observed staff supporting service users to make decisions about all aspects of their life; a relative who spoke to the inspector stated that staff are approachable and friendly. Discussion with staff provided evidence that service users are consulted about decisions relating to the care and support they receive. The inspector observed service users being supported by staff to make decisions with regards to their daily routines and it was noted that service users were in the process of having their bedrooms decorated. Service users' bedrooms and shared areas were noted to be decorated to the individual preferences of service users.

Care records viewed were noted to be completed in a detailed and comprehensive manner and contained information relating to the specific needs of service users and their individual choices and preferences. Care plans made reference to service users' human rights. Discussions with staff, a relative and service users, and observations made provided assurances that care and support is provided in an individualised and compassionate manner.

Comments made by staff:

- "I love it here; the service users are spoiled."
- "The service users can do whatever they want."
- "We take them (service users) anywhere they want to go such as shopping and country and western nights."
- "The service users are well looked after."
- "We have just helped them get their rooms decorated."
- "I am really happy here, the manager is great."
- "I would speak up if I had any concerns or wasn't happy."

The inspector reminded staff of the process for raising concerns with RQIA if required.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme.

Some of the areas of equality awareness identified during the inspection include:

- effective methods of communication
- effective service user engagement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

The organisation has developed a wide range of key information in an alternative format; this can be used if appropriate to support service users in having a clearer understanding of the information being provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

It was identified that there are arrangements in place to regularly review any restrictive practices that are in place. This process is completed in conjunction with service users, their relatives and relevant stakeholders.

Service user and the relative who spoke to the inspector indicated that staff will engage with them in relation to the care and support to be provided. Records of care review meetings, daily recording notes and reports of quality monitoring visits indicated that there are processes in place for regular engagement with service users, relatives and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved. The agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the methods used by staff to effectively engage with service users and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for protecting and promoting the human rights of service users.

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 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 governance systems in place within the agency to meet the assessed needs of service users were reviewed. The agency is currently managed on a day to day basis by the registered manager supported by a number of support workers.

Staff could describe the process for obtaining support at any time. Staff who spoke to the inspector indicated that they had good working relationships with the manager and senior staff.

The agency's policies and procedures are retained electronically; staff can access them as required.

The organisation's complaints policy outlines the process for managing complaints. Discussions with the manager and staff indicated that they had knowledge of the actions to be taken in the event of a complaint being received. It was identified that staff receive complaints awareness information during their induction programme. The relative could describe the process for raising a complaint or concern.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had not received any complaints since the previous inspection. There was evidence that complaints are audited monthly as part of the agency's quality monitoring process.

The organisation has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, appropriate supervision of staff and provision of relevant staff training. In addition, the agency monitors staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly basis.

The inspector viewed evidence which indicated appropriate staff induction, training and supervision/appraisal. The manager could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided to the service users.

The inspector viewed evidence of ongoing collaborative working relationships with HSCT representatives and other key stakeholders in relation to individual service users.

The organisational and management structure of the agency is outlined within the Statement of Purpose. Staff are provided with a job description at the commencement of employment; staff indicated that they had a good knowledge of the service users' needs.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. On the date of inspection the certificate of registration was on display and reflective of the service provided.

The organisation has a process for completing quality monitoring audits on a monthly basis and a report is developed. The inspector viewed the quality monitoring reports; it was noted that the audits are completed by the regional manager. Reports viewed indicated that the process was effective in identifying areas for improvement; an action plan is developed. The reports included comments made by service users, and where appropriate their representatives. Comments included:

- “I love my job, care being delivered is good. The service users’ needs are always met.”
- ”I am very pleased with the service provided to my client. I receive timely updates from managers and they communicate any issues as necessary.”

The reports were noted to include details of the review of the previous action plan, review of service user care records, any restrictive practices currently in place, staffing arrangements, accidents/incidents, adult safeguarding referrals, and complaints.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s engagement with service users and relevant stakeholders; and in addition the agency’s governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified 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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