



The **Regulation** and
Quality Improvement
Authority

Triangle Housing Association
RQIA ID: 11963
2b Garryduff Road
Ballymoney
BT53 7AF

Inspector: Rhonda Simms
Inspection ID: IN23222

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**Announced Care Inspection
of
Triangle Housing Association**

8 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 8 January 2016 from 13.15 to 17.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. One area for improvement identified is set out in the 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	1	0

The details of the QIP within this report were discussed with the Marie Scullion Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Christopher Alexander Triangle Housing Association	Registered Manager: Marie Scullion
Person in charge of the agency at the time of Inspection: Marie Scullion	Date Manager Registered: 5 May 2009
Number of service users in receipt of a service on the day of Inspection: 4	

Triangle Housing Association 2b Garryduff Road, Ballymoney is a supported living type domiciliary care agency comprising of purpose built accommodation for four service users. Under the direction of the Registered Manager, Marie Scullion and a Service Manager, a team of six staff are currently providing care and support for four service users who have a learning disability and overlapping complex needs. The service can provide assistance with daily living skills, help with maintaining a tenancy and involvement in the local community, with the overall goal of promoting independence and maximising quality of life.

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:

- Examination of records
- Discussion with the staff and registered manager
- Feedback from service users and their representatives.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incident reports forwarded to RQIA
- Correspondence with RQIA.

As part of the inspection the inspector met with the registered manager, service manager, two staff, four service users, and spoke with two relatives and one community professional. The feedback received by the inspector is included throughout the report.

The inspector left questionnaires for completion by staff; five were returned. Five questionnaires indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who were 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 the induction process had prepared them adequately for their role
- that the agency's whistleblowing policy is available to all staff
- 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.

Staff comments included:

- 'Triangle...provide excellent training for their staff and keep it up to date.'
- '(Triangle) make sure tenants have the choice to make their own decisions.'

Questionnaires asking service users' views on the care they receive were provided for completion; one was returned.

One service user was either satisfied or very satisfied:

- that staff help them feel safe and secure
- that staff know how to care for them
- with the care and support they receive
- that staffing levels are appropriate.

One service user was unsatisfied:

- that their views and opinions are sought about the quality of service
- that staff respond to their needs.

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
- Quality monitoring information
- Monthly monitoring reports
- Staff meeting minutes
- Records relating to staff training
- Records relating to staff supervision
- Policy relating to supervision and the management of performance
- Complaints records
- Recruitment policy
- Induction procedure
- Staff communication records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 12 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No requirements or recommendations resulted from inspection of 12 February 2015.

5.3 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. 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 was advised that the agency uses its own staff to cover shifts as far as possible. In the event of use of domiciliary care employment agency staff, the agency has in place procedures to verify the identity of staff supplied, and provide an appropriate induction. The inspector noted that the induction records relating to domiciliary care employment agency staff had been consistently completed in accordance with the agency's procedure.

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 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 could clearly 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.

Overall, records indicated that an effective induction is provided prior to staff giving care and support to service users. Staff who took part in the inspection provided positive feedback regarding the quality of the induction period and the opportunities provided to learn their roles and responsibilities.

Staff described how the agency's induction process allowed them to gain knowledge of service users and assume responsibility throughout the six month probationary period. The agency operates a process of evaluating the effectiveness of staff induction through monthly supervision during the probationary period, observation and staff evaluation. The competence of staff to manage money and manage medication is assessed throughout the induction period.

Staff can highlight additional training needs through supervision or directly to the agency's training department.

Supervision is provided by the service manager, who is supervised in turn by the registered manager. It was identified that 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, and an on call manager out of hours. Staff commented positively on the value of supervision in improving their practice with service users. 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, which is situated with all policies in the agency office. It was noted that staff were confident that 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, discussion with tenants, and tenants' survey. The service manager described how they have regular one to one meetings with tenants to facilitate their communication needs.

The agency can demonstrate that the provision of domiciliary care workers ensures service users receive continuity of care. It was noted that the agency's own staff cover the majority of shifts, and that a small core of domiciliary care employment agency staff are accessed if necessary.

Induction records showed that the agency provides an induction specific to the needs of service users. Agency staff described how the induction process involves meeting service users, with their consent, and learning about their specific care needs with an experienced member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

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 described how they endeavour 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 manner in which the staff team had gained knowledge of a service user on their move to the supported living service.

The agency has procedures in place to address the unsatisfactory performance of a domiciliary care worker.

Areas for Improvement

No areas for improvement were identified in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 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 and/or their representatives which reflected assessments of need and risk assessment. Staff described how assessments are undertaken and care plans developed to reflect the views of service users.

The inspector received staff feedback which included examples of positive risk taking in response to the needs of service users, in conjunction with assessment by the HSC Trust where appropriate. Staff who provided feedback were aware of issues relating to balancing of risk with the independence and wishes of service users.

The registered manager discussed restrictive practices in place in response to the assessed needs of a service user, which have an impact on other service users. It was noted that following recent changes in staffing arrangements within the service, the registered manager is monitoring the need for restrictions in their current form. The inspector was advised that reviews of service users' needs, including restrictive practices, will take place with the HSC Trust in the near future.

The inspector noted that storage areas of service users' homes are locked and inaccessible to them. These arrangements did not appear to reflect any assessment by the HSC Trust and were not included in service users' care and support plans. A requirement has been included regarding the inclusion of these arrangements in the assessments and care plans 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 monthly reviews of care and support plans with keyworker and service users; these included the views of service users. 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.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' wishes throughout, and showed evidence of updating. Agency staff discussed how they endeavour to ascertain the views of service users who have communication needs.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through survey, monthly monitoring, the complaints process and one to one tenant's 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. Staff were able to provide examples of how they seek service users' views and choices in the course of routine everyday tasks. In the course of the inspection, the inspector observed agency staff responding to the views and wishes of service users.

A relative provided positive feedback regarding the process undertaken by staff to discuss the needs of a service user and ascertain their wishes during their transition period to move to 2b Garryduff Road. 'We couldn't ask for better, nothing is a problem. The staff are very flexible and fit everything around **** (the service user).'

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. Staff described a service user's understanding of human rights in relation to their choices and control over how they live their life.

Is Care Compassionate?

Throughout the inspection process it was evident that care is delivered in an individualised manner. Examples of individualised care were noted in discussion with relatives and service users, observation of interactions between staff and service users, and review of documentation. A community professional provided examples of individualised care and commented on new skills acquired by a service user as a result of receiving services from the agency.

The inspector was invited to visit a service user in their own home; their room was individually decorated to reflect their personal preference and interests. During the inspection it was noted that service users engaged in activities of their choosing.

Service users who interacted with the inspector were able to indicate their wishes. Records relating to reviews of care and support plans demonstrated that service users have their views considered in relation to service delivery. Relatives provided feedback that their views and the views of service users are considered by the agency on an ongoing basis. A relative commented: 'The staff are very supportive, I can speak to the staff if there are any issues.' Triangle Housing Association offers opportunities for service users to be involved with consultation and 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 commitment to and promotion of human rights and the values underpinning the Minimum Standards.

Areas for Improvement

A requirement has been made regarding the assessment and inclusion of any restrictive practices in service users' care and support plans.

Number of Requirements:	1	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 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, relatives, professionals and staff. Where the views of relatives and professionals have been sought but not ascertained, an explanation is usually provided. Additional methods of capturing feedback from relatives and professionals 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.

5.5.2 Complaints

Records showed that no complaints were received from 1 January 2014 - 31 March 2015 or subsequent to the reporting period.

5.5.3 Safeguarding Referrals

The inspector was advised of a safeguarding referral made since the previous inspection and the process completed to safeguard vulnerable adults. Records examined showed that the safeguarding process had been appropriately followed.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Marie Scullion Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (a)(b)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 15 April 2016</p>	<p>15 (2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement relates particularly but not exclusively to the locked storage areas of service users' homes to which they have no access. These restrictions are not included in service users' plans and do not appear to reflect assessment by the HSC Trust. The registered person must ensure that restriction to any area of service users' homes reflects assessment by the HSC Trust and is included in service users' plans.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Review of all Restrictions within service</p> <p>Store cupboards have been retained on register in line with Health and Safety Legislation . Service User plans to reflect this have been amended</p> <p>Trust Representatives no longer sign plans but are notified of any changes</p> <p>Restrictive Practice Register reviewed at MMV and quarterly by Registered Manager</p>

Registered Manager Completing QIP	Marie Scullion	Date Completed	12/2/16
Registered Person Approving QIP	Christopher Alexander	Date Approved	12/2/16
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	12/02/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.