

# Unannounced Care Inspection Report 20 March 2018



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 2b Garryduff Road, Ballymoney, BT53 7AF**  
**Tel No: 028 2766 6921**  
**Inspector: Kieran Murray**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 four service users (one void tenancy on the day of the inspection) with learning disabilities and complex needs. Care is provided to service users in their own home with some shared areas. The service users are supported by seven staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Registered Manager:</b> Mrs. Mary (Marie) Scullion
<b>Person in charge at the time of inspection:</b> Service Manager	<b>Date manager registered:</b> 21 December 2011

### 4.0 Inspection summary

An unannounced inspection took place on 20 March 2108 from 09.30 to 17.00 hours.

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

#### Evidence of good practice was found in relation to:

- staff recruitment
- care reviews
- training and development
- supervision and appraisals (performance reviews)
- monthly quality monitoring reports

No areas requiring improvement were identified.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Marie Scullion, registered manager and the service 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 9 February 2017**

No further actions were required to be taken following the most recent inspection on 9 February 2017.

## **5.0 How we inspect**

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

- Previous inspection report
- Record of complaints
- Correspondence with RQIA

During the inspection the inspector met with three service users, the registered manager/ regional manager, service manager and three support assistants. On the day of the inspection the inspector was able to make telephone contact with one service users' representative and one Health and Social Care (HSC) Trust professional.

The following records were examined during the inspection:

- Three Care and Support Plans
- Hsc Trust Assessments of Needs and Risk Assessments
- Care Review Records
- Recording/Evaluation of Care Used by The Agency
- Monthly Quality Monitoring Reports
- Staff Meeting Minutes
- Staff Training Records
- Records Relating to Staff Supervision/Appraisals (Performance Reviews)
- Complaints Records
- Incident Records
- Records Relating to Safeguarding of Adults
- Induction Records
- Staff Rota Information
- Recruitment Policy
- A Range of Policies Relating to The Management of Staff
- Supervision Policy
- Induction Policy
- Safeguarding Vulnerable Adults Policy
- Restrictive Practice Policy
- Risk Management Policy
- Incident Policy
- Whistleblowing Policy
- Policy Relating To Management of Data
- Complaints Policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report. The manager was also asked to distribute ten questionnaires to service users/family members.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 9 February 2017**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 9 February 2017**

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 inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory.

The agency has a structured induction programme lasting up to two weeks shadowing experienced staff, plus an additional five days training before the end of the six month probationary period. 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 which are available in the office, on both the desktop computer and team iPad. The inspector spoke to three staff whose feedback supported the above information; they provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by the management team.

The manager advised the inspector that the agency uses a small pool of staff from an employment agency which is also a registered domiciliary care agency and relief staff employed by Triangle to meet the needs of service users.

The manager provided the inspector with a detailed list of the registered domiciliary care agency staff, their photographic evidence and evidence of their NISCC registration and the induction programme provided to them.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the assessed needs of service users at all times.

#### **Staff comments:**

- “We try and use familiar agency staff or other Triangle staff to meet the needs of service users.”
- “We are happy enough with the rota.”
- “The staff shortages are temporary.”

Examination of records indicated that a system to ensure that staff supervisions and appraisals (performance reviews) are planned and completed in accordance with the policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances. Staff who spoke to the inspector provided feedback that they had performance reviews in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed and planned performance reviews was available in the office.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. RESPECT, Equality and Diversity, Ligature Cutting, Makaton and Heart Start training. The inspector reviewed the staff training matrix which indicated compliance with regulations and standards.

#### **Relative's comments:**

- “I am more than happy with the staff at 2b Garryduff.”

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the manager and staff, documentation reviewed indicated that safeguarding training provided by the agency includes the regional guidance. The training manager for the organisation delivers safeguarding training and has been appointed as The Adult Safeguarding Champion. On the day of inspection staff were able to name the agency's Safeguarding Champion. A safeguarding alert flow chart was available in the agency.

Records reviewed by the inspector indicated that the agency had completed two safeguarding referrals to the Trust since the last inspection 9 February 2017. The referrals were made appropriately and management plans were made in conjunction with the HSC Trust as evidenced by the inspector.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the registered manager or senior manager who has knowledge of the needs of service users. The manager provided feedback that staff are able to access advice and guidance from a manager at all times.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and they were confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. Documentary evidence and discussion with the manager indicated that referral information and risk assessments are completed by the HSC Trust. Care plans and 'Be Safe' plans reviewed by the inspector reflected risk assessments supplied by the HSC Trust and the agency.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was noted that a restrictive practice register was in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were reviewed regularly and evaluated.

The inspector found that care and support plans are formally reviewed by agency staff with service users on a six monthly basis or sooner if required. The inspector advised the manager that two service users' care and support plans required to be updated to reflect that the securing of outside gates at the back of the building did not restrict the movements of these service users. The agency forwarded updated care and support plans to RQIA within a specified time scale following the inspection. The inspector reviewed the updated care and support plans and found them to be satisfactory.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. It was noted that a number of incidents had taken place since the last inspection. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received one complaint since the last inspection 9 February 2017 and had been dealt with in accordance with the agency's procedure and policy.

Of one questionnaire returned by relatives, one indicated that they were 'satisfied' that care was safe.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal (performance reviews) and adult safeguarding training and procedures.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2015) and Service User Guide (2014).

The inspector reviewed three service users' care and support plans. The inspector was informed by the manager and staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately.

The inspector evidenced and examined documentation of yearly reviews with the HSC Trust, service user's representatives and the agency.

Feedback received by the inspector from staff that service users have a genuine influence on the content of their care plans.

The inspector was informed that care and support plans are reviewed on a six monthly basis or sooner if required. The inspector was informed that service users are involved prior to these reviews and viewed 'Preparation for Review' forms which recorded the views of service users. The manager advised the inspector that monthly reviews were carried out by each key worker in conjunction with individual service users. The inspector examined discussion with key worker documentation completed before the monthly reviews.

### Staff comments:

- "I carry out monthly discussions with service users".



**Community key workers comments:**

- “Clear pathway of communication.”
- (Agency) “Staff proactive.”

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by the organisation’s managers who have a good working knowledge of the service.

The quality monitoring system provides evidence of a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users’, staff, relatives as appropriate and HSC Trust professionals as appropriate, and progress on previous improvement matters.

The inspector noted feedback from a service users’ representative on the monthly monitoring forms:

“A complaint made in the summer was dealt with effectively and within timeframe”.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. The manager and staff described effective verbal and written communication systems including the use of a diary, and daily written and verbal handovers.

Review of team meeting records indicated that team meetings are facilitated on a regular basis; the staff who spoke to the inspector verified that staff could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated the staff team is supportive to each other and that staff communication is good.

The manager informed the inspector that tenant meetings did not take place due to the complex needs of service users, but at monthly reviews of each service user their views are taken into account in planning and making decisions.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and refers to or consults with a range of appropriate professionals when relevant.

The inspector noted and examined the following surveys carried out by Triangle Housing Association, Customer Satisfaction Report 2017, Support Assistants Scorecards, Safeguarding Report 2016/2017, Learning and Development Report all with very positive results. The Annual Plan 2017/2018 was available in the office.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff and appeared to enjoy good relationships with staff.

Details of advocacy services were recorded in the Statement of Purpose and Service User Guide for service users to contact if necessary.

The manager informed the inspector that there was an electronic means available for staff to access policies and on-line training.

Of one questionnaire returned by relatives, one indicated that they were 'very satisfied' that care was effective.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observation of their interactions with service users during the inspection showed that they understood and respected the differing needs and wishes of service users. The inspector observed that the language and behaviour of the staff sensitively promoted the independence and choice of service users throughout their interactions with service users.

The inspector was invited to visit service users in the shared areas of their homes. The inspector particularly noted displays of photographs in a service user's bedroom which reflected the service user enjoying social activities and significant events in their personal life.

Feedback from and observation of the service users indicated that staff have developed a knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

It was evident that staff, HSC Trust professionals and the agency promote the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

The inspector noted that service users' care plans were very person centred specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs.

The inspector noted that service users are encouraged to develop their independence inside and outside of their own homes. On the day of inspection the inspector observed service users preparing to attend a local resource centre.

Discussion with staff and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards. It was noted that the agency has a process of supporting service users to make choices about dietary intake such as weekly dietary planning and that they were supported with individual choice. Service users were encouraged to participate in weekly shopping routines.

#### **Staff comments:**

- "We are empathetic and show compassion to service users".

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. The inspector was informed by the manager that service users where possible are also invited to attend the Tenants' Conference, which is service user led.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users' and their representatives.

#### **Relative's comments:**

- "I must pay tribute to 2b Garryduff how professionally they handled an incident".

Of one questionnaire returned by relatives, one indicated that they were 'satisfied' that care was compassionate.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users and their representatives.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the manager. The management structure of the agency is clearly defined and was understood by staff.

Staff who spoke to the inspector provided positive feedback regarding effective working relationships within the staff team and managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had occurred since the last inspection, 9 February 2017. The inspector examined the records and found that the agency had managed the incidents in accordance with its procedure and policy.

The agency operates a robust training system and has an appointed adult safeguarding champion who is available for consultation with staff on training and safeguarding issues. A number of safeguarding referrals were made appropriately to the HSC Trust since the last inspection, 9 February 2017.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on the electronic systems accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted one complaint had been received since the last inspection, 9 February 2017; and had been managed appropriately.

There are effective systems of formal supervision and appraisal (performance review) within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the day of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

The organisation had completed their annual plan 2017/2018 and was available for examination by the inspector.

#### **Staff comments:**

- “The manager is always approachable.”
- “Never a bad atmosphere in the house.”

#### **Community key workers comments:**

- “If I had any issues I would come to XXX.”

Of one questionnaire returned by relatives, one indicated that they were ‘satisfied’ that the service was well led.

#### **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.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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