

Announced Care Inspection Report 9 February 2017



Triangle Housing Association

Type of service: Domiciliary Care Agency
Address: 2b Garryduff Road, Ballymoney, BT53 7AF
Tel no: 02827666921
Inspector: Kieran Murray

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Triangle Housing Association took place on 9 February 2017 from 09.25 to 16.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of records, preferences and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, professionals and staff, which indicated that service provision had resulted in positive changes in the lives of service users'.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care.

The inspector observed interactions between staff and service users and received feedback from service users which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives as appropriate.

The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

During the inspection competent delivery of a well led service was found. Management and governance systems have been effectively implemented by the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with, the Service Manager, as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 8 January 2016.

2.0 Service details

Registered organisation/registered person: Triangle Housing Association Christopher Alexander	Registered manager: Marie Scullion
Person in charge of the service at the time of inspection: Service Manager	Date manager registered: 21/12/2011

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents

- Correspondence with RQIA

During the inspection process the inspector spoke with the registered manager; service manager; two support workers; one service user, one relative and one HSC Trust professional. During the inspection the inspector met a further three service users and observed the interactions of staff with service users.

Questionnaires were distributed for completion by staff and service users during the inspection, seven were returned.

The following records were examined during the inspection:

- Four service users' care and support plans
- HSC Trust assessments of need and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision/appraisal
- Complaints records – one
- Incident records – 23
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment policy, 2016
- A range of policies relating to the management of staff
- Supervision policy, 2015
- Induction policy, 2014
- Safeguarding Adults in Need Of Protection policy, 2016
- Restrictive practice policy, 2016
- Use of restrictive practice procedure, 2016
- Risk management policy, 2015
- Incident policy, 2015
- Whistleblowing policy, 2016
- Statement of purpose
- Service user guide

Feedback received by the inspector during the course of the inspection and returned questionnaires is reflected throughout this report.

4.0 The inspection

Triangle Housing Association at 2b Garryduff Road is a registered domiciliary care agency of a supported living type. The agency provides care and support to four service users who live in their own home, with shared communal areas.

4.1 Review of requirements and recommendations from the most recent inspection dated 8 January 2016.

The most recent inspection of the agency was an announced care inspection. One requirement was made as a result of the last care inspection.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (2) (a)(b)(c) Stated: First time	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— (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; (b) specify the service user's needs in respect of which prescribed services are to be provided; (c) specify how those needs are to be met by the provision of prescribed services.	Met
	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.	
	Action taken as confirmed during the inspection: The inspector received updated service users' support plans and evidence of consultation with HSC Trust, in relation to restriction to any area of service users' homes'. This information was made available to the inspector at a date following the inspection.	

4.2 Is care safe?

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 ten days 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. The inspector spoke to two staff whose feedback supported the above information. Staff provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by staff, the service manager and registered manager. A staff member commented, 'I learn every day'.

The service manager advised the inspector that the agency uses a small pool of relief staff who have and currently work for the agency. These staff have had an induction programme by the agency provided to them as evidenced by the inspector. The service manager informed the inspector that they do not use staff from registered domiciliary care agencies outside of Triangle Housing Association.

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

Staff comments:

- 'The rota is fair.'
- 'There is a request book.'
- 'Very safe'.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with 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 received supervision and appraisal in line with policy and procedure; records provided to the inspector confirmed this. A detailed matrix of completed supervision and appraisal 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. Makaton communication training, ligature training. The inspector reviewed the staff training matrix which indicated compliance with regulations and standards. Staff interviewed informed the inspector that they had received support from specialist HSC Trust professionals who provided training and guidance which were beneficial in meeting the specific needs of individual service users. On the day of the inspection a HSC Trust professional was present working alongside agency staff.

Professional comments:

- '(Agency) joined up working'.
- 'Staff are always in contact with HSC Trust professionals'.
- 'Helped me from the start'.

Relative comments:

- 'I can see good care of all people in the house'.

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 service manager and staff, documentation reviewed indicated that safeguarding training provided by the agency includes the regional guidance. The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion. On the day of inspection staff were able to name the agency's safeguarding champion and also the name of the Trust designated adult protection officer.

Records reviewed by the inspector indicated that the agency had completed a number of safeguarding referrals to the HSC Trust. These 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 a registered manager or senior manager who has knowledge of the needs of service users. The service 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 service manager indicated that referral information and risk assessments are completed by the HSC Trust. Care plans and 'Be Safe' plans reviewed by an inspector reflected risk assessments supplied by the HSC Trust.

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.

The inspector noted that some restrictive practices in respect of service users were noted in care and support plans in conjunction with the HSC Trust. In respect of a restriction to an area of service users' homes included in the quality improvement plan of the inspection of 8 January 2016, care plans did not reflect assessments of the HSC Trust. The agency forwarded updated care and support plans which included trust assessment within a specified time scale following the inspection. The inspector noted that the restrictive practice register was updated.

The inspector found that care and support plans are formally reviewed by agency staff with service users on a six monthly basis, and that monthly reviews between service user and keyworker can highlight changes which result in amendments to care plans.

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. The inspector reviewed records of one complaint received since 8 January 2016 and found that it had been recorded and managed in accordance with agency policy and procedure.

Of questionnaires returned by staff, five indicated they were 'very satisfied' that care was safe and two staff indicated that they were 'satisfied' care was safe. No questionnaires were returned by service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

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 (2014) and Service User Guide (2015).

The inspector reviewed four service users' care and support plans. The inspector was informed by the service 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.

Feedback received by the inspector from staff and service users' indicated that service users: have a genuine influence on the content of their care plans. The inspector had an opportunity to speak to one family member who also confirmed their involvement in care and support plans along with attending reviews.

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 saw 'Preparation for review' forms which recorded the views of service users. A relative who provided feedback to the inspector advised that they had attended a six monthly review meeting the previous day and was very positive about being able to input into the review process.

The service manager advised the inspector that monthly reviews were also carried out by each key worker in conjunction with individual service users'. The inspector viewed two review records.

Service users' comments:

- 'I am happy here'.

Relative's comments:

- 'I attended my relative's review yesterday'.
- 'I am made welcome'.

Staff comments:

- (Amongst the staff there is) 'Team working'.
- 'All plans are person centred'.
- 'Very rewarding'.
- 'All service users' needs are fully met at all times'.

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 managers who have a good working knowledge of the service.

The quality monitoring system provides 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, and progress on improvement matters. The inspector noted that HSC Trust professionals provided comments regarding how well the agency team communicate regarding service users' needs.

The inspector noted feedback from a HSC Trust Professional on the monthly monitoring form:

- 'Delighted with care **** receives, staff are very professional in their approach, always kept informed regarding any changes or concerns'. 'The family are extremely happy with **** care and support at 2b Garryduff'.

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

Review of team meeting records indicated that team meetings took place 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.

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.

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 as they wished and appeared to enjoy good relationships with staff. The inspector observed agency staff and an HSC Professional working closely with a service user, using a pictorial guide as a means of communication.

Advocacy services were recorded in the Statement of Purpose for service users to contact if necessary.

The service manager informed the inspector that both a desktop computer and laptop is available in the agency office for staff to use to access policies and on-line training.

Of questionnaires returned by staff, five indicated they were 'very satisfied' that care was effective and two staff indicated that they were 'satisfied' care was effective. No questionnaires were returned by service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

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 team leader 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 communal areas of their homes. The inspector particularly noted displays of photographs which reflected service users enjoying social activities. Service users informed the inspector that their bedroom furniture and fittings were chosen by themselves.

Feedback/observation from the service users indicated that staff have developed 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. The inspector was informed by staff that service users attend a local resource centre.

Discussion with service users 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 safe guards. It was noted that the agency has a process of supporting service users to make choices about dietary intake i.e. weekly dietary planning and they were supported with individual choice. Service users were encouraged to participate in weekly shopping routines.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings. A service user invited the inspector to view their bedroom and the service user informed the inspector that they had picked the furniture and colour scheme themselves.

The service manager and staff interviewed on the day of the inspection informed the inspector that the views of service users are recorded at the monthly review meetings with their key worker. The inspector saw examples of monthly review meeting in two care records.

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 service manager that service users are also invited to contribute to the Triangle Housing Association Tenants' Advisory Group, and to attend the Tenants' Conference, which is service user led. On the day of the inspection the service users were going to the 'Tenants' Conference' with agency staff. The inspector was informed by staff that the agency had won first prize in a competition within the agency and they were planning to use the money to provide alternative therapies for service users. Staff also planned to purchase items to enhance personal care for service users. The agency was extending an invite to the neighbouring agencies to promote social interaction .

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.

The inspector was provided with examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe.

Relative's comments:

- 'I know the staff in the house'
- 'I'm always made welcome'.
- 'I attended my **** review'.
- 'Staff are very courteous'.

Staff comments:

- 'The needs of the service user is priority'.
- 'All support assistants in our team are compassionate and show empathy towards tenants'.
- 'Person centred'.

HSC Trust Professional's comments:

- 'You can tell by the way staff interacts with service users and me, it must be a good place to work'.

Of questionnaires returned by staff, four indicated they were 'very satisfied' that care was compassionate and three staff indicated that they were 'satisfied' care was compassionate. No questionnaires were returned by service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by Triangle Housing Association have been implemented at the agency. The day to day operation of the agency is overseen by a service manager who is supported by a registered/regional manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers. A staff member commented that staff are invited to express their views on a range of matters and receive feedback regarding management response. Staff are invited to attend an annual staff conference.

The inspector saw 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 includes 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.

The agency operates a robust training system and has an appointed training manager/safeguarding champion who is available for consultation with staff on training and safeguarding issues. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. 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 an electronic system accessible to all staff, and paper policies are retained in the office for access by staff.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that no complaints were received and addressed in accordance with agency procedures during the reporting period of 1 April 2015 to 31 March 2016. One complaint was received outside the reporting period.

There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis. It was noted that staff had been provided with specific information regarding the role of RQIA, inspection guidance issued by RQIA to providers, and their role in the event of an RQIA inspection. 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.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. The inspector noted that the agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users'.

Relative's comments:

- (Agency) 'can see everything works'.

Staff comments:

- 'Our service manager is very knowledgeable and approachable'.

HSC Trust Professional's comments:

- (Agency) 'Joined up working'.

Of questionnaires returned by staff, four indicated they were 'very satisfied' that the service was well lead and three staff indicated that they were 'satisfied' the service was well lead. No questionnaires were returned by service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, a QIP is neither required, nor included as part of the inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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