

# Unannounced Care Inspection Report 4 December 2018



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 2b Garryduff Road, Ballymoney, BT53 7AF**  
**Tel No: 02827666921**  
**Inspector: Aveen Donnelly**

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

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

**1.0 What we look for**



**2.0 Profile of service**

This is a domiciliary care agency, supported living type, which provides personal care and housing support to four service users with learning disabilities and complex needs. Care is provided to service users in their own home with some shared areas. The service user's care is commissioned by the Northern Health and Social Care (HSC) Trust.

### 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> Mrs Mary (Marie) Scullion	<b>Date manager registered:</b> 21 December 2011

### 4.0 Inspection summary

An unannounced inspection took place on 4 December 2018 from 09.30 to 14.00 hours.

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

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

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

No areas requiring improvement were identified during the inspection.

Interactions between staff and tenants was observed during the inspection and staff were observed to be treating the tenants in a respectful manner.

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

### 4.1 Inspection outcome

	Regulations	Standards
<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 Marie Scullion, registered manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2018

No further actions were required to be taken following the most recent inspection on 20 March 2018.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

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

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

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

Questionnaires were also provided for distribution to the tenants' representatives; one was returned and is included within the report.

The inspector spoke with the registered manager, the service manager, three staff members, one tenant's representative and one HSC Trust representative. Comments received are included within the body of the report.

The following records were examined during the inspection:

- recruitment checklists for two staff members
- staff training records
- two staff induction records
- performance review matrix
- one tenants' care records
- staff' meeting' minutes
- restrictive practice register
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 March 2018

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

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The agency's registered premises are located at 2b Garryduff Road, Ballymoney and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a service manager in post, who managed the agency with the support of 13 domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of two recruitment checklists identified that the required checks had been undertaken in keeping with regulation. Discussion with the manager and a review of records confirmed that the agency had in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

A review of records confirmed that there was a system in place to monitor the registration status of staff in accordance with NISCC.

The inspector reviewed two staff induction records, which confirmed that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment. The review of the records confirmed that new staff completed a local and corporate induction and were supported to complete the NISCC Induction standards.

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

It was also noted that the management team verified the staffs' knowledge of particular areas, as part of the quality monitoring processes. This is good practice and is commended.

A review of the training matrix confirmed that training had been provided in all mandatory areas and records were kept up to date. The manager advised that training had also been provided to staff in relation to coping with grief and loss and epilepsy awareness training.

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

There had been no incidents referred to adult safeguarding since the date of the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The Annual Safeguarding Position Report had been completed. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

There was a system in place to ensure that accidents and incidents were managed appropriately. A matrix/log was maintained and these were monitored by the management team as part of their quality monitoring processes. Discussion with the manager and a review of the records confirmed that appropriate action was taken with staff following an incident, to identify any learning needs and to prevent recurrence.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the tenants health, welfare and safety. There was some evidence of positive risk taking in collaboration with the tenants and/or their representative, the agency and the HSC Trust. This was evident in the restrictive practice register, which identified regular review and the use of the least restrictive practices possible.

**Areas of good practice**

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

**Areas for improvement**

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

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

The inspector examined one tenant’s care record and found this to be very detailed, personalised and reflective of the individual’s preferences. The care record reviewed demonstrated that the staff had a very good understanding of the tenants’ needs and preferences.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the tenants. Quality monitoring reports indicated consultation with a range of relatives, staff and where provided, HSC Trust representatives. Advice was given to the manager in relation to improving input from relevant stakeholders.

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

Staff meeting’ minutes reflected that there was effective communication between staff.

**Areas of good practice**

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

**Areas for improvement**

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

	Regulations	Standards
<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 the tenants with dignity and respect; and to fully involve them, as appropriate, in decisions affecting their care and support.

Comments made by the tenant’s representative indicated that the tenants were treated in a respectful manner. Those consulted with stated that there was good communication between agency staff and the tenants’ representatives.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. Staff supported tenants to go shopping, listen to music and have therapeutic hand/foot massages, as appropriate. The manager advised that the tenants advised sensory storytelling and that they had recently been involved in decorating the Christmas tree.

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

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. This included an annual survey and consultation as part of the monthly quality monitoring visits.

No tenants were consulted with due to their category of care; however, observation of staff interactions with tenants identified that tenants were being treated in a respectful manner. The inspector also spoke to the manager, the service manager, one relative, three staff members and one HSC Trust representative. Some comments received are detailed below:

**Trust representative**

- “I have no concerns, the staff go out of their way to do everything they can.”

**Staff**

- “It is very positive, everyone works to the best of their abilities.”
- “They are very fair.”
- “It is good enough here, I have never had any concerns.”

**Tenants’ representatives**

- “All is very good, the staff think (tenant’s name) is great and they refer to this place as ‘home’ now, which is great.”

At the request of the inspector, the manager was asked to issue four questionnaires to the tenants’ representatives. One questionnaire was returned which indicated that they were ‘very satisfied’ that the care/support provided was safe, effective and compassionate; and that the agency was well led. No written comments were received.

**Areas of good practice**

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

**Areas for improvement**

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

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



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

There was a procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. No complaints had been received since the last care inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. All those consulted with described the manager in positive terms, stating that they were 'very approachable'.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned. Advice was given to the manager in relation to improving the input sought from tenants' relatives and those of HSC Trust representatives.

There were arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. Equality monitoring was undertaken on an annual basis, where information was collected on tenants' age, community background, gender, ethnicity, sexual orientation and marital status. This information was compiled into a report, which the organisation submitted to the Equality Commission on an annual basis. Prior to the inspection, this report had been reviewed. The report evidenced the organisation's promotion of equal opportunities for tenants, through the continued development of easy-read performance reports and information leaflets.

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

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

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

The registration certificate was up to date and displayed appropriately.

### **Areas of good practice**

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

### **Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<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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