The Regulation and Quality Improvement Authority

# Inspection Report

## 25 March 2022

# Triangle Housing Association

**Type of Service: Domiciliary Care Agency**
**Address: 29 Market Street, Ballymoney, BT53 6EA**
**Tel No: 028 2766 4660**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Organisation/Registered Provider:**<br>Triangle Housing Association<br><br>**Responsible Individual:**<br>Mr Christopher Harold Alexander | **Registered Manager:**<br>Ms Deirdre Elizabeth McGuile<br><br>**Date registered:**<br>27 July 2017 |
| **Person in charge at the time of inspection:**<br>Ms Deirdre Elizabeth McGuile | |
| **Brief description of the accommodation/how the service operates:**<br><br>This is a domiciliary care agency, supported living type located in Ballymoney. The agency's office is located in the same building as the homes of the service users and accessed from a shared entrance. Staff provide care and support to nine service users and are available to assist with personal care, meal preparation, medication, housing support and accessing the local community. The service users' care is commissioned by the Northern Health and Social Care (NHSC) Trust. | |

## 2.0 Inspection summary

An announced inspection was undertaken on 25 March 2022 10.00 a.m. and 1.00 p.m. by two care inspectors.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users, staff registrations with NISCC and the management of complaints and adult safeguarding. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff and service users. There was evidence of robust management and governance arrangements.

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

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement.

It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements. This included reviewing how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided to staff and service users on how feedback could be provided to RQIA about the quality of services in the agency. This included service user easy read questionnaires and a staff poster. Fifteen individuals responded to the electronic survey within the timescales.

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

## 4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:


Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Nine questionnaires were returned; those who responded indicated that they were very happy with the care and support provided.

Fourteen staff and one HSC Trust representative responded to the electronic survey. Responses received indicated that they were satisfied that the care was safe, effective and compassionate and that the service was well led. Comments included:

- "Service maintains a person centred approach following best practice and guidelines."
- "The service provides excellent support and care to all service users."
- "All is good in the service I enjoy working there."

During the inspection we spoke with two service users and three staff members. We observed service users being supported by staff in their home environment; service users appeared relaxed and comfortable.

The information provided during the inspection indicated that there were no concerns in relation to the care and support provided by the agency.

**Comments received during inspection process included:**

**Service users' comments:**

- "The staff are great, I am happy living here."
- "I speak to ***** (manager) if I have any problems."
- "Staff help me; they make my dinner and if I do not like it they will make something else."
- "I have no problems; I can choose what I want to do."
- "Staff are terrible good, I love it here and don't want to go anywhere else."
- "I like it here and I'm happy. It's not my town but it's good in Ballymoney."

**Staff comments:**

- "All happy, everything is going well."
- "I feel supported, I have no issues."
- "We can raise concerns. The manager is very approachable."
- "I feel service users are safe and that they have choice."
- "The service users love getting out and about with our support."
- "It's all good; I have been here a long time."

## 5.0 The inspection

## 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the service was undertaken on 15 July 2019 by a care inspector; two areas for improvement were identified. An inspection was not completed during the inspection year of 2020-21 due to the first surge of the Covid-19 pandemic.

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 15 July 2019</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1<br><br>Ref: Regulation 21. (1)(a) Schedule 4<br><br>Stated: First time<br><br>To be completed by: Immediate and ongoing from the date of inspection</td><td>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-<br>(a) kept up to date, in good order and in a secure manner<br><br>This relates specifically to the agency’s staff rota information.<br><br>Ref: 6.2</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>The agency’s staff rota information was made available during the inspection. The manager had changed the recording format which now detailed what abbreviations were used and the specific shifts worked by staff. The information recorded was being maintained in accordance with Regulation 21 (1)(a), Schedule 4.</td></tr>
<tr><td rowspan="2">Area for improvement 2<br><br>Ref: Regulation 21. (1)(c) Schedule 4<br><br>Stated: First time<br><br>To be completed by: Immediate and ongoing from the date of inspection</td><td>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-<br>(c) at all times available for inspection at the agency premises by any person authorised by the Regulation and Improvement Authority.<br><br>Ref: 6.2</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>Inspector confirmed the agency’s staff training record was made available during this</td></tr>
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| | inspection. | |

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

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

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. Records viewed evidenced that staff had completed appropriate adult safeguarding training. A discussion took place with the manager about Minimum Standard 12.7 concerning the agency's staff training record as this should also contain a summary of the content of the training programme. The manager explained most of the training is completed online and agreed to include a summary print out of the content of the specific training and retain this in the staff training record.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals made to the HSC Trust adult safeguarding team since the last inspection had been managed appropriately and in accordance with policy and procedures. Records retained were noted to contain details of actions taken. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was identified that staff have completed appropriate DoLS training appropriate to their job roles.

Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements are in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

The manager stated that the agency is not appointee for any service users' monies.

### 5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family.

### 5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details are monitored monthly by the manager in conjunction with the organisation's HR department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

### 5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was noted that one service user had been assessed by the SALT in relation to dysphagia needs. Discussions with the manager and the review of service user care records reflected there was multi-disciplinary input and that collaborative working was undertaken to ensure service users' health and social care needs were met. There was evidence that staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe, effective and specific to the individual assessed needs of the service users.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements. It was positive to note that staff had completed dysphagia awareness training.

### 5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives as appropriate.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement. We discussed with the manager the benefits of recording more details of the matters reviewed such as training compliance and NISCC.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed appropriately and in accordance with policy and procedures. Complaints are reviewed as part of the agency's monthly quality monitoring process.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Deirdre Elizabeth McGuile, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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