

Unannounced Care Inspection Report 4 October 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 29 Market Street, Ballymoney, BT53 6EA
Tel No: 02827664660
Inspector: Aveen Donnelly

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

Market Street is a domiciliary care agency (supported living type) which provides personal care and housing support to 9 people who live in their own home, in either single or shared occupancy accommodation. The service users' care is commissioned by the Northern Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Ms Deirdre Elizabeth McGuile
Person in charge at the time of inspection: Ms Deirdre Elizabeth McGuile	Date manager registered: 27 July 2017

4.0 Inspection summary

An unannounced inspection took place on 4 October 2018 from 09.30 to 13.15 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 well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas for improvement were identified during this inspection.

Tenants met with indicated that they were happy with the care and support provided.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the 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 person in charge 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. Eighteen responses were received and the details included within the report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users 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 service users and/or their representatives; none were returned.

During the inspection process the inspector spoke with the manager, five staff members, two relatives and one HSC Trust representative.

The following records were examined during the inspection:

- recruitment checklists for two staff members
- staff training records
- staff induction matrix
- performance review matrix
- restrictive practice register
- incident and accident records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- fire evacuation plan
- one service users' care record
- staff' and service user' meeting' minutes
- complaints and compliments records
- monthly quality monitoring reports
- annual quality plan
- a sample of policies and procedures
- the Statement of Purpose
- the Service User Guide.

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 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 29 Market Street, Ballymoney and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of four team leaders and a number of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were no staff vacancies.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. The manager advised that a recruitment checklist had recently been further developed to ensure that the recruitment processes were in line with regulation. This referred specifically to the need for the registered manager or the registered provider to provide a statement that the staff are physically and mentally fit for work. Further clarification was received by email on 15 October 2018, verifying that this statement was in place for all existing staff.

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

New staff received a structured induction programme in line with the timescales outlined within the regulations. Discussion with staff confirmed that this included a two week shadowing period, plus an additional five days training before the end of the six month probationary period.

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

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as diabetes awareness, autism awareness and bereavement had been provided. The manager also advised that specific medication training could be sought from the HSC Trust, if there was an unusual medication prescribed that required staff to have specific knowledge of. One staff member stated that they felt there was a high standard of training provided and 'the tenants benefit from that'.

The manager also advised that tenants had been provided with training called 'Be Aware/Take Care'. This training was aimed at increasing the tenant's own safety awareness and informed them of the different forms of abuse or hazards that they may be at risk from.

Discussion with staff members 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. Staff spoken with were familiar with the procedures for reporting any concerns and a flowchart was available for easy reference.

There had been no incidents referred to adult safeguarding from the date of the last care inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. 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. The manager also advised that photographs of the ASC were displayed in the building, to ensure that tenants and staff could recognise them.

A review of the accident and incident records confirmed that they were managed appropriately. A review of the minutes of the recent staff meeting identified that accidents and incidents were discussed with staff, to ensure that they were aware of strategies to reduce the likelihood of recurrence. The review of the monthly quality monitoring records identified that there was good management oversight of incidents which occurred within the agency.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

A restrictive practice register was in place and it was noted that any restrictive practices in place were of the least restrictive nature considered necessary, in conjunction with the HSC Trust and were reviewed regularly.

A Fire Grab Pack was also maintained at the front entrance to the building, to ensure that important information was available to the emergency services, should the service users be required to evacuate the building.

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
Total number of areas for improvement	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 service users were examined during the inspection.

The inspector examined three service users' care records and found these to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools had been developed by the organisation to effectively support the service users. It was noted that a number of tools had been developed, in pictorial and easy-read format, to assist a service user to adjust to the supported living model. This is good practice.

Care reviews with the HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meetings. A detailed matrix of annual reviews was maintained.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and as appropriate HSC Trust representatives.

It was clear from discussions with relatives that the staff had a good knowledge of the service users' needs and preferences; and how they worked with the service users to promote their independence.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff.

Service users were also encouraged to participate in a Tenants Advisory Group (TAG), which enabled them to attend regional meetings or tenants' conferences and feed-back accordingly to other service users. The inspection process had also been explained to the service users and they had been encouraged to speak with the inspector.

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 service users.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 service users with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the care records, monthly quality monitoring reports and through discussion with all those consulted with during the inspection.

The review of the care records identified that the service users had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including hydrotherapy, shopping, coffee mornings, cinema, bowling and weekends away. Where a tenant had wanted to go to a Premier League football match, this was facilitated by the staff. This is commended.

The manager also discussed examples of how tenants were provided with Independent Travel training. This meant that over a period of time, tenants were able to visit specific locations, without the support of staff.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the service users and their representatives.

There were systems in place to obtain the views of service users, their representatives and staff on the quality of the service provided. The manager advised that the annual survey was in progress and any areas for improvement that are identified will be acted upon and incorporated into the annual plan. This will be reviewed at future inspection.

A review of minutes of the tenants’ meetings identified that they were encouraged to raise any concerns they may have. Tenants had also been provided with an easy-read complaints format. A review of the compliments recorded within the monthly quality monitoring reports identified that all those consulted with were very satisfied with the care and support provided. Compliments included:

- “Market Street is an excellent service and the staff are exceptional.”
- “All the support (name of tenant) received was effective, no issues and no suggestions for improvement.”

During the inspection, the inspector spoke with three service users, who indicated that they were happy living in Market Street. The inspector also spoke with, five staff members, two relatives and one HSC Trust representative. Some comments received are detailed below:

Staff

- “It is very person-centred here, we deliver a high quality of care.”
- “The tenants are well supported and cared for.”
- “I have no concerns, cannot fault this place at all.”
- “It is exemplary, very good.”
- “It is very good.”

Tenants

- “They are all very good to me.”
- “They are good.”

Representatives

- “(Name of tenant) is really happy and I am content with the way they are being looking after.”
- “I am really, really happy, (name of tenant) is more settled there, than anywhere else they have been and they just love all the girls.”

HSC representative

- “I certainly have no concerns, it is an excellent service, the staff are brilliant and I only have praise for the service.”

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the service users and their representatives. No questionnaires were returned within the deadline for inclusion within the report.

Eighteen staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they felt either ‘very satisfied’ or ‘satisfied’ that the care provided was safe, effective and compassionate and that the service was well led. A small number were undecided in regards to the safe, effective and compassionate domains; however, no negative comments were received to support this. Written comments included:

- “Well led team by service manager.”
- “Good service.”
- “No concerns.”
- “I feel that the service I work in is very person centred, and that the staff and manager has compassion and empathy towards each service user.”

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 service users and their representatives.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 service users; 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 the registered manager, three team leaders 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 spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments from staff included 'she is very good' and she is the best manager I have ever had, nothing is too much trouble for her'.

There had been no complaints received from the date of the last inspection. 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. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

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.

There were processes in place to ensure that the quality of services was evaluated on an annual basis; this included the completion of an Annual Plan, Human Resource Performance report, Participation and Engagement Report, Learning and Development Report, internal audit processes and Performance Cards.

There were arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the service users. Equality monitoring was undertaken on an annual basis, where information was collected on service users' 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 service users, through the continued development of easy-read performance reports, information leaflets and service user involvement in Tenant Action Groups. Other initiatives included Choice Checkers, which enables service users to review the support, care and housing provision provided to other service users.

Service users were also encouraged to become involved in the Tenant Action Group at which the Equality Scheme was discussed. Staff had also received training on equality and diversity. In addition, a review of the minutes of the recent staff meeting identified that the legislation around equality and opportunity had been discussed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. The manager advised that there was a system in place where one policy was discussed with staff every week; this was confirmed through discussion with staff.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which were reportable to RQIA.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSCT representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection 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.

	Regulations	Standards
Total number of areas for improvement	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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