

Inspection Report

1 February 2022



Triangle Housing Association

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Triangle Housing Association	Registered Manager: Ms Marie Colette Sheppard
Responsible Individual: Mr Christopher Harold Alexander	Date registered: 19 September 2012
Person in charge at the time of inspection: Service Manager	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency (supported living type) which provides personal care and housing support to 12 service users living in self-contained apartments in a shared accommodation arrangement. Service users are supported to be as independent as possible and staff support them to access the local community. Staff support service users in a range of areas including assistance with personal care, medication and a number of housing and support tasks. The care is commissioned by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An announced inspection was undertaken on 1 February 2022 between 10.30 a.m. and 4.30 p.m. by the care inspector.

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 staff recruitment, adult safeguarding, NISCC registrations, management of complaints and incidents, and the agency's system in place of disseminating Covid-19 related information to staff. There was evidence of robust governance and management oversight systems in place.

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.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

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?

Returned questionnaires show that those supported thought care and support was either excellent or good. Comments included: "I've lived here for nearly three years and I'm extremely happy with my care and support. Anytime I can go to them with anything they have helped me out."

Eight staff members responded to the electronic survey; the information received indicated that they were satisfied that the service provided was safe, effective, compassionate and well led. Comments included:

- "I believe that Triangle provide a great service and staff are well trained."

- “Well supported throughout Covid 19.”

Comments made with regards to staffing arrangements were discussed with the service manager for follow up with staff; it was agreed that feedback to be provided to RQIA.

During the inspection we spoke to four service users, a relative of one service user and two staff. We requested feedback from two Health and Social Care Trust (HSCT) representatives. Comments received are detailed below.

Service users' comments:

- “I love living here, the staff are great.”
- “I am happy living here. I like going up the town to the bookies.”
- “I like going to meet my girlfriend.”
- “The staff are good.”
- “Staff help me I am very happy.”
- “Staff are really nice. I can talk to the staff if I am worried.”
- “I like going out to visit my mummy.”
- “I have no concerns; I can do what I want. I love shopping.”

Staff comments:

- “Love working here, I am very supported.”
- “I enjoy my job. The service users are safe.”
- “We help the service users get out into the community.”

Relatives' comments:

- “The staff are very supportive, they are excellent. I can call in at any time and can discuss any concerns I have.”
- “Staff are responsive and I have no concerns.”
- “I was very involved in a recent safeguarding involving ***** (service user). The staff here supported me and ***** (service user).”
- “I am delighted that ***** (service user) has learnt new skills and very pleased at the increased independence. The staff support her well.”

HSCT representatives' comments:

- “Excellent service, the service manager is excellent and the staff are great. The staff go over and above for the service users. Communication is good from the staff. The two service users I have that live there are very happy and their families are happy. During the pandemic staff were very innovative and arranged different activities for the service users. No concerns at all.”

A comment made by one staff member with regards to an employment issue was discussed with the person in charge.

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 to Triangle Housing Association was undertaken on 22 July 2019 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year due to the impact of the first surge of Covid-19.

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). The Adult Safeguarding Position Report for the agency has been formulated.

Discussions with the person in charge 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 required updates thereafter.

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.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that a small number of referrals had been made with regard to adult safeguarding since the last inspection. Records reviewed and discussions with the person in charge indicated that referrals made had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The agency has provided service users and relatives with information with regard to the process for reporting any concerns. Service users and a relative who spoke to us described how they could speak to staff if they had any concerns in relation to safety or the care being provided and that the staff are approachable and caring. One relative stated that staff had been very supportive to them and their daughter following a recent safeguarding incident.

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.

Information reviewed during and following the inspection indicated that staff had completed appropriate DoLS training appropriate to their job roles. Staff 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 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.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices.

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 person in charge 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 and discussion with the person in charge confirmed that staff recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff prior to commencement of employment. The organisation has recently updated their recruitment checklist.

It was identified that the information regarding registration details and renewal dates is collated and monitored by the service manager in conjunction with the organisation's human resources department. A review of the information evidenced that all staff provided were appropriately registered with the NISCC. We discussed with the person in charge the merits of including staff registration numbers and expiry dates on the template. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations 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)?

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

It was noted that one service user had been assessed by SALT in relation to dysphagia needs. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs with regards to eating and drinking. It was positive to note that staff had undertaken dysphagia awareness training in 2018 and that they were in the process of completing an update.

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 completed by a manager from another of the organisations registered services were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration; DoLS and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

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. We discussed with the person in charge the need to ensure that the outcome of a complaint is clearly recorded. Complaints are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision, appraisal and training in accordance with the agency's policies and procedures.

It was established during discussions with the person in charge 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.

Staff described the measures in place with regards to IPC such as PPE. Staff were observed to be using PPE appropriately and stated that there are no difficulties in accessing sufficient supplies are needed.

6.0 Conclusion

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.



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