

Unannounced Care Inspection Report 13 September 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 33-35 Adelaide Avenue, Coleraine, BT52 1LT
Tel No: 02870357229
Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 10 people who have a learning disability or complex needs. The tenants' 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 Marie Colette Sheppard
Person in charge at the time of inspection: Team Leader	Date manager registered: 19 September 2012

4.0 Inspection summary

An unannounced inspection took place on 13 September 2018 from 10.00 to 15.30 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 tenants 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.

One service user spoken with said that the staff were very nice to them.

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
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 person in charge and with the service 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 31 October 2017

No further actions were required to be taken following the most recent inspection on 31 October 2017.

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. Seven 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 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 and/or their representatives; ten were returned and are included within the report.

During the inspection process the inspector spoke with the person in charge, two staff members, one service user, four relatives and three HSC Trust representatives.

The following records were examined during the inspection:

- recruitment checklists for two staff members
- staff training records
- staff induction procedure
- performance review records
- restrictive practice register
- incident and accident records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- fire evacuation plan
- three service user' care records
- 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 31 October 2017

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 33-35 Adelaide Avenue, Coleraine and were 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 three 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. Recruitment checklists reviewed indicated that all pre-employment information had been satisfactorily completed and verified; however, advice was given in relation 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. The manager submitted an updated recruitment checklist to RQIA by email on 14 September 2018, advising that this would be completed as part of the recruitment process going forward. Further clarification was received by email on 25 September 2018, verifying that this statement was in place for all staff.

There was a system in place to monitor the registration status of staff in accordance with NISCC.

There was a procedure in place to ensure that 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 tenants' 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 mental health awareness, epilepsy awareness and bereavement had also been provided. The person in charge also described how staff had been supported through advanced learning programmes.

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. A number of incidents had been referred to adult safeguarding from the date of the last care inspection and had been managed appropriately. 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.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. 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 tenants 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 tenants.

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 tenants 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 tenants were examined during the inspection.

The inspector examined three tenants' 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 tenants. 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 tenants. Quality monitoring reports indicated consultation with a range of tenants, relatives, staff and as appropriate HSC Trust representatives.

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

There was evidence 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 all grades of staff.

Tenants were also encouraged to participate in a Tenants Advisory Group (TAG), which enabled them to attend regional meetings and feed-back accordingly to other tenants. The inspection process had also been explained to the tenants 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 tenants.

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 tenants 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 tenants 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 person in charge discussed various activities including keep fit classes, bowling, shopping/educational trips, cooking, football matches and day trips to Rathlin Island. Where a service user wanted to visit Disney Land, Paris, this was facilitated by the staff. This is commended.

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 tenants and their representatives.

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. An annual survey had been undertaken; views and comments recorded were analysed and areas for improvement had been acted upon.

A review of minutes of the tenants' meetings identified that they were encouraged to raise any concerns they may have. A review of the compliments records identified that the tenants and their representatives were very satisfied with the care and support provided. One compliment provided from a HSC Trust representative included:

- "the quality of care was excellentStaff were extremely supportive and many times went above and beyond to ensure (name of tenant's) safety and wellbeing. Staff were professional and it was apparent that staff worked well together as a team."

During the inspection, the inspector spoke with one service user, who informed the inspector that the staff were very nice to them. The inspector also spoke with, two staff members, four relatives and three HSC Trust representatives. Some comments received are detailed below:

HSC Trust representative

- "I have no concerns, they are easy enough dealt with and the manager is very responsive."
- "I have no concerns, am very satisfied with the service and they are good at keeping me up to date."
- "I have a good working relationship with them, they are good at keeping me updated and always share relevant information with me."

Representatives

- “They are very kind and helpful.”
- “I have had no problems, they are looked after very well.”
- “I have no concerns, the staff are very good, all very happy with the care.”
- “It is very good, any issues raised have always been addressed immediately.”

Staff

- “I have no concerns at all.”
- “It is very good.”

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the tenants and their representatives. Ten questionnaires were returned; eight from tenants; and two which did not indicate who had completed them. All respondents 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. One respondent had indicated on the returned questionnaire that they would like the inspector to call them. The inspector spoke to the identified service user, by telephone on 28 September 2018. There were no concerns identified.

Seven staff members provided electronic feedback to RQIA regarding the quality of service provision. All 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, 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
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 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 the service 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 reflected that they felt that the agency was well led.

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. There had been no complaints received from the date of the last inspection.

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 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, information leaflets and service user involvement in Tenant Action Groups. Other initiatives included Choice Checkers, which enables tenants to review the support, care and housing provision provided to other tenants.

Tenants 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.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed.

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

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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