

# Inspection Report

3 February 2022



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 83 Ballyeaston Road, Ballyclare, BT39 9SG**  
**Tel No: 028 9332 4336**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Triangle Housing Association	<b>Registered Manager:</b> Ms Shauna Doyle
<b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Date registered:</b> 26 February 2021
<b>Person in charge at the time of inspection:</b> Ms Shauna Doyle	
<b>Brief description of the accommodation/how the service operates:</b> This is a domiciliary care agency, supported living type which provides care and support to service users living in shared accommodation. Service users are supported to be as independent as possible. Staff support service users in a range of areas including personal care, assistance with medication, managing monies and a number of housing and support tasks.	

## 2.0 Inspection summary

An announced inspection was undertaken on 3 February 2022 between 10.20 a.m. and 2.50 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 and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

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 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 and/or the NMC 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 questionnaires and a staff poster.

One individual responded to the electronic survey; they indicated that they were very satisfied with the care provided.

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?

Returned questionnaires show that the relatives of those supported thought care and support was either excellent or good. Comments included: "My sister cannot talk and we cannot tell what she thinks. Her care appears ok but we are not there 24/7 so have had to answer questions, not sure. Staff tell us she is happy and doing well."

During the inspection we spoke with the relatives of three service users and two staff members. Due to communication needs service users were unable to communicate their views to us. We observed service users being supported by staff in their home environment. We requested feedback from Health and Social Care Trust (HSCT) representatives.

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

### **Comments received during inspection process included:**

#### **Relatives' comments:**

- "Staff are very good, she is well looked after. My sister has come on great since moving there."
- "I can speak to the staff; they inform me of anything and communicate well with me."
- "I have no complaints or concerns."
- "\*\*\*\*\* (service user) seems contented. We were happy with the restrictions around Covid."
- "\*\*\*\*\* (service user is more settled in her own home; she enjoys the company and will sit and watch all that is going on."
- "If I am worried about anything I can talk to the staff or the manager."
- "Everything is ok. It is first class; I have no complaints."
- "Staff keep me informed of any changes, communication is good. We know the staff really well and they do not keep anything from you."
- "\*\*\*\*\* (service users) appears very happy; she has a lovely home and it is reassuring to us that she is settled."
- "The manager is approachable and we trust all the staff."

#### **Staff comments:**

- "I joined the team in 2020 and I felt supported by staff, they have helped me gain my confidence."
- "I feel I have overcome so many things and achieved so much."
- "I feel the service users are safe, I have no concerns working here."
- "The service users are well looked after."
- "This was a career change for me and I cannot speak highly enough about the support I got."
- "I love it here. I have worked in care for 20 years."
- "The service users are great, they are well cared for and their needs come first."
- "I feel supported by the manager and all the staff are lovely. We have a great team."
- "The training is good."
- "I can raise issues; I have no concerns."
- "I would hope to keep working here until I retire."
- "It is the service users own home, we can take the time to just sit down and talk to them."
- "\*\*\*\*\* (Team Leader) is very supportive."

**HSCT representatives' comments:**

- “I currently have two clients who live in Ballyeaston. I have no concerns with the care that they both receive and I am kept updated with all relevant information I require.”

**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, 12196 was undertaken on 20 August 2019 by a care inspector; no areas for improvement were identified. An inspection was not completed during the inspection year of 2020-21 due to the Covid-19 pandemic restrictions.

**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 was reviewed and was noted to have been completed in a comprehensive manner.

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.

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 HSCT adult safeguarding team since the last inspection had been managed appropriately and in accordance with policy and procedures. It was identified that adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

Relatives who spoke to us stated that they had no concerns regarding the safety of the service users; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided and stated that staff are good at keeping them informed of any changes. The agency has provided relatives with information in relation to the process for reporting any concerns.

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 noted 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 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. It was noted that the agency are not appointee for any service users' monies.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control 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 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 their 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. The Human Resources (HR) department has developed an updated pre-employment checklist.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date. We discussed with the manager the benefits of recording individual staff member's expiry dates on the documentation.

#### **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 some service users had been assessed by SALT in relation to dysphagia needs. Discussions with the manager, 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. 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 in the setting was safe and effective.

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. Staff were knowledgeable with regard to how food and fluids should be modified. 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, NISCC registration 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 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 in accordance with the organisation's policy and procedure. 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 and training in accordance with the agency's policies and procedures.

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 Quality Improvement Plan/Areas for Improvement**

Based on the inspection findings and discussions held with the manager, staff and service user, 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.

We would like to thank the service users, relatives and staff for their support and co-operation throughout the inspection process.





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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