

# Inspection Report

15 December 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 Kirsty McKeown
<b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Date registered:</b> Acting, registration pending
<b>Person in charge at the time of inspection:</b> MS Kirsty McKeown	
<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 unannounced inspection took place on 15 December 2022 between 10.30 a.m. and 2.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to the measures used to engage effectively with service users. There were good governance and management arrangements 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 they were 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any registration information, and any other written or verbal information received from relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

#### 4.0 What did people tell us about the service?

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

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

##### **Service users' relatives' comments:**

- "Happy with everything."
- "Happy, (service user) is happy, very happy."
- "No issues whatsoever."
- "Staff friendly and down to earth."
- "It is perfect; I would speak to the staff or manager if concerns."
- "It's a great place."

##### **Staff comments:**

- "No issues or concerns."

- “Service users are well looked after.”
- “Feel supported.”

No questionnaires were returned. There were no responses to the electronic survey.

## **5.0 The inspection**

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

The last care inspection of the agency was undertaken on 3 February 2022 by a care inspector. No areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The organisation’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. It was noted that four staff are due to complete a training update and dates have been identified. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that referrals made since the last inspection had been managed appropriately.

Service users’ relatives we spoke with said they had no concerns regarding the safety of the service users; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that were required to be reported. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with moving and handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it was in the process of being updated to include direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

### **5.2.2 What are the arrangements for promoting service user involvement?**

Due to the complex needs of service users they were unable to fully engage in the care planning process. Through discussions with relatives it was noted that they had an input into devising the care plan for the service users in conjunction with staff and HSCT representatives. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had regular engagement with service users' relatives.

It was important that service users/individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with information to explain Covid-19 and staff supported them to keep themselves safe and protected from the virus.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A small number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 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 in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored on a monthly basis by the manager.

Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. Information reviewed during the inspection indicated that staff were appropriately registered.

There were no volunteers working in the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme and in addition shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

It was identified that the organisation's quality monitoring system has recently been reviewed and will now include additional audits by senior managers.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was required to be updated to reflect the details of the acting manager. Since the inspection an updated certificate was issued. The current certificates of public and employers' liability insurance were displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was identified that no complaints were received since the last inspection.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

## **6.0 Conclusion**

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



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