

Unannounced Care Inspection Report 20 August 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 83 Ballyeaston Road, Ballyclare, BT39 9SG
Tel No: 02893324336
Inspector: Joanne Faulkner

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 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.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 20 August 2019 from 9.45 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were a range of examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, performance review, and training, and adult safeguarding processes and risk management. There are effective governance and management systems in place. Care records were comprehensive, individualised and well maintained. There was evidence of effective communication with service users, relatives and other relevant stakeholders. The culture and ethos of the organisation promotes treating service users with dignity and respect with an emphasis on their safety, and in addition maximising their privacy, choice and independence. There was evidence that care was provided in a person centred manner.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user and stakeholder engagement.

No areas for improvement were identified during this inspection.

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.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

No areas for improvement were identified during this inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- examination of records
- consultation with services users, relatives and staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; 14 responses were received prior to the issuing of this report. 10 of the respondents indicated that they were satisfied or very satisfied that care provided was safe, effective and compassionate and that the service is well led. Two respondents indicated that they were very unsatisfied; this was discussed with the manager prior to issuing the report. No comments were provided.

Ten questionnaires were provided for distribution to the service users and/or their representatives; no responses were received prior to the issuing of this report.

During the inspection the inspector spoke with the manager, a number of service users; the relatives of two service users and four staff members. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 11 October 2018

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements within the agency.

The organisation's recruitment policy details the processes for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Recruitment of staff is co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department. It was identified that the manager is informed when staff checks have been completed and they are ready to commence their induction.

Discussions with the manager indicated that they had a good understanding of the recruitment process and the need for systems to be robust. The manager stated that staff are not supplied until pre-employment checks have been satisfactorily completed.

The agency's induction programme provided to staff was noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. New staff are required to complete corporate induction, training in a range of areas and in addition shadow other staff employed by the agency for a minimum of two weeks. A record of induction is retained by the agency and reviewed and verified by the manager; records viewed indicated that staff had completed appropriate induction.

It was noted from information viewed that new staff are required to complete an induction workbook during their probationary period; it is linked to the Northern Ireland Social Care Council's (NISCC) Standards.

In addition new staff are required to complete competency assessments in areas such as medication and finance. Staff indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users.

Staff are required to complete a six month probationary period; it was noted that they have review meetings at one, three and six months to discuss their progress. Staff stated that they are introduced to the service users prior to providing care and support and shadow staff currently employed by the agency; this was confirmed by the relatives who spoke to the inspector.

Discussions with the manager and staff, and rota information viewed provided assurances that the agency endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the service users. Discussions with service users and their relatives during of inspection highlighted no concerns in regards to them receiving the required care and support. It was noted from rota information viewed that the name of staff provided is clearly record and a record is retained denoting the reason for changes made.

It was noted that care and support is provided to service users by a core staff team; staff felt that this supports the agency in ensuring continuity of care. Staff felt that this can have a positive impact on the service users' experience in relation to their human rights such as privacy, dignity and respect.

The system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles was discussed with the manager. It was noted that staff provided are required to complete an induction prior to providing care; this is to ensure that continuity of care is achieved and to ensure the safety, dignity and respect of service users is maintained. The agency has staff profiles for all relief staff provided it details their experience, training, recruitment checks; the inspector discussed with the manager the benefits of requesting that the agency provide details of the staff members NISCC renewal date on the information provided. The manager provided assurances that this would be actioned with immediate effect.

The agency provides quarterly supervision/appraisal to staff in the form of a performance review; a record is maintained. Part of the performance review process requires staff to complete medication and financial management competency assessments. It was noted from records viewed that staff had received supervision and appraisal in accordance with the agency's policy.

The agency has a system in place for monitoring staff registration with the relevant regulatory body; details of the registration status and expiry dates of staff required to be registered with NISCC/NMC is retained. The manager stated that staff are not supplied for work if they are not appropriately registered. Records viewed during the inspection indicated that staff were registered appropriately. It was noted that the information is reviewed monthly by the manager and the organisation's HR department.

Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of the service users they are providing care to. The manager and staff could describe the process for identifying training needs and their responsibility for ensuring that training updates are completed.

The agency retains a detailed account of training completed by staff; records viewed indicated that staff had completed or were booked to complete relevant training. It was noted that staff had completed training in a range of areas such as moving and handling, Respect training, finance, medication, fire, health and safety, record keeping and adult safeguarding. It was

positive to note that a range of key areas are discussed during the initial induction programme provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights and whistleblowing. Discussions with staff indicated that they had a clear understanding of service users' human rights.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 manager 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 noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. It was noted from training records viewed that staff had completed appropriate training.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that safeguarding referrals made since the last inspection had been managed in accordance with the organisation's policy and procedures.

Discussions with staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. Staff could describe their role in relation to reporting poor practice and their understanding of the agency's policy with regard to whistleblowing.

Relatives who spoke with the inspector stated that they had no concerns regarding the safety of the service users; they indicated that they could speak to staff if they had any concerns in relation to safety or the care being provided. It was positive to note that the agency had provided service users with information in relation to keeping themselves safe and the details of the procedure for reporting any concerns.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that incident records are reviewed by the regional manager and in addition are reviewed as part of the agency's monthly quality monitoring process.

The agency's arrangements for identifying, managing and where possible eliminating risk to service users' health, welfare and safety were reviewed. The agency has a process for assessing and reviewing risk. Records viewed and discussions with the manager confirmed that comprehensive risk assessments, 'Be Safe' plans and care plans had been completed in conjunction with service users and where appropriate their representatives.

Care plans viewed reflected decisions made by service users and indicated that their human rights had been considered in the process.

Staff who spoke to the inspector were knowledgeable regarding the individual needs and preferences of service users'. Staff described the value they place on ensuring that service users are supported in a person centred way, where their preferences, choices and views are respected. Staff could describe the importance of ensuring service users were supported to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Observations of interactions between staff and service users indicated that the service users were supported to make their own choices and that staff took time to speak to them. Staff could describe how they familiarise themselves with the needs of individual service users. Staff stated that they observe service users to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety, wellbeing and choices of the service users.

The agency's office accommodation is located in the same building as the home of a number of the service users and accessed via a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

Staff comments:

- "I am happy; it is a nice place to work.
- "Service users are safe and supported to go out."
- "Service users have choice around meals and where they go."
- "It is the service users' home; it is very relaxed.
- "We support service users to do the things they like individually."
- "The manager is approachable and supportive."
- "Training is good, support is good."
- "I have no concerns, service users have choice and are safe."
- "We try to get them (service users) to be as independent as possible but some will refuse to do things."
- "I like getting the service users out to do things they choose."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, performance review, adult safeguarding and management of incidents/accidents.

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

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency's arrangements for appropriately responding to, assessing and meeting the needs of the service users. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Documentation viewed during the inspection was noted to be retained in a well organised and secure manner. It was noted that staff had received training relating to record keeping and confidentiality as part of their initial induction.

The individual care records viewed during the inspection included referral information received from a range of relevant HSCT representatives and in addition included risk assessments and care plans. The review of two service user care records identified that they were comprehensive, individualised and contained a range of assessments including those for any practices deemed to be restrictive.

Care plans viewed were noted to be comprehensive, providing a very detailed account of the specific care and support required by individual service users. They contained details of specific choices/preferences of individual service users. The agency retains a register of any practices deemed to be restrictive; it was noted to include detailed information as to the process for agreeing the restriction. Practices deemed to be restrictive are reviewed quarterly and in addition reviewed as part of the agency's monthly quality monitoring process. It was noted that staff record daily the care and support provided to service users.

The manager and staff described the methods used for supporting service users and where appropriate their relatives to be effectively engaged in the care planning and review processes.

The agency contributes to service user reviews facilitated by the relevant HSCT. Staff felt that regular reviews assist in ensuring that the needs of service users were being appropriately met. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans and in the 'Be Safe' plans.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, and staff, and observations made, evidenced that staff have a clear understanding of the communication needs of individual service users and communicate appropriately with service users. The agency has recorded the individual communication needs of each service user in their initial assessment and care plan, and has outlines how staff should support service users to communicate effectively.

The manager could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. The manager describe how one service users had been supported to avail of advocacy services following them receiving care and support from the agency.

The agency facilitates staff meetings on a six weekly basis; staff are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern.

Service user meetings are not convened regularly due to the needs of a number of the service users and their ability to effectively engage in a formal meeting. Staff could describe how service users are provided with information and how they are supported to make decisions in relation to their care and support.

The agency has contingency arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans in place.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records, communication with service users and the processes for engaging with relatives and other key stakeholders.

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

6.4 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 agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support was assessed.

Staff receive information relating to equality, human rights and confidentiality as part of their induction programme. Discussions with staff and service users, observations made and documentation viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way staff provide the care and support to service users. The manager stated that staff are to receive training in relation to Deprivation of Liberty (DOL).

It was positive to note that the agency has provided information to service users relating to human rights, complaints, advocacy and adult safeguarding in an easy read format.

Staff describe how they support service users to make choices about the care they receive; they provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users.

Care records viewed were noted to be comprehensive and contained information relating to the needs of service users and their individual choices and preferences.

Discussions with staff and service users provided assurances that care and support is provided in an individualised manner.

Comments made by relatives

- “Staff are very good, I am very happy; they are approachable, friendly and helpful.”
- “I can call at any time.”
- “I have no concerns, happy with **** being there; happy with all the staff.”
- “There is a big difference, ***** is more himself and tells me more; he is definitely safe and has choice.”
- “They (staff) know him well and they look after him well; he uses his own signs to indicate his needs.”
- “***** is happy and well cared for; we have no concerns.”
- “It is a great place; staff are approachable.”
- “***** is a changed lassy, more independent now; she has choice and is safe.”
- “Great place; we have peace of mind.”

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner. Staff had been provided with equality awareness information during their induction programme. The agency’s Statement of Purpose and Service User Guide contains information relating to equality and diversity.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in a person centred manner
- risk assessment and care planning

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes. The organisation has developed a wide range of key information in an alternative format; staff felt that this supports service users in having a clearer understanding of the information being provided.

The agency has a number of processes for obtaining comments from service users and/or their representatives. Records of care review meetings, daily recording notes and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved. The agency’s quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

The organisation facilitates an annual service user conference; service users are encouraged to attend and have the opportunity to participate in the organisation of the event and in the presentations.

Discussions with staff and relatives and observations of staff interactions with service users during the inspection indicated that care provided was compassionate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. There was evidence of effective engagement with service users, and where appropriate relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for promoting the human rights of individual 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

6.5 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 assessed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager supported by a number of team leaders and support workers.

Staff described the process for obtaining support at any time, including out of hour arrangements. Staff who spoke to the inspector indicated that they had good working relationships with the manager.

Policies and procedures are retained electronically; staff can access them as required. Policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The organisation's complaints policy details the process for effectively managing complaints. Discussions with the manager indicated that they had an understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints awareness information during their induction programme. Relatives who spoke to the inspector stated that they have been provided with information in relating to making a complaint.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had managed the complaints received in accordance with their policy and procedures. A record of the complaints and any outcomes are retained. Complaints are audited monthly as part of the agency's quality monitoring process.

The agency retains a record of compliments received, they included a comment received from a HSCT representative.

- “Staff I was observing showed excellent work.”

The agency has developed methods for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, appropriate supervision/appraisal of staff and the provision of relevant staff training. In addition the agency monitors staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA, on a monthly basis. The inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives. Relatives who spoke to the inspector stated that they could speak to staff at any time and that staff were approachable and helpful.

The inspector viewed evidence which indicated that appropriate staff induction, training and performance review had been completed. The manager and staff could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is outlined within the Statement of Purpose; it record lines of accountability. It was noted that staff are provided with a job description at the commencement of employment. The manager stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspector.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The organisation has a process for completing quality monitoring audits on a monthly basis; and a report is developed. From reports viewed it was noted that the audits are completed by managers from another of the organisation’s registered services or regional managers from within the organisation. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by relatives and their representatives. Some comments received recorded that the manager was proactive in implementing suggested actions; and that a relative was very pleased with the care and attention provided by staff.

The reports included details of the review of the previous action plan; review of service user care records, staffing arrangements, accidents/incidents, adult safeguarding referrals, and complaints.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s engagement with service users and relevant stakeholders; and the organisation’s governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified 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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