

# Unannounced Care Inspection Report

## 27 September 2018



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 4 Baronscourt Close, Carryduff, Belfast, BT8 8RE**  
**Tel No: 02890813628**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 nine service users with learning disabilities and complex needs. Care is provided to service users in their own home with some shared areas. The service users are supported by 21 staff. The service users' care is commissioned by the Belfast Health and Social Care (HSC) Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Triangle Housing Association  <b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Registered Manager:</b> Ms Amanda Jayne Crawford
<b>Person in charge at the time of inspection:</b> Ms Amanda Jayne Crawford	<b>Date manager registered:</b> 23 January 2014

### 4.0 Inspection summary

An unannounced inspection took place on 27 September 2018 from 09.30 to 16.30 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 generally evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect. There was evidence of good governance and management systems in place.

Areas for improvement related to the reporting arrangements of incidents and in relation to care plans.

Service users spoken with indicated that they were very happy with the care and support provided.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Crawford, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 26 March 2018

No further actions were required to be taken following the most recent inspection on 26 March 2018.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- notifiable incidents reported to RQIA since the previous inspection
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager 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. No responses were received.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users 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 service users and/or their representatives; eleven were returned and are included within the report.

During the inspection process the inspector spoke with the registered manager, the service manager, four staff members, three service users, four relatives and two HSC Trust representatives.

The following records were examined during the inspection:

- |  |   |
|--|---|
| • recruitment checklists for two staff members   | • two service user' care records            |
| • staff training records   | • staff' and service user' meeting' minutes |
| • staff induction procedure  | • complaints and compliments records        |
| • performance review records   | • monthly quality monitoring reports        |
| • restraint register   | • annual quality plan                       |
| • incident and accident records  | • the Statement of Purpose                  |
| • records confirming registration of staff with the Northern Ireland Social Care Council (NISCC) | • the Service User Guide.                   |

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 March 2018

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 4 Baronscourt Close, Carryduff and were suitable for the purposes of the agency.

At the time of the inspection, the agency had two service managers in post, who managed the agency on a day to day basis, with the support of two team leaders and a number of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to.

The inspector was advised that there were four staff vacancies. Recent recruitment efforts had been successful and the manager advised that three staff were awaiting the necessary checks before commencing employment. Relief staff and staff from other domiciliary care agencies were used to cover the vacant shifts. The manager advised that agency staff were block booked to ensure continuity of care and support.

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.

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. Induction had also been provided to staff provided by other domiciliary care agencies.

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 service users' 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 understanding relationships had also been provided.

The manager also described how additional training would be provided specific to the needs of the service users. However, one staff member spoke to the inspector in relation to an unmet training need. This matter was relayed to the manager, for review and action as appropriate.

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 generally managed appropriately; however a review of the records did not verify that the HSC Trust had been informed, in keeping with local protocols. This was discussed with the manager, who confirmed to RQIA by email on 28 September 2018, that this had since been reported. An area for improvement has been made in this regard.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users 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 service users.

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.

### **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**

An area for improvement related to the reporting arrangements of incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1



## 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 service users were examined during the inspection.

The inspector examined two service users' care records and found these to be generally very detailed, personalised and reflective of the individuals' preferences.

However, a review of one care record identified the care was not consistently reflective of the recommendations provided by the referring Trust; nor was this important information included in the organisation's own support plan. An area for improvement has been made in this regard.

A range of person centred tools had been developed by the organisation to effectively support the service users. 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.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. A review of the care records also identified that any areas for improvement identified as part of the monthly quality monitoring process, were also addressed.

Quality monitoring reports indicated consultation with a range of service users, relatives, staff and as appropriate HSC Trust representatives.

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

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff.

Service users were encouraged to participate in a Tenants Advisory Group (TAG), which enabled them to attend regional meetings and feed-back accordingly to other service users.

### Areas of good practice

There were examples of good practice found throughout the inspection to the delivery of care and support and the agency's engagement with the service users.

## Areas for improvement

An area for improvement related to the care planning process, to ensure that the care plan reflected the care to be provided to the service users.

	Regulations	Standards
Total number of areas for improvement	0	1

### 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 service users 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 service users had information within their records that outlined their life histories, family and community relationship networks. Service users had also been provided with information on Human Rights, which was available in easy-read version.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The person in manager discussed various activities including gym classes, swimming, horse riding, cinema, cooking, exercise classes and involvement in the Special Olympics events.

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 service users, their representatives and staff.

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

- "I have no concerns about the level of support provided in Baronscourt. They are very person-centred in their approach."

During the inspection, the inspector spoke with three service users, who indicated that they were happy living in Baronscourt. The inspector also spoke with, four staff members, four relatives and two HSC Trust representatives. Some comments received are detailed below:



**Staff**

- “The care is pretty good.”
- “I have no concerns.”
- “Triangle is absolutely brilliant, the support provided is amazing and if I needed care for my own child, I would 100 percent have my own child here.”
- “The care is good.”

**Service Users**

- “I love Triangle to pieces, I couldn’t imagine life without them.”

**Representatives**

- “Baronscourt look after them very well.”
- “I am happy indeed, it is very good.”
- “This place has made massive improvements to everyone’s lives.”
- “Overall we are very happy with the care and support, he is in a good place and the mix is as good as we could get anywhere.”

One relative consulted with commented in relation to a specific matter. Given that there was no apparent impact on the service user’s care, this matter was relayed to the manager, who agreed to address the matter immediately.

**HSC Trust representatives**

- “I have no concerns at all.”
- “There is good support there, they are good at reporting things as they should.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the service users and their representatives. Eleven questionnaires were returned; ten from service users; and one 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. Written comment included:

- “I love my home, staff and fellow tenants, like a big happy family.”

One tenant provided written comment in relation to a specific issue. Following the inspection, this matter was relayed to the manager, for review and action, as appropriate.

**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 service users 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 service users; 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 two service managers, two 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 members spoken with confirmed that management were responsive to any suggestions or concerns raised.

All those consulted with described the management team in positive terms.

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 a small number of complaints received from the date of the last inspection; one had not been concluded on the day of the inspection and will be followed up at future 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 service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the service users. Equality monitoring was undertaken on an annual basis, where information was collected on service users' 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 service users, 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 service users to review the support, care and housing provision provided to other service users.

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

There were no incidents which were reportable to RQIA since the last care inspection.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users 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 service users.

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
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Crawford, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.4  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2018	The registered person shall ensure that the agency reports any changes in the service user's situation and issues relevant to the health and well-being of the service user to the referring HSC Trust, and keeps a record of such reports.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Incident reported to HSC Trust on 28/09/18. Email sent to Service Managers by Regional Manager re reporting of incidents process.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 3.3  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2018	The registered person shall ensure that the care plan includes information on the care and services to be provided to the service user.  This refers specifically to the inclusion of behaviour support techniques in care plans; and to the implementation of any such support.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> Care Plan updated by Registered Manager on 4/10/18

*\*Please ensure this document is completed in full and returned via Web Portal\**



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