

**Announced Care Inspection  
Of  
4 Baronscourt Close**

**19 May 2015**

## 1. Summary of Inspection

An announced care inspection took place on 19 May 2015 from 09.45 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	

The details of the QIP within this report were discussed with the Amanda Crawford registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Triangle Housing Association Christopher Alexander	<b>Registered Manager:</b> Amanda Crawford
<b>Person in charge of the agency at the time of Inspection:</b> Erin Brown	<b>Date Manager Registered:</b> 23/1/2014
<b>Number of service users in receipt of a service on the day of Inspection:</b> 10	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

### 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents
- Correspondence

During the inspection the inspector met with six service users, three care staff, two staff, spoke with two community professionals and one relative.

Staff questionnaires were left for completion; seven were returned post inspection. These indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who were familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern
- that the induction process had prepared them adequately for their role.

Comments included:

'I am happy that Triangle is a company that puts people first'

'Overall care seems appropriate and effective'

'I feel that all the service users are cared for very well and their needs are met'

'All the service users seem settled and content'.

Questionnaires asking service users' views on the care they receive were left in the agency for completion; three were returned post inspection.

Service users were either satisfied or very satisfied:

- with the care and support they receive
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- that staff help them feel safe and secure
- that staffing levels are appropriate.

Service users' comments:

'I love it here'

'Would like 'more trips out with the support of staff'.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Supervision policy
- Complaints records
- Recruitment policy
- Induction procedure
- Records of induction
- Staff register
- Staff rota information

## 5. The Inspection

Triangle Housing Association 4 Baronscourt Close is a supported living type domiciliary care agency based in a residential area in Carryduff. The agency currently provides domiciliary care and housing support to ten service users who experience learning disability with complex needs, and who may additionally experience physical disability or mental ill health. Services are provided to service users who live in three bungalows in the Baronscourt area.

Under the direction of the Registered Manager, Amanda Crawford, and the Service Manager, twenty seven staff provide services with the aim of enhancing independent living, developing living / life skills, involvement in the local community, and maintaining a tenancy, with the overall goal of maximising quality of life.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 20 January 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided –</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes</p> <p>The registered person must provide RQIA with written assurance that they have highlighted to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered person provided RQIA with written assurance that they had highlighted to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter.</p>	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14 (b) (c)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of service users</p> <p>The registered person must review the proportion of utility costs paid by the agency in relation to each bungalow, taking account the staff presence.</p>	<b>Partially Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager advised the inspector that the Director of Support Services is currently working with a Triangle Housing Manager in relation to variations in utility costs being paid by service users across the Triangle services. The inspector was advised that the aim is to ensure equity of costs paid by service users.</p> <p>The registered manager will inform RQIA of progress with this requirement.</p>	
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>This registered person must ensure that the status of the financial capacity of service users is clarified by the HSC Trust. This relates to service users whom the registered manager was verbally advised lacked financial capacity, without written confirmation.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The service manager showed the inspector written confirmation obtained from the HSC Trust regarding the financial capacity of service users.</p>	<p><b>Met</b></p>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <ul style="list-style-type: none"> <li>• This registered person should consult with relatives and professionals and record their views in the monthly quality monitoring report.</li> <li>• Any factors impacting on the agency's ability to include consultation with relatives or professionals should be noted on the reports of monthly monitoring</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed three reports of monthly quality monitoring which contained views of relatives and professionals, or an explanation where this has not been possible. The agency has ascertained the views of relatives regarding their willingness to be contacted as part of quality monitoring.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 1.4	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>In relation to accommodation which is shared with agency staff: the registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home and control over who enters it. This process should be kept under review.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p>	

	<p>The inspector viewed minutes of tenants' meetings where tenants were consulted regarding their opinions about staff sharing their home. The inspector was advised that tenants' views will continue to be sought via this forum.</p> <p>The registered manager advised the inspector that staff have participated in training which included issues regarding respect for service users' property.</p>	
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### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

#### **Is Care Safe?**

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained, including those supplied on a temporary basis.

The agency has a structured induction programme lasting up to ten days, plus an additional five days training; this was confirmed by staff interviewed. The agency maintains a record of the induction provided to all staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The registered manager discussed the agency's procedures for use of staff supplied by a domiciliary care agency and showed the inspector documentation relating to this. The registered manager advised that the agency's own staff are usually available to cover shifts; this was supported by feedback from staff. The arrangements used to cover shifts at short notice were satisfactory.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency: four performance reviews each year, two of which are competency assessments. Staff who spoke to the inspector confirmed that they had received supervision in line with policy and procedure, and that they could access informal supervision or consultation with a senior member of staff at any time if required.

#### **Is Care Effective?**

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff. Service users, a relative, and professionals indicated that staff were suitably trained to meet the needs of service users.

Professionals commented, 'staff are very resilient, patient, they can respond to emergencies', 'the staff have been very professional'.



The inspector viewed a range of documentation which showed how staff are provided with a clear outline of their roles and responsibilities; staff who took part in the inspection were clear about what the agency expected of them.

Staff who took part in the inspection described the induction as effective in preparing new staff for their role. Records of induction supported staff feedback. A staff member commented, 'I got to know service users on induction, I wasn't thrown in at the deep end.'

The registered manager discussed the agency's process of evaluating the effectiveness of staff induction through monthly supervision during the induction period, observation and staff evaluation.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. Staff reported that the agency responds to their requests for additional training. The registered manager described how the agency has identified and is planning for future staff training needs, based on the changing needs of service users.

Staff described receiving supervision and appraisal in line with the agency's policy, and described having open access to a manager on shift, and an on call manager out of hours.

Staff interviewed by the inspector were aware of the whistleblowing policy and knew how to highlight concerns regarding the practice of other staff, including managers.

### **Staff comments**

'I would feel confident if I needed to use the whistleblowing policy within Triangle'  
'I wouldn't be worried about raising any concerns if there ever were any'.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements, including via an annual survey and monthly monitoring. The registered manager and service manager discussed how the impact of staff changes on service users is taken account of.

The inspector noted that the agency has good continuity of staff with few changes. A professional noted, 'there seems to be a regular, familiar set of staff'.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users; this was supported by staff comments. Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Agency staff provided feedback that the induction process appropriately prepares new staff to fulfil their role. A relative confirmed that staff have appropriate knowledge and skills to respond to service users' needs, 'they have got to know \*\*\*\* well'.

Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

The acting registered manager discussed the agency's processes to address unsatisfactory performance of a domiciliary care worker.

### Areas for Improvement

Number of Requirements	0	Number Recommendations:	0
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives. Managers discussed examples of positive risk taking in practice, where service users were supported by staff to maintain or promote independence by taking part in activities of their choice. Professionals described how service users' independence had been promoted by positive risk taking in collaboration with the service user and the Trust.

### Is Care Effective?

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a process of reviewing care and support monthly with service users, with at least a yearly review including a community worker from the Trust. The views of service users and/or their representatives were recorded in review records. The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout, and showed evidence of updating. Staff who participated in the inspection described care and support plans as 'very individualised' and 'person centred'.

Examination of monthly monitoring reports and tenants' meetings showed examples of how the agency delivers the service in response to the views of service users and/or their representatives. The agency has processes in place to ascertain and respond to the views of service users and their representatives. A relative commented 'anything they(the staff) need to know, they take our advice on board'. A professional commented 'the staff are open to suggestions from the community team'.

The inspector met six service users in their own homes. It was evident to the inspector that service users' homes were decorated and furnished in a manner which reflected their interests and preferences. Service users described how they exercise choice and control over how they lead their lives. The inspector observed staff responding respectfully to service users' expression of choice.

Service users have been provided with information relating to human rights and advocacy in a suitable format. Staff described how advocacy services have been recently involved in assisting service users.

## Staff comments

‘Service users are consulted on everything’.

## Is Care Compassionate?

Throughout the inspection, service users were observed receiving care in an individualised manner. The inspector observed service users making choices about their daily activities and discussed their plans with them. Discussions with staff showed that they knew and understood the needs and wishes of service users.

Service users are involved in tenants’ meetings and with consultation and advocacy groups across and beyond the organisation. It was evident from documentation and discussion with service users and relatives that they are aware of their rights to be consulted and have their views considered in relation to service delivery.

The agency could demonstrate that the service users’ views, capacity and consent have been taken into account in service delivery; examples of this were observed by the inspector during the inspection. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

## Service users’ comments

‘I like it here’

‘I picked the curtains’

‘Any problems, I speak to the staff’

‘The staff listen to what I want’.

## Relatives’ comments

‘If \*\*\*\* does not like something, he’ll let you know’.

## Staff comments

‘Service users are able to express themselves well, and all views are listened to and acted upon’

‘I would like to see service user involvement more in recruitment’

‘All views from service users are taken on board and where possible acted upon’.

## Professionals’ comments

‘ \*\*\*\* seems happy and content, the staff are very good’.

## Areas for Improvement

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **Quality monitoring**

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The inspector noted that reports have consistently improved in quality since the last inspection of 20 January 2015.

### **Complaints**

Records of complaints from 1 January 2014 - 31 March 2015 were examined.

The complaints records examined by the inspector had been satisfactorily investigated and documented.

### **Safeguarding**

The registered manager discussed an ongoing safeguarding investigation with which the agency is co-operating with the Trust.

## **6. Quality Improvement Plan**

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Amanda Crawford registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [Supportedliving.services@rqia.org.uk](mailto:Supportedliving.services@rqia.org.uk) assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan			
<b>Statutory Requirements</b>			
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (b) (c)  <b>Stated:</b> Second time  <b>To be Completed by:</b> <b>19 October 2015</b>	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-  (b) so as to safeguard service users against abuse or neglect; (c) so as to promote the independence of service users		
	The registered person must review the proportion of utility costs paid by the agency in relation to each bungalow, taking account the staff presence.  The inspector noted that the agency had made some progress with working towards compliance with this requirement.  RQIA must be advised of progress towards compliance with this requirement.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure the QIP is completed in full and returned to [Supportedliving.services@rqia.org.uk](mailto:Supportedliving.services@rqia.org.uk) from the authorised email address\**

I agree with the content of the report.			
<b>Registered Manager</b>		<b>Date Completed</b>	
<b>Registered Person</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

Please provide any additional comments or observations you may wish to make below:

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## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 14 (b)  
(c)

**Stated:** Second time

**To be Completed by:**  
19 October 2015

Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-

- (b) so as to safeguard service users against abuse or neglect;
- (c) so as to promote the independence of service users

The registered person must review the proportion of utility costs paid by the agency in relation to each bungalow, taking account the staff presence.


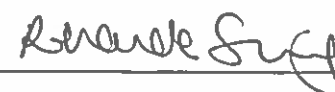
The inspector noted that the agency had made some progress with working towards compliance with this requirement.

RQIA must be advised of progress towards compliance with this requirement.

#### Response by Registered Person(s) Detailing the Actions Taken: Actions


Senior Management Team have reviewed the costs of utility bills paid by the agency. They have agreed 10% cost paid by the organisation to each scheme. This was communicated to Regional Managers at Managers Meeting.

#### Response by Registered Person(s) Detailing the Actions Taken:

Registered Manager Completing QIP	Amanda Crawford	Date Completed	29/06/15
Registered Person Approving QIP		Date Approved	30/06/15
RQIA Inspector Assessing Response		Date Approved	14.7.15

*\*Please ensure the QIP is completed in full and returned to [Supportedliving.services@rqia.org.uk](mailto:Supportedliving.services@rqia.org.uk) from the authorised email address\**

**I agree with the content of the report.**

Registered Manager	Amanda Crawford	Date Completed	29/06/15
Registered Person		Date Approved	30/06/15
RQIA Inspector Assessing Response		Date	



### 6.3 Actions Taken by the Registered Manager/Registered Person

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		Approved	
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Please provide any additional comments or observations you may wish to make below:

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