

# Unannounced Care Inspection Report 26 March 2018



## Triangle Housing Association

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

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

Assurance, Challenge and Improvement in Health and Social Care

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 29 staff.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 26 March 2018 from 09.25 to 15.40.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

#### Evidence of good practice was found in relation to:

- Staff Recruitment
- Care Reviews
- Staff Training and Development
- Staff Supervision and Appraisals (Performance Reviews)
- Monthly Quality Monitoring Reports

No areas requiring improvement were identified.

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	0

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

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 9 August 2016

No further actions were required to be taken following the most recent inspection on 9 August 2016.

## 5.0 How we inspect

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

- Previous inspection report
- Record of complaints
- Correspondence received By RQIA

During the inspection the inspector met with two service users, one service manager (acting) and another service manager from another Triangle agency, three support assistants and one service users' visitors/representatives. On the day of the inspection the inspector was unable to make contact with Health and Social Care (HSC) Trust professionals.

The following records were examined during the inspection:

- Five service user care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation records of care used by the agency
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision/appraisals (performance reviews)
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Induction records
- Staff rota information
- Recruitment policy
- A range of policies relating to the management of staff
- Supervision policy
- Induction policy
- Safeguarding vulnerable adults policy
- Restrictive practice policy
- Risk management policy
- Incident policy
- Whistleblowing policy
- Policy relating to management of data
- Complaints policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report. The service manager was also asked to distribute ten questionnaires to service users/family members. No questionnaires were returned by service users/family.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 9 August 2016**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 9 August 2016**

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 inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory.

The agency has a structured induction programme lasting up to two weeks; it includes shadowing experienced staff, plus an additional five days training before the end of the six month probationary period. The agency maintains a record of the induction provided to 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 which are available in the office, on both the desktop and team iPad. The manager and staff who spoke to the inspector supported the above information; they provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by staff, the registered manager and the services manager.

Staff rotas viewed and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the assessed needs of service users at all times. The manager advised the inspector that void shifts are covered by the team in the first instance, staff from another Triangle supported living agency or a small pool of staff from an employment agency which is also a registered domiciliary care agency to meet the needs of service users.

The manager provided the inspector with a detailed list of the domiciliary care agency staff, their photographic evidence and evidence of their NISCC registration and the induction programme provided to them.

#### **Staff comments:**

- “I get to do flexible working which helps me.”
- “I tend to work the same shifts each fortnight.”

Examination of records indicated that a system to ensure that staff supervision and appraisals (performance reviews) are planned and completed in accordance with the policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances. The staff members who spoke to the inspector provided feedback that they had received supervision and appraisal (performance reviews) in line with the agency's policy and procedure; records provided to the inspector confirmed this.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. RESPECT, Swallowing Difficulties and Working at Heights training. The inspector reviewed the staff training matrix which indicated compliance with training required by regulations and standards.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the agency's policy in relation to the Safeguarding of Adults, 2016 which is in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the manager and staff, documentation reviewed indicated that safeguarding training provided by the agency includes the regional guidance. The training manager for the organisation delivers safeguarding training and has been appointed as the safeguarding champion. On the day of inspection staff were able to name the agency's safeguarding champion. A safeguarding alert flow chart was available in the agency.

Records reviewed by the inspector indicated that the agency had made one safeguarding referral to a HSC Trust since the last inspection. On the day of the inspection the inspector could not evidence documentation relating to this safeguarding referral. Following the inspection, the agency forwarded information that provided the necessary assurances in relation to an appropriate safeguarding referral and management plan by the Trust.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users. The manager provided feedback that staff are able to access advice and guidance from a manager at all times.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and they were confident of an appropriate management response.

The inspector examined the agency's arrangements to identify and manage risk to service users. Documentary evidence and discussion with the manager indicated that referral information and risk assessments are completed by the referring HSC Trust. Care plans and 'Be Safe' plans reviewed by the inspector reflected risk assessments supplied by the HSC Trust and the agency.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was noted that a restrictive practice register was in place and restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were reviewed regularly and evaluated.

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

- "I would tell the team leader or support assistant if I wasn't happy."

#### **Relative comments:**

- "XXX himself is happy here."

The inspector found that care and support plans are formally reviewed by agency staff in conjunction with service users on a six monthly basis or sooner if required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. It was noted that a number of incidents had occurred since the last inspection. The inspector examined these records and found that the agency had managed them in accordance with its procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection. The inspector reviewed the records of the complaints and found that the agency managed them in accordance with policy and procedure and to the satisfaction of the complainant.

Following the inspection the inspector received written communication from a relative outlining their concerns in relation to care issues at the agency. The inspector contacted the relative and RQIA have been given assurances that these are historical issues and have been dealt with by the agency with a satisfactory outcome and that there were no need for any further action at this time.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal (performance reviews) and restrictive practice.

No areas for improvement were identified during the inspection.



	Regulations	Standards
Total number of areas for improvement	0	0

### 6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the Statement of Purpose (2017) and Service User Guide (2014).

The inspector reviewed five service users' care and support plans. The inspector was informed by the manager that person centred care plans are developed in conjunction with service users and/or their representatives and with regard to relevant assessments provided by the HSC Trust multi-disciplinary team.

Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately. The inspector examined records outlining yearly reviews with the HSC Trust.

Feedback received by the inspector from staff and service users indicated that service users have a genuine influence on the content of their care plans.

The inspector was informed that care and support plans are reviewed on a six monthly basis or sooner if required. The inspector was informed that service users are involved prior to these reviews and viewed 'Preparation for review' forms which recorded the views of service users. The manager advised the inspector that monthly reviews were carried out by key workers in conjunction with individual service users.

#### Service users' comments:

- "Everything is going smoothly in here."
- "I am enjoying being here."

#### Staff comments:

- "We had a team building day."

#### Relatives' comments:

- "I like to follow-up on all we discuss."

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by the organisation's managers who have a good working knowledge of the service.



The quality monitoring system provides evidence of a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives and HSC Trust professionals as appropriate, and progress on previous improvement matters.

The inspector noted the following comment on a quality monitoring report from a HSC Trust professional:

- “Communication with staff is regular and presents no difficulties.”

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. The manager described effective verbal and written communication systems within the staff team and with the registered manager, including the use of a diary, and daily written and verbal handovers.

Review of team meeting records indicated that team meetings are facilitated on a regular basis; the staff who spoke to the inspector verified that staff could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated the staff team is supportive to each other and that communication is good.

Review of tenant meeting minutes by the inspector indicated that the views of service users are taken into account in planning and making decisions. The inspector noted that service users were provided with information on how to make a complaint, human rights information, Tenants Advisory Group (TAG), fire drills and suggestions in relation to social activities.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust representatives and refers to or consults with a range of appropriate professionals when relevant.

The inspector noted and examined the results of Triangle Housing Association's Perception and Performance Data Report 2016/2017; Safeguarding Report 2016/2017; with very positive results. The Annual Plan 2017/2018 was available in the office.

It was evident that the agency maintains a range of methods for communicating with and recording the comments of service users, through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff and appeared to enjoy good relationships with staff.

Details of advocacy services were recorded in the Statement of Purpose and Service User Guide as well as on the wall of the agency office for service users to contact if necessary.

The manager and staff informed the inspector that there was an electronic means available for staff to access policies and on-line training.

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to care records, audits and reviews, communication between service users, agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

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

### 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 service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with the manager and observation of staff interactions with service users during the inspection showed that they understood and respected the differing needs and wishes of service users. The inspector observed that the language and behaviour of the staff sensitively promoted the independence and choice of service users throughout their interactions with service users.

The inspector was invited to visit service users in the shared areas of their homes. The inspector particularly noted displays of photographs which reflected service users enjoying social activities and significant events in their personal life. Service users informed the inspector that their bedroom furniture and fittings were chosen by themselves.

Feedback from and observation of the service users indicated that staff have developed a knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

It was evident that staff and HSC Trust professionals promote the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

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

- "I enjoyed my trip to Portrush."

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

- "In general staff are polite and helpful."

#### **Keyworker comments:**

'There appears to be a high level of social inclusion with clients attending activities of their choice including the Black Box and TILII (Tell it Like it is) groups.'

The inspector noted that service users' care plans were very person centred and specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs.

The inspector noted that service users are encouraged to develop their independence inside and outside of their own homes. On the day of inspection the inspector observed service users preparing to attend a local resource centre.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards. It was noted that the agency has a process of supporting service users to make choices about dietary intake such as weekly dietary planning and that they were supported with individual choice. Service users were encouraged to participate in weekly shopping routines.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings. A service user invited the inspector to view their bedroom; they informed the inspector that they had chosen the furnishings and fittings themselves.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. The inspector was informed by the manager that service users are also invited to contribute to the Tenants' Advisory Group. A service user advised the inspector that they attended the Tenants' Conference which is service user led.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users' and their representatives.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users and their representatives.

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was understood by staff.

The manager and support assistants provided positive feedback to the inspector regarding effective working relationships within the staff team and managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. It included the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had occurred since the last inspection, 9 August 2016. The inspector examined the records and found that the agency had managed the incidents in accordance with its procedure and policy.

The agency operates a robust training system and has an appointed adult safeguarding champion who is available for consultation with staff on training and safeguarding issues.

Feedback from the manager and support assistants indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on both paper and electronic systems accessible to all staff.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that the agency had been received a number of complaints since the last inspection, 9 August 2016 and had managed them in accordance of policy and procedure.

There are effective systems of formal supervision and appraisal (performance review) within the agency. The manager provided feedback to the inspector indicating their awareness of their responsibilities and roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

The staff described to the inspector how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the day of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

The agency had completed their annual plan for 2017/2018 and was available for examination by the inspector.

**Service users' comments:**

- "We do fire checks once a month."

**Staff comments:**

- "The manager is approachable."
- "The house is well managed."

**Relatives' comments:**

- "Good joined up working."

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)