

Unannounced Care Inspection Report 3 September 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 122 Cushendall Road, Ballymena, BT43 6HB
Tel No: 02825630414
Inspectors: Joanne Faulkner
Carmel Treacy

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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 four individuals. Service users have a range of complex needs including autism. Staff are available to support service users 24 hours per day; the care is commissioned by the Northern Health and Social Care Trust (HSCT). The agency aims to provide care and support in a manner that supports service users to live a fulfilling and meaningful life.

3.0 Service details

Organisation/Registered Provider: Triangle Housing association Responsible Individual: Christopher Harold Alexander	Registered Manager: Margaret Josephine Elliott
Person in charge at the time of inspection: Margaret Josephine Elliott	Date manager registered: 21 August 2015

4.0 Inspection summary

An unannounced inspection took place on 3 September 2019 from 9.40 to 15.40

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.

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

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human 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. Service users should experience the choices and freedoms associated with any person living in their own home.

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, training, 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 systems for communication with service users, relatives and 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 an individualised 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 inspectors 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 the relatives of three service users and three staff members
- 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 inspectors, 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; 18 responses were received prior to the issuing of this report. The majority of respondents indicated that they were satisfied or very satisfied that care provided was safe, effective and compassionate and that the service was well led. However, two respondents indicated that they were very unsatisfied that care provided was safe, effective and compassionate and that the service was well led. No comments were recorded as to the reason for their dissatisfaction. One comment was received from the respondents: "I feel the service is extremely good and that the service users are provided with support and care to the best of each staff member's ability. I am proud to be a staff member of this service." Prior to issuing the report the one of the inspectors discussed this information with the registered manager.

Ten questionnaires were provided for distribution to the service users and/or their representatives; three responses were received prior to the issuing of this report. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the agency was well led. Following the inspection one of the inspectors spoke to one of the respondents in relation to a comment recorded, they stated that they were very happy with the care and support provided their son.

During the inspection the inspectors spoke with the manager, the relatives of three service users and three staff members. Feedback received by the inspectors 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 Inspection findings

6.2 Is care safe?

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

The inspectors 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 outlines the process for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that staff recruitment 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. The manager is informed when staff are ready to commence employment.

The manager indicated that they had a clear understanding of the recruitment process and the need for systems to be robust. They stated that staff are not supplied until pre-employment checks have been completed by the HR department.

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. It was noted from discussions with staff and records viewed that 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 as part of their initial induction programme.

From records viewed it was noted 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 staff are required to complete competency assessments in areas such as medication and finance. Staff who spoke to the inspectors

indicated that their induction had provided them with the knowledge and skills to meet the needs of the service users.

New staff are required to complete a six month probationary period; review meetings are held at one, three and six months to review staff performance.

Staff indicated that they were introduced to the service users prior to providing care and support and shadow staff currently employed by the agency.

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 a number of service user relatives during the inspection identified that they had no concerns with regards to service users receiving the appropriate care and support. The inspector discussed with the manager the need to ensure that the rota information has a clear record of all abbreviations used.

Staff rota information viewed indicated that the care and support is provided to service users by a core staff team; it was felt that this supports the agency in ensuring continuity of care. Staff who spoke to the inspectors described how 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.

Staff are required to participate in quarterly supervision/appraisal meetings and a record of areas discussed is retained. Part of this process requires staff to complete medication and financial management competency assessments. A matrix is retained detailing when staff have received supervision/appraisal; 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 is retained. The manager stated that staff are not supplied for work if they are not appropriately registered. Records viewed during the inspection and immediately following indicated that staff were registered appropriately. Immediately following the inspection the manager provided details of two new staff confirming their registration status. The manager stated that they review this information monthly.

All staff employed 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 as required.

The agency retains a record of training completed by staff; records viewed indicated that the majority of staff had completed relevant training. Following the inspection the manager provided details in relation to a small number of staff who were due to complete training updates. 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.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures were noted to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); an Adult Safeguarding Position report has been formulated.

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

From discussions with the manager it was identified that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. It was noted that a small number of staff were due to complete a training update in relation to adult safeguarding; following the inspection the manager provided details of the dates staff are booked to complete the required 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 one referral made since the previous inspection, in relation to adult safeguarding had been screened out.

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

Relatives who spoke with the inspectors 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. The agency had provided service users and their relatives with information in relation to safety and the details of the procedure for reporting any concerns.

A review of the accidents and incidents which had 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 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 indicated that the human rights of service users had been considered.

Staff who spoke to the inspectors were very knowledgeable regarding the individual needs and preferences of service users'. They described the value they place on ensuring that service users are supported in an individualised way, where their preferences, choices and views are

respected. Staff could describe the importance of ensuring service users and their relatives were encouraged to discuss any concerns they had. Staff described 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 communicate with them in an appropriate manner. Discussions with staff indicated that they had a clear understanding of service users' human rights. Staff could describe how they familiarise themselves with the needs of individual service users and stated that they observe the service users to identify any changes in dependency, ability or behaviour and take appropriate measures to promote/ensure their safety, wellbeing and views.

The agency's office accommodation is located in the same building as the service user's apartments 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.

Comments received during inspection process

Relative's comments

- "Satisfied with way the care is going, ***** is content and I think he is enjoying it too."
- "Staff are approachable."
- "Staff go out of their way to help him."
- "Staff managed to get ***** to meet Daniel O'Donnell at a concert."
- "***** care is very good, staff keep me up to date."
- "***** is happy here; think he has got better since coming."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision/appraisal, adult safeguarding processes and the 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 inspectors reviewed the agency's arrangements for appropriately responding to, assessing and meeting the needs of 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.

Records viewed during the inspection were 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 care records viewed included relevant referral information received from a range of HSCT representatives and in addition included risk assessments, care plans and details of the decision making process for any practices deemed to be restrictive. 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. The agency retains a register of any practices deemed to be restrictive; it is reviewed quarterly by the manager and in addition reviewed as part of the agency's quality monitoring process.

The manager could describe the processes used for supporting service users and relatives to be effectively engaged in the care planning and review processes. It was noted that staff record daily the care and support provided to service users.

The agency contributes to service user reviews facilitated by the relevant HSCT. Staff felt that regular reviews are necessary to ensure that the needs of service users were being appropriately met. 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 relatives, and staff, and observations made indicated that staff endeavour to communicate appropriately with service users. The individual communication needs of each service user is recorded in their assessments and care plan, and clearly outlines the process for supporting service users to communicate effectively.

The manager and staff could describe the methods used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders.

The agency facilitates bi-monthly staff meetings; staff are encouraged to attend and provided with the opportunity to express their views and opinions and to raise matters of concern. It was noted that a range of matters are discussed including staffing, incidents, accidents, mediation and the care needs of service users.

Service user meetings are not facilitated due to the challenges which prevent service users from effectively participating in this method of engagement. However there was evidence of regular engagement with relatives and service users to ascertain their views.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of service user care records, systems for effectively communicating with service users, 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 relatives, 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.

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

Relatives who spoke to the inspectors described how staff support service users to make decisions about all aspects of their life; they stated that staff are caring, and approachable. Staff provided assurances that service users can refuse any aspect of their care. Staff described the challenges for obtaining the views of service users due to their communication needs; they discussed the risks that may arise due to choices made by service users. The inspectors observed service users being supported by staff to make decisions with regards to their daily routines.

Care records viewed were noted to be completed in a detailed and comprehensive manner and contained information relating to the specific needs of service users and their individual choices and preferences. Discussions with staff and relatives, and observations made provided assurances that care and support is provided in an individualised manner.

Comments made by staff:

- “Nothing is rigid in the planning, it is very person centred from day to day.”
- “It is good seeing how being out in community changes the service users.”
- “Great place to work but can be stressful at times.”
- “Service users are safe; constantly observed.”
- “Service users have choice, absolutely.”
- “Good staff team, we support each other.”
- “Care is very person centred.”

The inspectors 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. It was identified that staff had been provided with equality awareness information during their induction programme.

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

- effective methods of communication
- effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

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

The communication needs of the service users are such that it can provide the agency with a challenge in obtaining comments their views and opinions. Relatives who spoke to the inspectors indicated that staff will engage with them in relation the care and support being provided to service users. Records of care review meetings, daily recording notes and reports of quality monitoring visits indicated regular engagement with service users, relatives 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.

Discussions with staff, relatives and observation of staff and service user interactions indicated that care was provided in a compassionate manner.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the methods used by staff to effectively engage with service users and their relatives with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for protecting and promoting the human rights of 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 inspectors 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 hours arrangements. Staff who spoke to the inspectors indicated that they had good working relationships with the manager and senior staff.

The agency's policies and procedures are retained electronically; staff can access them as required.

The organisation's complaints policy outlines the procedure for managing complaints. Discussions with the manager and staff 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 inspectors stated that they have been provided with information in relating to the procedure for 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 not received any complaints since the previous inspection. Complaints are audited monthly as part of the agency's quality monitoring process.

Compliments received by the agency included:

- "Overwhelmed by the level of care delivered by the staff."
- "You are wonderful looking after our boy; don't know what we would do without you all."

The organisation has developed systems 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 of staff and 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 inspectors viewed evidence of effective collaborative working relationships with HSCT representatives.

The inspectors viewed evidence which indicated appropriate staff induction, training and supervision/appraisal. The manager and staff could describe the benefits of reviewing the quality of the services provided with the aim of improving the service provided to the service users.

The organisational and management structure of the agency is outlined within the Statement of Purpose; it record lines of accountability. 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. The agency has developed a proforma for recording detailed information relating to the tasks that are required to be completed by individual staff on each shift; the manager stated that this is to ensure that the needs of the service users are met effectively and to encourage continuity of care and support.

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 inspectors.

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 for developing a report. The inspectors viewed the quality monitoring reports of a number of the audits. 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 service users, and where appropriate their representatives. Comments included: "Nothing but praise from us (HSCT representatives)".

The reports were noted to include 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, relatives and relevant stakeholders; and the agency'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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