

Unannounced Care Inspection Report 16 September 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 37 Knockcairn Road, Dundrod, Antrim, BT29 4UE
Tel No: 02894454508 OR 07736890780
Inspector: Joanne Faulkner

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 24 hour personal care and housing support to four people who have a learning disability and complex needs. The service users' care is commissioned by the Northern Health and Social Care Trust (HSCT).

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Christopher Harold Alexander	Registered Manager: Amanda Jayne Crawford (acting)
Person in charge at the time of inspection: Service manager	Date manager registered: Acting, no application required

4.0 Inspection summary

An announced inspection took place on 16 October 2019 from 10.00 to 15.00

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. The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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.

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

A range of examples of good practice were identified throughout the inspection in relation to the agency's processes for staff induction, supervision and appraisal, training, adult safeguarding processes and risk management. There are effective governance and management systems in place. Care records were noted to be comprehensive, individualised and well maintained. There was evidence of effective systems for communication with service users 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 a person focussed 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.

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.

4.2 Action/enforcement taken following the most recent care inspection dated 14 December 2018

No further actions were required to be taken following the most recent inspection on 14 December 2018.

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 person in charge
- examination of records
- consultation with one service user and three staff members
- evaluation and feedback

A range of documentation relating to the agency was reviewed during the inspection and is referenced within the report.

At the request of the inspector, the person in charge 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; two 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 service was well led. No comments were received.

Questionnaires were provided for distribution to the service users and/or their representatives; two responses were received prior to the issuing of this report. The respondents indicated that they were either satisfied or very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

During the inspection the inspector spoke with the person in charge, one service user and three staff members. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

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

The inspector would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

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 agency's systems in place to avoid and prevent harm to service users were reviewed; 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 information is verified by the manager.

Discussions with the person in charge indicated that they had a clear understanding of the recruitment process; they provided assurances that staff are not supplied until pre-employment checks have been satisfactorily completed and verified.

The 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 the person in charge, staff and records viewed that new staff employed by the agency 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. In addition staff are required to complete competency assessments in areas such as medication and finance during their six month probationary period.

From records viewed it was noted that the induction programme provided is linked to the Northern Ireland Social Care Council's (NISCC) Standards. Staff 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 confirmed 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 person in charge 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 one service user during the inspection identified that they had no concerns with regards to the care and support they receive.

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 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 agency has a system for ensuring that staff provided at short notice have the necessary knowledge and skills for their roles. It was noted that staff accessed from another domiciliary care agency 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 annually. 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 and procedures.

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 is retained. The person in charge stated that staff would not be supplied for work if they were not appropriately registered. Records viewed during the inspection indicated that staff were registered appropriately. The person in charge stated that this information is monitored monthly by the organisation's HR department and at individual staff supervision/appraisal meetings.

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

The agency retains a comprehensive record of training completed by staff; records viewed indicated that staff had completed relevant training. It was noted that staff had completed training in a range of areas such as moving and handling, Respect training, finance, medication, fire, health and safety, record keeping, lone working and adult safeguarding. It was positive to note that a range of key areas are covered within 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 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.

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 one staff member was due to complete a training update in relation to adult safeguarding and this has been booked.

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 person in charge indicated that no referrals relating to adult safeguarding have been made since the previous inspection.

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.

The service user who spoke with the inspector stated that they had no concerns; they stated that they could speak to staff if they had any concerns in relation to their safety or the care and support being provided to them. The agency had provided all service users with information in relation to personal safety and the details of the procedure for reporting any concerns.

A review of the accidents and incidents which had occurred within the agency since the previous inspection 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 person in charge confirmed that comprehensive risk assessments 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. Care records contained details of any practices in place deemed to be restrictive.

Staff who spoke to the inspector 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 manner, where their preferences, choices and views are respected. 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 and discussion with one service user, indicated that they were supported to make their own choices. Discussions with staff indicated that they had a clear understanding of the need to respect and promote service users' human rights. Staff could describe how they familiarise themselves with the needs of each individual service user. Staff 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 home of the service users and accessed via a shared entrance. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection it was noted that records were stored securely and in a well organised manner; and that computers were password protected.

Comments received during inspection process

Service user comments

- "Staff are good."
- "I go out when I want."
- "Happy here but would like to move to *****."
- "I speak to staff if worried."
- "I don't work, I am retired."

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 care planning.

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

Documentation viewed during the inspection was noted to be retained in a well organised and secure manner. Staff receive training relating to record keeping and confidentiality as part of their initial induction programme.

Care records viewed were comprehensive and included relevant referral information received from a range of HSCT representatives and other key stakeholders. The records included risk assessments, care plans and details of the decision making process for any practices deemed to be restrictive. The person in charge stated that all staff were provided with all relevant information in relation to identified risks and care and support required. 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 detailed account of the specific care and support required by individual service users. It was noted that staff record daily the care and support provided to service users. The person in charge could describe the processes used for supporting service users to be effectively engaged in the care planning and review processes.

The agency retains a register of any practices deemed to be restrictive; it is reviewed quarterly by the manager and additionally with the relevant stakeholders. In addition restrictive practices in place are reviewed as part of the agency's quality monitoring process.

The agency contributes to service user reviews and supports service users to be involved in the process; reviews are in conjunction with HSCT representatives and other relevant stakeholders. The human rights of service users were clearly recorded in their individual care and support plans.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with a service user, and staff, and observations made indicated that staff endeavour to communicate appropriately with service users. The communication needs of each service user is recorded in their assessments and care plan. It was identified that one service user participates in an organisation service user engagement group (TAG group).

Staff could describe the methods used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders as appropriate.

The agency facilitates staff meetings; staff stated that they 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 arrangements, training, incidents, medication and the care needs of service users.

Service user meetings are facilitated; records viewed indicated that service users are involved in the meetings and their views and choices relating to a range of matters recorded.

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 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 inspector assessed 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.

It was identified that staff receive information relating to equality, human rights and confidentiality as part of their induction programme. Discussions with a service user and staff, 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 relating to human rights, complaints, advocacy and adult safeguarding.

One service user described how staff support them to make decisions about all aspects of their life; they stated that staff are approachable. The service user who spoke to the inspector provided assurances that they have choice and stated that they are involved in decisions relating to the care and support they receive. The inspector 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 very detailed and comprehensive manner and contained information relating to the specific needs of service users and their individual choices and preferences. Care plans viewed made reference to service users' human rights. Discussions with staff and a service user, and observations made provided assurances that care and support is provided in a person centred manner.

Comments made by staff:

- "I feel the agency is staffed properly."
- "We support service users to their work placement, horse riding and shopping individually."
- "I feel service users' have choice and are safe."
- "I can raise concerns."
- "The manager is approachable."
- "I feel the service users' lives have improved."
- "The trust are approachable."
- "Because of the staffing arrangements the service users can be spontaneous."
- "We have had specific training from the HSCT and Ministry of Justice."

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the need for staff to be aware of equality legislation whilst recognising and responding to the diverse needs and choices of service users in a safe and effective manner.

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 engagement
- appropriate stakeholder involvement
- equity of care and support
- provision of care in an person centred manner
- comprehensive risk assessment and care planning

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 organisation has developed a wide range of key information in an alternative format; this can be used if appropriate to support service users in having a clearer understanding of the information being provided.

The inspector viewed evidence that there are arrangements in place to regularly review any restrictive practices that are in place. It was noted that restrictive practices are reviewed at least quarterly in conjunction with service users and relevant stakeholders. Staff described how some restrictions have been decreased due to the support provided by staff. Staff stated that they are continuously exploring ways to reduce or remove restrictions. The staff shared an example of how they have supported one service user to be more independent and described the measures put in place to reduce risk and ensure the service user remains safe.

The service user who spoke to the inspector indicated that staff will engage with them in relation the care and support to be provided. Records of care review meetings, daily recording notes and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders. These processes assist the agency in obtaining feedback on the service provided and views as to how the service could be improved. The agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Discussions with one service user and staff, 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 person centred, compassionate care. In addition the methods used by staff to effectively engage with service users and other relevant stakeholders 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 and for supporting them to develop new skills and live as independently as possible.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed governance and management systems in place within the agency to support the staff in meeting the assessed needs of individual service users. The agency is currently managed on a day to day basis by the manager supported by four team leaders and a number of support workers.

Staff could describe the process for obtaining support at any time. Staff who spoke to the inspector indicated that they had good working relationships with the manager and senior staff.

The agency's policies and procedures are retained electronically; staff stated that they are provided with details of any updates and can access them as required via the 'Staff Platform'.

The organisation's complaints policy outlines the process for managing complaints. Discussions with the person in charge and staff indicated that they had a good knowledge of the actions to be taken in the event of a complaint being received. It was identified that staff receive complaints awareness information during their induction programme. The service user could describe the process for raising a complaint or concern.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency had not received any complaints since the previous inspection. There was evidence that complaints are audited monthly as part of the agency's quality monitoring process.

There are systems within the agency 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 person in charge 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 inspector viewed evidence which indicated appropriate staff induction, training and supervision/appraisal. 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 inspector viewed evidence of ongoing collaborative working relationships with key stakeholders in relation to individual service users.

The organisational and management structure of the agency is outlined within the Statement of Purpose; it details lines of accountability. Staff are provided with a job description at the

commencement of employment. The person in charge stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. On the date of inspection the certificate of registration was on display.

The organisation has a process for completing quality monitoring audits on a monthly basis; a report is developed. The inspector viewed a number of the agency's quality monitoring reports; it was noted that the audits are completed by the manager from another of the organisation's registered services. Reports viewed indicated that the process was effective in assisting the agency in identifying areas for improvement; an action plan is developed based on the outcome of the monitoring visit. The reports viewed, included comments made by service users, and where appropriate their representatives.

The reports were noted to include details of the review of the previous action plan, review of service user care records, any restrictive practices currently in place, staffing arrangements, accidents/incidents, the environment, adult safeguarding referrals, and complaints.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's engagement with service users and relevant stakeholders; and in addition 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.



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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