

Inspection Report

Name of Service: Triangle Housing Association
Provider: Triangle Housing Association
Date of Inspection: 22 May 2025

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1.0 Service information

Organisation/Registered Provider:	Triangle Housing Association
Responsible Person:	Mr Christopher Harold Alexander
Registered Manager:	Mr David Geary
Service Profile: Triangle Housing Association, is a domiciliary care agency supported living type located in Belfast. The service provides 24-hour care and support to service users who live in either individual or shared bungalows. The agency office is located adjacent to the home of a number of service users and accessed from a separate entrance.	

2.0 Inspection summary

An unannounced inspection took place on 22 May 2025, between 10.45 am and 3.50 pm by care Inspector

The last care inspection of the agency was undertaken on 1 August 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Triangle Housing Association was a good experience. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of service users, and that staff were knowledgeable and well trained to deliver safe and effective care.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

As part of the inspection process, we spoke to service users, staff members and a visiting professional to seek their views of the care and support provided by the agency.

Service users spoke positively in relation to the care and support offered by the agency. Comments included: "I am happy living here; The staff are good to me, and I would tell them if there was anything wrong; the staff take me out, and I choose what I want to eat."

Staff spoken with told us that the manager is approachable and friendly, and the service users are given a choice of activities. One described the training as good.

The visiting professional told us that the communication with the staff team is good, and they have observed positive interaction between the service users and the staff.

The information provided indicated that there were no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Discussions evidenced that the manager was knowledgeable in relation to safe recruitment practices.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Review of records and discussion with the manager confirmed that there is a system in place to ensure all staff receive appropriate training to fulfil the duties of their role on an ongoing basis. This includes a programme of refresher/update training for staff, which is monitored by the manager to ensure that staff are compliant with attending the training updates.

Staff spoke positively about the training they receive and confirmed they received sufficient training to enable them to fulfil the duties and responsibilities of their role.

Staff said they felt well supported in their role. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles.

Staff were observed to be prompt in recognising service users' needs. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

It was observed that staff respected service users' privacy by their actions such as knocking on doors before entering and discussing service users' care in a confidential manner. Staff were also observed offering service users choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Review of records and discussion with the manager evidenced that there were systems in place to manage service users' nutrition and mealtime experience. Advice was given in relation to ensuring that care plans and risk management plans reflect the date of the Speech and Language Therapist (SALT) assessment.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care reviews had been undertaken in keeping with the agencies policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

Service users care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr David Geary has been the manager in this agency since 2 November 2022.

Staff consulted with commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Staff confirmed that they were aware that the agency had a range of policies and procedures available to guide and inform their practice. These policies were noted to be maintained in a manner that was accessible to staff.

Review of a sample of records evidenced that a system for reviewing the quality of care and staff practices was in place.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's monthly quality monitoring process.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. Discussions with the manager established that they were knowledgeable in matters relating to the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice.

The annual safeguarding position report had been completed and found to be satisfactory.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr David Geary, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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