The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Greenisland House

Provider: Triangle Housing Association

Date of Inspection: 24 June 2025

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Triangle Housing Association
Responsible Individual:	Mr Christopher Harold Alexander
Registered Manager:	Ms Deirdre Elizabeth McGuile
Service Profile: Triangle Housing Association is a domiciliary care agency, supported living type which provides housing support to service users living in self-contained apartments in a shared accommodation arrangement. The care is commissioned by the relevant Health and Social Care Trust (HSCT). Personal care is provided in conjunction with another registered domiciliary care agency.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2025 between 10.00 am and 2.00 pm. This inspection was conducted by a care inspector who was accompanied by another who was observing practice.

The last care inspection of the agency was undertaken on 30 May 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.

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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that the staff are good and that they enjoy living here. One also remarked that "It is a lovely place to live".

One family member told us that they have no complaints, "Everything is great and the staff do well".

Staff spoke positively in regard to the care delivered and management support in the agency. One told us that the manager is fantastic and supportive, and that the communication is excellent.

A number of staff responded to the electronic survey. The respondents indicated that they were "very satisfied" that care provided was safe, effective and compassionate and that the service was well led. Written comments included: "I feel we are led by an excellent manager who models best practice."; "Lovely place to work, tenants are happy"; "Good staff rapport, manager approachable. Great place to work.".

Completed questionnaires contained comments on the service provided to them. They told us that the service provided is very good, and they feel safe knowing the staff checks in with them.

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.

Staff said there was good communication, and that they felt well supported in their role.

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.

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.

Records of all staff training were retained and were noted to be up to date. It was good to note that service user specific training had also been provided to staff, such as dementia and autism awareness training.

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 knowledgeable of individual service user's daily routine, wishes and preferences. There was a system in place that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual and group activities.

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.

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 encourage ement through to full assistance from staff, and their diet modified. Review of records and discussion with the manager evidenced that there were robust systems in place to manage service users' nutrition and mealtime experience.

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. Ms Deirdre Elizabeth McGuile has been the manager in this agency since 25 July 2024.

Staff consulted with commented positively about the manager and described her as a fantastic and supportive manger.

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 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. It was noted that no complaints had been received since the last inspection.

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

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 Ms Deirdre Elizabeth McGuile, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews