The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Triangle Housing Association

Provider: Triangle Housing Association

Date of Inspection: 8 January 2026

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:	Shervron Hanna – registration pending

Service Profile:

Triangle Housing Association is a domiciliary care agency, supported living type located in Ballymoney. The agency's office is located in the organisation's Head Office situated close to the homes of the service users.

Staff provide care and support to service users who are living in their own homes. Staff are available to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community. The care is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 8 January 2026, between 11.45 am and 5.55 pm, by care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 13 November 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users and that the agency was well led. However, improvements were required in relation to safe recruitment practices.

As a result of this inspection the area for improvement previously identified was assessed as having been addressed by the provider.

Full details, including the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 the previous areas for improvement issued, 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 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 staff survey

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

No service users were available to speak with during the inspection.

Staff told us that they were very satisfied that the care and support were safe, effective, compassionate, and well-led. Staff spoke positively about the care delivery, training, and management support in the agency. Staff comments included: "The manager is absolutely amazing; very approachable and accommodating.", "We are person-centred; all the service users have capacity and are very independent; they have a say in their care and the activities they engage in."

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

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, review of two staff recruitment records identified gaps in employment history and reasons staff left previous employment were not consistently explored. Review of the staff references identified that the dates of employment were not noted. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations, to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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, programme which also included shadowing of a more experienced staff member.

Staff consulted spoke positively about the training they receive and confirmed that they receive sufficient training to enable them to fulfil the duties and responsibilities of their role, and that the training is of a good standard.

Records of all staff training were retained and noted to be up to date. It was positive to note that the agency provided training in regard to Mental Health First Aid and Respect training.

There was evidence of effective systems in place to manage staffing. Observations during the inspection evidenced that there were enough staff present to respond to the needs of the service users in a timely manner. Staff said there was good teamwork and that they felt well supported in their roles by the manager.

3.3.2 Care Delivery

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

There was a system in place to ensure that the activities offered to service users were varied and tailored to their individual needs and preferences. Service users are supported to access activities of their own choice, including shopping and visiting restaurants.

Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

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, regularly reviewed and updated to ensure they continued to meet the service users' needs.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

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. Staff recorded regular evaluations about the care and support provided.

Person centred care reviews had been undertaken in keeping with the agency's policies and procedures.

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Shevron Hanna has been the acting manager in this agency since 23 June 2025. Those consulted with commented positively about the manager and described her as supportive and approachable.

Monitoring arrangements were in place in compliance with the Regulations and Standards. A review of the agency's quality monitoring reports 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 the service users' care records, accidents/incidents, safeguarding matters, staff recruitment and training, and staff arrangements. The previous area for improvement relating to the recording of accidents/incidents has been addressed.

A review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis to establish any patterns or trends.

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. There is an appointed ASC for the agency. The annual safeguarding position report had been completed.

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.

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 and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken to during the inspection confirmed the availability of continuous training. Additionally, staff confirmed the availability of supervision/appraisal processes, as well as staff meetings, which they described as effective.

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

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Shervron Hanna, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13 (a), (b), (c), (d) **Stated:** First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him/her in respect of each of the matters specified in Schedule 3. Ref: 3.3.1
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken:** Human Resources completed an audit of the previous 6 months recruitment. An assurance letter has been issued to the inspector detailing issues identified, remedial actions taken and the quality assurances now in place to prevent any reoccurrence.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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