The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Triangle Housing Association

Provider: Triangle Housing Association

Date of Inspection: 17 February 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/Responsible Person:	Mr Christopher Harold Alexander
Registered Manager:	Mrs Denise Magill

Service Profile:

Triangle Housing Association, 10902, is a domiciliary care agency supported living type located in Ballycastle. The service provides 24 hour care and support to service users who have a learning disability or complex needs and are living in their own apartments or bungalows. The care is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 17 February 2026, between10:30 am and 4.30 pm by care Inspector.

The last care inspection of the agency was undertaken on 2 May 2024 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 found 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.

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.

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

During the inspection, we spoke with service users and staff members.

Service users' comments included: "I enjoy living here. The staff are good to me. The manager listens to me. I go shopping with the staff and choose what food I want. I have no concerns."

Staff comments included: "I am up to date with all my training and maintain my NISCC registration. The manager is approachable and helpful, with an open-door policy. If I had any concerns, I could speak to the manager, who would listen and act immediately. We have sufficient staffing today, with three staff members on duty. The staff provide service users with choices regarding activities. We are currently planning activities such as bowling and trips to the cinema. I have no concerns about the service."

Comments received in the returned questionnaires and staff survey were shared with senior management for appropriate action.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through staff induction, regular training, and ensuring that the number and skills of staff on duty each day meet the needs of service users.

Staff feedback during the inspection indicated that staffing was sufficient to meet the needs of the service users. However, the inspector was informed that there is an ongoing recruitment drive to fill current staff vacancies.

There was evidence of effective systems in place to manage staffing.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was evident that staff had a good understanding of the needs, likes, and dislikes of individual service users.

A review of the staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Newly appointed staff completed a structured orientation and induction to ensure they were competent to carry out the roles and responsibilities of their job. Advice was given to the person in charge to ensure the agency's induction process is completed appropriately and signed in accordance with the agency's policy and procedure.

The agency has maintained a record for each member of staff, documenting all training, including induction and professional development activities undertaken. A review of a sample of staff training records established that staff had received mandatory training relevant to their roles and responsibilities. It was positive to note that the agency provided Respect training.

3.3.2 Care Delivery

There was a 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. It was advised to record the names of staff present at the handover and ensure that those not in attendance are updated during their next shift.

A system was 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. Activities for service users were provided, involving both group and one to one activities.

Staff interactions with service users were observed to be friendly and supportive.

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 may be modified. A review of records and discussion with the person in charge evidenced that there were systems in place to manage service users' nutrition and mealtime experience. It was positive to note that all staff had received training in dysphagia.

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences, and the level of care and support they may require. Care staff recorded regular evaluations of the delivery of care and support. Care records evidenced that service users, where possible, were involved in

planning their own care, and efforts had been made to ascertain service users' preferences and choices regarding how their support was provided. The details of care plans were shared with and signed by service users and/or their representatives as appropriate.

Care records were person centred, regularly reviewed, and updated to ensure they continued to meet the service users' needs.

Care reviews had been undertaken in accordance with the agency's policies and procedures.

Records pertaining to consent were available.

Service users' care records were held confidentially.

3.3.4 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mrs Denis Magill has been the manager since 4 December 2025.

Monitoring arrangements were in place in compliance with 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 service user care records, accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements.

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/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

The annual quality report was reviewed and noted to include stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. There was an appointed ASC for the agency. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. It was good to note that staff had completed adult safeguarding training, and those spoken with demonstrated a clear understanding of their responsibility in identifying and responding to any actual or suspected incidences of abuse, as well as the process for reporting concerns.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The person in charge advised that no complaints have been received since the last inspection.

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

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 the person in charge, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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