The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Triangle Housing Association

Provider: Triangle Housing Association

Date of Inspection: 26 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 Marguerite McToal

Service Profile:

Triangle Housing Association (10900) is a domiciliary care agency supported living type located in Ballycastle. The service provides 24 hour care and support to service users with a range of complex needs including learning disability. Service users live in shared accommodation and have their own individual bedrooms and a number of shared facilities. Care is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 26 February 2026, between 10.50 am and 2.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 9 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.

No areas for improvement were identified during this inspection.

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 am content living here. I go for walks and enjoy gardening. The staff treat me well. If I have any concerns, I would speak to the manager. I attend the day centre and enjoy it. I go for walks by myself. I have a view of the mountain. I choose what I want to eat. I have no concerns." Another commented, "I am happy. The staff are good."

Service users who were unable to voice their opinions, due to cognitive or physical impairment, were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff comments included: "The manager is good; she listens and is approachable. The service users are given a choice with meals. The staffing levels are good; we manage with the staff we have. I am up to date with my training. The training at Triangle is very good. We have some non-verbal service users, and we interact with them through finger touch and facial expressions. We take the service users out into the community and visit the café, which is something we promote.

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. There was evidence of effective systems in place to manage staffing. Staff said they felt well supported in their role.

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.

There was evidence that 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.

Records of all staff training were retained and noted to be up to date. Staff confirmed that they received sufficient training for their roles. 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 and Stoma training.

Procedures were established for supervising and appraising staff performance, in accordance with the agency's policies and procedures.

Regular staff meetings were held, and minutes were recorded to facilitate information sharing with staff members who were unable to attend.

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.

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. Staff were prompt in recognising service users' needs and any early signs of distress, including those service users who had difficulty in making their wishes or feelings known.

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 manager 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 and in relation to how to respond to choking incidents.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

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 no change in the management of the agency since the last inspection. Mrs Marguerite McToal has been the manager since 28 October 2016.

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. No referrals have been made since the last inspection.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager 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 Mrs Marguerite McToal, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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