The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Triangle Housing Association

**Provider:** Triangle Housing Association

**Date of Inspection:** 18 March 2026

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Triangle Housing Association |
| **Responsible Individual/Responsible Person:** | Mr Christopher Harold Alexander |
| **Registered Manager:** | Ms Evelyn Lorraine Stewart |

**Service Profile:**

Triangle Housing Association is a domiciliary care agency supported living type which provides 24 hour care and housing support to service users living in self-contained apartments in a shared accommodation arrangement. The care is commissioned by the Northern Health and Social Care Trust (NHSCT).

## 2.0 Inspection summary

An unannounced inspection took place on 18 March 2026, between 11.35 am and 5.30 pm, by a care Inspector.

The last care inspection of the agency was undertaken on 16 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 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

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

Service users' comments included: "I am happy here. The staff are excellent; they accompany you on outings. I go out for meals and shopping, and I choose what I want. The manager is good. I would talk to the staff if I had any concerns." Another service user stated: "It is good living here. I have my own flat. All the staff are good to me; they take me shopping. I have no concerns living here. The manager is good, and I talk to the manager if I have any concerns."

The representative of the service user described the manager as "excellent" and stated that the staff were "friendly and welcoming." They informed us, "I can speak to any member of staff, which is fundamental to the well-being of my family member. The staff contact me if there is any issue. All staff are friendly and welcoming. My family member is given choices, and they have developed significantly since living here. I have absolutely no concerns. If I had any complaints, I would bring them to the staff, and they would be resolved. I don't think you could find better staff."

Staff spoke positively about the manager, the care and support delivered to service users, and the training provided by the agency. Comments included: "The service is very well managed. The manager is approachable; I feel supported by the manager. I have no concerns. We have enough staff on duty to support the service users. The service is person-centred, and the service users are given choices. I am up to date with all my training and keep my NISCC registration current. We have a few new staff members and a good induction process. We have good teamwork; we all support each other."

Information provided indicates that those who engage with us have 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 staff induction, regular staff training, and ensuring that the number and skill level of staff on duty each day meet the needs of service users.

There was evidence of robust systems in place to manage staffing; it was noted that there were enough staff on duty to meet the needs of the service users.

Staff stated that there was good teamwork and that they felt supported in their roles by the manager.

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.

There was a robust, structured induction programme that included shadowing a more experienced staff member. Records reviewed for newly appointed staff confirmed that they had completed a structured orientation and induction to ensure they were competent to fulfil the roles and responsibilities of their job.

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.

Procedures were in place for appraising the staffs' performance in keeping with the agency's policy and procedures.

### 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, which 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 towards their individual needs and preferences. Service users are supported to access activities of their own choice. Activities for service users were provided which involved both group and one to one activities.

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

It was positive to note that the agency held service users' meetings on a regular basis, enabling the service users to discuss any issues they may have and explore what activities they would like to become involved in.

### 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 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.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were legible, up to date and signed by the person making the entry.

Multidisciplinary Team Meetings were held on a regular basis; the outcome of these were shared with the staff, as relevant to their roles and responsibilities.

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. Ms Evelyn Lorraine Stewart has been the manager since 8 December 2022.

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 it was noted that stakeholder feedback was included.

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 manager advised that no complaints have been received since the last inspection.

RQIA is aware of a Serious Adverse Incident (SAI) currently under investigation by the NHSCT. RQIA is awaiting the SAI report, which will be available upon the conclusion of the investigation. This report will be reviewed during future inspections to ensure that any recommendations are embedded into practice.

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 Ms Evelyn Lorraine Stewart, Registered Manager, 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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