

Inspection Report

Name of Service: Triangle Housing Association

Provider: Triangle Housing Association

Date of Inspection: 16 July 2026

1.0 Service information

Organisation/Registered Provider:	Triangle Housing Association
Responsible Individual/Responsible Person:	Mr Christopher Harold Alxaander
Registered Manager:	Miss Sarah Brown
Service Profile: Triangle Housing Association is a domiciliary care agency supported living type which provides 24 hour care and housing support to eight service users. The office is located in the same building as the homes of the service users and accessed from a shared entrance. The care is commissioned by the Northern Health and Social Care (NHSC) Trust.	

2.0 Inspection summary

An unannounced inspection took place on 16 July 2026, between 10.45 am and 3.25 pm by a 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 areas for improvement identified, by RQIA, during the last care inspection on 19 June 2025; and to determine if the day care setting is delivering safe, effective and compassionate care, and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to service users and that the agency was well led.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this 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 the previous areas for improvements 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/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 and staff members.

Service users spoke positively about the staff and care provided by Triangle Housing Association. Comments included: "All the staff treat me well and are good to me. I like living here. It is better than where I lived before. I do my own thing and go out when I want. I have no concerns... everything is good." and "I am happy living here. The staff are nice. The manager is also nice. I have no complaints."

Staff commented positively about the management, care provided, and staff training. Comments included: "The manager is very approachable and down to earth; service users find her approachable and would speak to her if they have any concerns. The manager interacts with the service users daily. Service users are given choices regarding their daily activities. We always ask service users for permission before entering their homes." and "We receive plenty of training, which is effective and important for keeping us updated. Everyone receives the same training, and I personally prefer the face to face training."

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.

The manager advised that there were no newly recruited staff to the agency since the last inspection. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

Staff left in charge in the absence of the manager included either a Team Leader or the Key Holder. The manager advised that both are deemed competent in their roles and responsibilities. In addition, there is a 24 hour manager/senior manager on call rota that all staff can access.

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.

The agency has maintained a record for each member of staff, documenting training, including induction and professional development activities undertaken. A review of a sample of staff training records established that the training matrix was up to date and that staff had received mandatory training relevant to their roles and responsibilities. The manager advised that all staff complete complaints training during induction; however, it was noted that it had not been added to the training matrix. Advice was given to add complaints training onto the matrix to evidence this had been completed. It is positive to note that staff have been provided with specialist training regarding wheelchair tie-down and occupant restraint systems (WTORS). It was also positive to note that equality, diversity and inclusion awareness training was offered to staff.

Procedures were in place for appraising the staffs' performance in keeping with the agency's policy and procedures. A review of a sample of staff appraisal records confirmed that they were completed in accordance with their policy and procedure.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included staff delegation and 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 to their individual needs and preferences. Service users were supported to access activities of their own choice. Activities for service users included one to one sessions, such as shopping and attending healthcare appointments.

Staff were knowledgeable about the individual service users' needs, daily routines, wishes, and preferences. Staff were observed responding promptly and compassionately to service users' requests for assistance.

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. Evidence showed that the manager requested updated care plans and risk assessments from the relevant healthcare professionals to ensure they remained current. Care reviews were conducted in line with the agency's policies and procedures.

There were arrangements in place to ensure that service users requiring high levels of supervision, monitoring, or restriction had their capacity considered and, where appropriate, assessed. When a service user experienced a restrictive practice, the care records included details of completed assessments and agreed outcomes developed in collaboration with the HSC Trust representative.

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.

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. Miss Sarah Brown has been the manager since 18 December 2023. Staff spoke positively about the management team.

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, which included medication errors, identified that they were managed appropriately and that any actions and learning were completed. There was evidence that all incidents were audited on a regular basis, to establish any patterns/trends. It was positive to note that these were reviewed in detail as part of the monthly quality monitoring process.

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.

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.

It was positive 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 formal complaints had been received since the last inspection. However, a number of complaints were resolved through local resolution.

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 Miss Sarah Brown, 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

The Regulation and Quality Improvement Authority

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