The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Triangle Housing Association

Provider: Triangle Housing Association

Date of Inspection: 12 August 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 Orlagh Frances McGivern

Service Profile:

Triangle Housing Association is a domiciliary care agency of the supported living type, providing 24 hour care and housing support to service users with learning disabilities and complex needs. Service users reside across two bungalows located in the Ballymoney area, and their care is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 12 August 2026, between 11.30 am and 6.00 pm by a care inspector.

The last care inspection of the agency was undertaken on 5 August 2025 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.

Service users commented positively about living in Triangle Housing Association and described it as a positive experience. Refer to Section 3.2 for further details.

It was evident that staff were knowledgeable and 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 and staff members.

Service users spoke positively about the care and support they receive living in Triangle Housing Association. Comments included: "It is good living here. The staff are good. I go out for walks on my own. I chose the decorations in my own room. The manager is good and listens to me if I have any concerns. I have no concerns." and "It is good living here. The staff help me. The staff take me out. I go shopping with the staff. I am looked after well. The manager is good."

Staff spoke positively about the manager and the care and support provided to the service users. Comments included: "The manager is approachable. If you have any concerns, she makes herself available. I am up to date with all my training and NISCC registration. The service users choose the menu, and it is posted on the noticeboard. We provide one to one support to the service users, and they can decide what they want to do. We go out for drives, coffee, and shopping with the service users. I have no concerns about the care and support; it is great here." and "The service is well managed. We have a good staff team, and we all work together really well."

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

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 stated that no new staff had been recruited 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.

A review of the induction process indicated that newly appointed staff are required to complete a structured orientation and induction in accordance with the Northern Ireland Social Care Council (NISCC) Induction Standards for new workers in social care, ensuring they are competent to perform their duties in line with the agency's policies and procedures.

A review of staff training records confirmed that staff had completed mandatory training relevant to their roles and responsibilities. Regarding complaints training, the manager stated that all staff complete this training during induction; however, it was noted that it had not been added to the training matrix. Advice was provided to include complaints training on the matrix to evidence its completion. It was positive to note that all staff members are required to complete financial competency assessments to ensure the safe handling of service users' money.

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

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

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 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 were supported to access activities of their own choice. Activities for service users included both group and one to one key work sessions with staff. Examples of activities included swimming, walks, and trips out.

It was positive to note that the agency held service users' meetings regularly, enabling the service users to discuss the provisions of their care. Some matters discussed at the last meeting included good neighbourhood and general environment issues.

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.

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. Where a service user had been assessed by Speech and Language Therapy (SALT), the care plan referenced this. It is positive to note that the date of the SALT assessment was recorded to ensure the most up to date assessment was followed.

There was a policy in place for the use of restrictive interventions, and a register was maintained, which was reviewed and updated regularly. Any restrictive practices were reviewed alongside the care plan and care review and subjected to multidisciplinary review.

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

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.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Orlagh Frances McGivern has been the manager since 17 July 2015. Staff spoke positively about the manager.

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 accident/incident records identified that they were managed appropriately. There was evidence that they were audited regularly to identify any patterns or trends. It is positive to note that accidents/incidents 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. 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 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 Orlagh Frances McGivern, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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