The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Triangle Housing Association, Castlehill Place incorporating Gordonville Park**

**Provider:** **Triangle Housing Association**

**Date of Inspection:** **6 August 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:** | Mrs Wendy Blair |
| **Service Profile:**<br><br>This is a domiciliary care agency, supported living type which provides personal care and housing support to service users living in two houses located in the Ballymoney area. Staff are available 24 hours per day to support service users with personal care, shopping, medication, meal preparation and access the local community. | |

## 2.0 Inspection summary

An unannounced inspection took place on 6 August 2026, between 11.00 am and 5.10 pm by a care Inspector.

The last care inspection of the agency was undertaken on 24 July 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 stated that they were happy 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 their experience of living in Triangle Housing Association and the support they receive. Comments included: "The staff take me out for lunch. I am happy living here. The staff are good and support me with meals. I get a choice of what I want to eat. I am well cared for."

One relative indicated that they were 'very satisfied' with the care and support provided to their family member. Comments included: "Staff look after my [family member] very good, we're very happy … Staff are very good to us as a family, couldn't ask for better services."

Staff spoke positively about management, staff training and care provided. Comments included: "The manager is fantastic; she is very approachable and the best manager I have ever had. I receive regular performance reviews. I keep my NISCC registration up to date, and the manager is very good at reminding staff about this. The training is effective, and I receive sufficient training for my role." and "The service is person-centred, prioritising the service user in all decisions. Activity sheets are completed daily with the service user. Service users express high levels of satisfaction."

The information provided indicated that those who engaged with us have no concerns in relation to the agency.

### 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.

Review of the staff recruitment records confirmed that all 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 is evidence that newly appointed staff are provided with a structured orientation and induction in accordance with the Northern Ireland Social Care Council's (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. Records reviewed for newly appointed staff confirm they are completing a structured orientation and induction process to ensure they are competent to fulfil the roles and responsibilities of their job.

A review of a sample of staff training records confirmed that staff had received mandatory training relevant to their roles and responsibilities. In respect of complaints training, the manager stated that all staff complete complaints training during induction; however, it was noted that this training had not been added to the training matrix. Advice was given to include complaints training on the matrix to evidence its completion. It is positive to note that all staff are required to complete Respect training.

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.

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, such as going out for walks, shopping, going to the local café and ice cream trips.

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.

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, 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 Wendy Blair has been the manager since 24 October 2019. 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.

There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was also positive to note that 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.

It was identified that some operational records were being securely stored in one of the houses (in a staff sleepover room), which is not the registered office. Following the inspection, RQIA received confirmation that all operational records are now held securely in the registered office.

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 Wendy Blair, Registered Manager, as part of the inspection process and can be found in the main body of the report

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