The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Triangle Housing Association**

Provider: **Triangle Housing Association**

Date of Inspection: **13 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:	Miss Linda Richmond

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 13 August 2026, between 11.20 am and 5.10 pm by care Inspector.

The last care inspection of the agency was undertaken on 11 November 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 established that care delivery was safe and that effective and compassionate care was delivered to service users. Improvements were required, however, to ensure the effectiveness and oversight of certain aspects of the agency, such as record keeping.

Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 one service user and staff members.

The service user comments included: "I'm all right. All is good".

Service users who had difficulty expressing their wishes or feelings were observed during the inspection and appeared relaxed while engaging with staff, using hand gestures and facial expressions to make their wishes known.

Staff spoke positively about the manager and the care and support provided to the service users. Comments included: " The manager is very approachable and supportive. She has an open door policy. She has worked her way up and understands day to day issues. The staff team work well together and have the service user's best interests at heart. We go out with the service users either one-to-one or in groups."

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

3.3.1 Staffing Arrangements

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.

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.

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 is positive to note that epilepsy awareness training is provided to all staff members.

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 bowling, day trips, and attending the day centre.

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 daily 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. Miss Linda Richmond has been the manager since 17 November 2024. 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 incident records identified several medication errors since the last inspection. The manager advised that, following the incidents, staff were required to retrain in medication management and undergo competency assessments. In addition, the administration of medication is now assigned to specific staff members during handovers to minimise environmental distraction. However, a review of one service user's medication records identified an error in the recording. An area for improvement has been stated.

There was evidence that incidents were audited regularly to identify any patterns or trends. It is 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.

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

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

An area for improvement and details of the Quality Improvement Plan were discussed with Miss Linda Richmond, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 (7) **Stated:** First time **To be completed by:** Ongoing from the date of inspection	The Registered Person shall make arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines used in the course of the provision of prescribed services to service users. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Manager has liaised with the pharmacy inspector as requested who was satisfied with the additional measures the Registered Manager has already put in place. This includes additional guidance on the process of receiving medication and additional scenario-based competency assessment. Additionally all staff have completed their medication training and competency assessments, completed the NISCC medication module and a buddy system has been introduced to pick up omissions before time limits expire.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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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