The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Triangle Housing Association

Provider: Triangle Housing Association

Date of Inspection: 8 September 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 Clare Susan Hall Bready

Service Profile:

Triangle Housing Association (10815) is a domiciliary care agency, supported living type which provides 24 hour personal care and housing support to service users who have a learning disability and complex needs. The service user's care is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection took place on 8 September 2026, between 12.15 pm and 4.50 pm by a care Inspector.

The last care inspection of the agency was undertaken on 30 October 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, staff members and one Health and Social Care (HSC) representative.

Service users spoke positively about the care and support they receive living in Triangle Housing Association. Comments included: "The staff are good to me. The food is delicious. The manager is very good; they are all fantastic." and "I go out with the staff, and I get ice cream and toast. The staff are nice. The manager is good. I go to the day centre every day on the bus. I enjoy it."

Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff commented positively about management, training, staff induction and the care and support provided to the service users. Comments included: "The manager is approachable and is very easy to talk to and tries to help where she can. The training is good and effective for my role. I keep my NISCC registration up to date. The service users are given choices; they can decide where they want to go, such as going out for coffee and shopping. Social inclusion is promoted." and "My induction was good. The staff were very helpful. There is a good staff team, and I feel part of the team. The training has been really informative; there is face-to-face training, which I like. It is the best training I have had in the caring sector."

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.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are completed and verified before staff members commenced employment and have direct engagement with service users.

Newly employed staff are required to complete a structured induction at the start of their employment, which includes mandatory training. 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. Newly inducted staff provided positive feedback about the induction process.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). A system was in place for professional registrations to be monitored by the manager. Staff 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 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. The agency also provides training on epilepsy awareness.

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 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. Activities for service users included both group and one-to-one activities, such as spa days, trips out, and going out for coffee.

It was positive to note that the agency held service users' meetings regularly, providing service users with an opportunity to discuss any issues and explore activities they wished to participate in. The most recent meeting took place on 1 September 2026, with agenda items including staffing, plans for upcoming events, and menu planning.

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.

Staff spoken with were familiar with how food and fluids should be modified and demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

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 Clare Susan Hall Bready has been the manager since 15 May 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 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 Clare Susan Hall Bready, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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