

Unannounced Inspection Report 6 September 2016



Triangle Housing Association

Domiciliary Care Agency/Supported
Tower Court, 9 Warden Street, Ballymena, BT43 7DT
Inspector: Rhonda Simms

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Triangle Housing Association – Tower Court took place on 6 September 2016 from 9.30 to 16.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care/supported living service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence which indicated safe delivery of care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of a safeguarding policy and training which reflect the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the inspector found evidence which indicated delivery of effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, including the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, representatives and staff, which indicated that service provision had resulted in positive changes in the lives of service users'.

Is care compassionate?

The inspector observed interactions between staff and service users and received feedback from service users, a relative and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives in the development and review of appropriate care and support plans.

The inspector noted that the provision of compassionate care in collaboration with service users has enabled some service users to achieve greater independence than previously experienced. The inspector found that Triangle Housing Association successfully implements systems of service user involvement which result in service user led service improvement.

Is the service well led?

During the inspection delivery of a well led service was found. Management and governance systems have been effectively implemented by the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has a working knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the acting service manager as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Triangle Housing Association Christopher Alexander	Registered manager: Alison Simpson (Acting)
Person in charge of the service at the time of inspection: Acting service manager	Date manager registered: Alison Simpson – 2/10/2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspector spoke with the service manager, two support staff, nine service users, one relative and one HSC Trust community professional.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; three were returned. At the request of the inspector, questionnaires were distributed for completion by service users; three were returned. Feedback received by the inspector during the inspection process is included throughout this report.

Questionnaires returned by some staff commented that planned refurbishments to the communal area used by service users, to accommodate suitable office accommodation, did not fully consider the needs of service users. The inspector discussed the refurbishment plans with the acting registered manager and was satisfied that accommodation for both staff and service users would be improved as a result of proposed works. The inspector was assured that plans had been discussed with service users; during the inspection the inspector noted that plans were displayed in the communal area used by service users and staff. The communal area is provided by Triangle Housing Association at no cost to service users. The acting registered manager proposed to discuss refurbishment plans with both staff and service users as a result of concerns raised in returned questionnaires.

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenant meeting minutes
- Service user evaluation survey results
- Service user newsletter
- Tenants' Advisory Group meeting minutes
- Staff newsletter
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Induction records
- Staff rota information
- Staff communication records
- Recruitment policy 2013
- A range of policies relating to the management of staff
- Supervision policy 2015
- Induction policy 2014
- Safeguarding Adults In Need Of Protection policy 2016
- Restrictive practice policy 2016
- Dealing with Challenging Behaviour procedure 2014
- Procedure on Use of Ligation Cutters 2015
- Service User Support and Care Policy 2016
- Support/Care planning and review procedures 2015

- Risk Management policy 2015
- Incident policy 2015
- Whistleblowing policy 2015
- Policy relating to management of data 2014
- Confidentiality and Information Management policy 2016
- Complaints policy 2015
- Statement of Purpose 2015
- Service User Guide 2014.

4.0 The inspection

Triangle Housing Association, based at Warden Street, Ballymena, is a supported living type domiciliary care agency which provides twenty four hour care and support to eighteen service users who have a learning disability and complex needs. Service users occupy their own single person flats and may make use of a large communal area in an adjacent building where the registered office is situated.

4.1 Review of requirements and recommendations from the most recent inspection dated 6 October 2015.

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspector noted that vacant shifts on the rota are covered either by the current staff team, by relief staff who work in another agency operated by the provider, or occasionally by staff supplied by an employment agency which is also a registered domiciliary care agency. The staffing arrangements maximise the provision of familiar staff to service users. The inspector noted that sufficient staff are available to support service users with planned social inclusion activities, individually or in groups. On the day of the inspection a group of service users went on a planned trip, leaving sufficient staff to support service users who choose to remain in their own homes.

It was noted that the agency has an induction policy and induction programme which includes an initial two week period of shadowing experienced staff for support workers, and five days of training within the first twelve weeks. The agency has an appropriate induction procedure and support mechanisms in place for staff working on a temporary basis; the inspector reviewed properly completed records. Staff who provided feedback to the inspector commented that the induction was 'a good introduction to the work'. A member of staff commented on how they had benefitted from the support of experienced staff during their induction, 'they offered to show me what to do...they took me under their wing...I was told to ask questions.'

The inspector noted that the agency has recently reviewed the induction procedure to incorporate the Northern Ireland Social Care Council (NISCC) induction workbook as a key document for use by staff and managers in guiding the induction process and performance review. The inspector was advised that the majority of support staff are registered with NISCC and that this is now a requirement of recruitment with the agency.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users in accordance with Regulations, Minimum Standards and the agency's assessment of training needs.

There was evidence that staff have attended training additional to that stated in the Minimum Standards, including training specific to the needs of individual service users; and accredited training courses such as QCF and ILM.

The inspector received positive feedback from staff regarding the quality of training:

'When I came to work for Triangle Housing Association I was very impressed with the training. The training is very well organised.'

'The training is good, it prepared me for my role.'

'I could relate to the RESPECT refresher training.'

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances. Annual finance and medication competency assessments viewed by the inspector included comprehensive written questions and a series of observations of practice by a manager. The service manager described how the agency addresses staff errors in medication management, by using competency assessment to ensure that staff are suitably skilled and competent.

The inspector found evidence of systems of informal supervision and consultation at all times from a service manager, backed up by a senior manager who has a working knowledge of the service and service users. An effective on call system ensures that staff can avail of management support twenty four hours a day. Staff who provided feedback to the inspector commented, 'there is always someone to ask.' The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the Safeguarding Adults In Need Of Protection policy (2016) which has been updated to include the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Documentation provided to the inspector by the agency's safeguarding champion and training manager indicated that safeguarding training provided by the agency also includes the 2015 regional guidance. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The service manager discussed a recent safeguarding referral made to the HSC Trust. Clear records were maintained of the circumstances surrounding referral, investigation and subsequent plan agreed with the HSC Trust.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which included minutes of multidisciplinary meetings, HSC professional assessments, relevantly updated risk assessments and care plans. The inspector noted that a recently updated risk management plan in respect of a service user had not been fully recorded in their relevant support plan. The inspector found that the plan was agreed with the HSC Trust in response to a change in risk, and was being implemented correctly by support staff. The service manager provided the inspector with evidence of a fully updated plan within a specified time scale.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2015) and Service User Guide (2014).

The inspector reviewed a range of service users' care and support plans. The inspector was informed by staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. The inspector noted that relevant reassessments had been sought from the HSC Trust in response to service users' individual changing needs, and incorporated into care and support plans.

Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated into plans. Feedback received by the inspector from staff and service users indicated that service users have a genuine influence on the content of their care plans. Care and support plans reviewed by the inspector had a strong person centred focus, and clearly detailed service users' needs and how they wished these to be met.

Staff commented:

'The service user's plans contain their wishes, their choices, information from the family, Social Worker or GP.'

'At the monthly review service users are asked what they want to do, what they want changed.'

'We regularly read plans to make sure they are still up to date.'

Service users and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users. The inspector noted that the effective implementation of care and support plans had resulted in the promotion of service users' independence and the achievement of new goals.

Records examined by the inspector indicated that care and support plans are regularly evaluated and reviewed, including involvement as appropriate with service users, representatives and the HSC Trust. Staff described service users as actively involved in the review of care and support plans, which take place on a monthly basis with their key worker, and on at least an annual or when required basis with the HSC Trust. It was noted that minutes of reviews held with the HSC Trust were available in the service users' files. Care and support plans reviewed by the inspector showed evidence of regular updating in accordance with reviews and changes in service users' needs or wishes. One plan referred to in 'Is Care Safe' required some updating which was carried out in a specified timescale.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters. Whilst the views of relatives and particularly HSC Trust professionals are noted as sought in the quality monitoring reports, replies may not be received. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision, from service users, relatives and an HSC Trust professional. The inspector noted that the agency responded to a service improvement suggestion made by an HSC Trust professional recorded through monthly quality monitoring.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Communications systems maintained by the agency provided evidence of effective communication with service users, including a complaint and compliments process, tenant meetings, quality monitoring reports, an annual survey, and monthly care plan reviews between keyworker and service user. Review of tenant meeting minutes by the inspector showed that service users are individually recorded. The inspector noted that a range of information in an appropriate format is displayed in an area where service users can easily access it. The inspector was informed by a service user that the Tenants' Advisory Group contributed to the design and content of information leaflets provided to service users.

During the inspection the inspector observed staff interactions with service users and noted that service users appeared to enjoy positive relationships with staff. In addition to formal methods, discussion with service users and staff indicated that effective communication happens on a routine daily basis as staff interact with service users and make themselves available for discussion. The inspector observed that staff were able to communicate effectively with service users who have a range of communication needs and skills. The inspector's interaction with service users was enhanced by the communication skills of staff.

Service users commented:

'The staff are dead on, I can say if I'm not happy.'

'I can speak to the staff or chat to the boss.'

‘The staff are very good.’

‘I just say to the staff if I’m not happy.’

‘The staff look after you.’

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. Staff described the use of delegation sheets, diary and daily verbal handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users and a range of relevant issues including preparation for RQIA inspections.

Examination of documentation and discussion with staff indicated that the agency refers to or consults with a range of appropriate HSC Trust professionals when relevant. The inspector found that the outcome of communication is recorded in service users’ notes and care and support plans.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The inspection sought to assess the agency’s ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Service users commented:

‘I like it, the staff are brilliant, fantastic.’

‘Staff give me a choice.’

‘I decide what to eat, whatever I want, I get it.’

‘I’m fine here, I love it. I have good friends here.’

‘I get my own groceries, I choose what I like.’

‘The staff treat me good, they listen to what I want.’

Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the differing needs and wishes of service users. The inspector observed that the language and behaviour of staff promoted the independence and choice of service users throughout their interactions with service users. The inspectors found that service users expressed differing interests and engaged in wide range of activities and interests.

The equality and diversity of service users was promoted through participation in the local community; travel, including foreign travel; engagement in employment; involvement in relationships with family, peers, and romantic interpersonal relationships.

Service users commented:

‘We’re going to Black Box (disco) in Belfast tonight.’

‘I went on holiday with **** (keyworker).’

‘I like dancing.’

‘I go to work, I chat, I see my friends.’

Discussion with staff and service users indicated that the agency seeks to involve service users in making informed decisions regarding a range of issues, such as relationship issues, their environment, food, going on trips and holidays.

Staff discussed how they support service users to make informed decisions about important issues. It was noted that staff understand the balance between service users’ rights, responsibilities, and positive risk taking. Staff described a model of service provision where the individual’s right to self-determination is promoted, within a framework of educating service users on their responsibilities and ability to risk manage.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants’ Advisory Group. A service user discussed their participation in the group and their current contribution to reviewing agreements provided to service users. The inspector noted that the agency has actively used easy read information devised through the Tenants’ Advisory Group to promote the independence and equality of service users, e.g. how to make a complaint, how to report crime, human rights information. Service users commented on how they had enjoyed the Tenant Conference, which was led by tenants, for tenants, across all supported living services.

The inspector noted that service users have participated in ‘Choice Checker Chats’, where they interview service users from another agency about their experience of the service. The inspector was informed that the format of ‘Choice Checker’ interviews has been evaluated and reviewed as part of the agency’s improvement plan, to enhance the information elicited and improve the agency’s response to service users’ views.

Service users commented on their experiences:

‘I do Choice Checkers, I really enjoy it.’

‘At tenant meetings we talk about TAG (Tenants’ Advisory Group), I take comments back to TAG, everyone gets a say.’

‘I go to TAG (Tenants’ Advisory Group). I speak up, I like it.’

‘I’m making a video about Choice Checkers.’

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include

the views of service users and their representatives. The inspector examined the report of the annual service user evaluation survey 2016, which reflected a high level of satisfaction amongst service users regarding the care they receive and the manner in which staff treat them. The inspector was informed that the agency responded to service user feedback in 2015 which directly resulted in changes to the format of the survey in 2016. The agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring, review meetings and a relatives' evening which was held in May 2016.

The inspector was provided with examples of information which has been prepared in a suitable format, subsequent to consultation with the Tenants' Advisory Group. This includes leaflets on how to make a complaint, keeping safe, voting, and care and support. A service user discussed how they enjoyed contributing to the compilation of these leaflets.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by Triangle Housing Association have been implemented at the agency. The day to day operation of the agency is overseen by a service manager who is supported by the registered manager. The management structure of the agency is clearly defined and was well understood by staff. The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, and service improvement strategies implemented by the senior management team.

The inspector found that the agency operates an effective training system, including an appointed training manager/safeguarding champion who oversees all training and is available for consultation with staff on training and safeguarding issues. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily. The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that two complaints were received and addressed in accordance with agency procedures during the reporting period of 1 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles.

Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis. It was noted that staff had been provided with specific information regarding RQIA inspections.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families. The inspector received positive feedback from a service users' representative, particularly with regard to communication of relevant information. It was evident to the inspector that effective partnership working with Trust professionals and relatives has resulted in positive outcomes for service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqla.org.uk

Web www.rqla.org.uk

📍 @RQIANews

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