

Unannounced Care Inspection Report 10 December 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: Tower Court, 9 Warden Street, Ballymena, BT43 7DT
Tel No: 02825655335
Inspector: Aveen Donnelly

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Tower Court is a domiciliary care agency, supported living type, which provides 24 hour personal care and housing support to 18 people who have a learning disability and complex needs. The service user's care is commissioned by the Northern Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Miss Stefanie Garrett
Person in charge at the time of inspection: Team Leader	Date manager registered: 26 July 2017

4.0 Inspection summary

An unannounced inspection took place on 10 December 2018 from 09.30 to 14.00 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the tenants with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas requiring improvement were identified during the inspection.

Interactions between staff and tenants was observed during the inspection and staff were observed to be treating the tenants in a respectful manner.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sarah Brown, team leader and Alison Simpson, regional manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 4 December 2017

No further actions were required to be taken following the most recent inspection on 4 December 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Seven responses were received and the details included within the report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the tenants and/or their representatives; three were returned and are included within the report.

The inspector spoke with two team leaders, three staff members, four tenants, five tenants' representatives and one HSC Trust representative. Comments received are included within the body of the report.

The following records were examined during the inspection:

- recruitment checklists for two staff members
- staff training records
- two staff induction records
- three agency staff induction records and training profiles
- performance review matrix
- two tenants' care records
- staff' meeting' minutes
- tenants' meeting' minutes
- restrictive practice register
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 December 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's registered premises are located at 9 Warden Street, Ballymena and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a registered manager in post, who managed the agency with the support of four team leaders and a team of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of two recruitment checklists identified that the required checks had been undertaken in keeping with regulation. A review of records confirmed that the agency had in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

A review of records confirmed that there was a system in place to monitor the registration status of staff in accordance with NISCC.

The inspector reviewed two staff induction records, which confirmed that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. It was identified that staff are required to complete initial induction and to shadow other staff employed by the agency for two weeks at the commencement of employment. The review of the records confirmed that new staff completed a local and corporate induction and were supported to complete the NISCC Induction standards.

A review of the records also confirmed that agency staff and staff from other domiciliary care agencies were also provided with an induction.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the training matrix confirmed that the staff received performance reviews twice a year and completed competency and capability assessments in relation to medicines management and managing tenants' finances.

A review of the training matrix confirmed that training had been provided in all mandatory areas and records were kept up to date.

Records were also available pertaining to the training of relief staff and agency staff (agency profiles). The inspector was also advised that training had been provided in relation to autism awareness and epilepsy awareness.

The staff members spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. A simplified flowchart was displayed in the manager’s office, to assist all staff, including agency staff, in understanding the referral process.

There had been no incidents referred to adult safeguarding since the date of the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The Annual Safeguarding Position Report had been completed. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

There was a system in place to ensure that accidents and incidents were managed appropriately. A matrix/log was maintained and these were monitored by the management team as part of their quality monitoring processes.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the tenants health, welfare and safety. There was some evidence of positive risk taking in collaboration with the tenants and/or their representative, the agency and the HSC Trust. This was evident in the restrictive practice register, which identified regular review and the use of the least restrictive practices possible. Advice was given in relation to including the use of bedrails on the restrictive practice register. When raised by the inspector, this was addressed immediately.

However, discussion with staff identified that they had concerns in relation to the safety of the complex, particularly at night time. This related to a number of recent breaks-ins to cars and damage to other property. Staff spoken with indicated that they had raised this matter with the management and that action was yet to be taken to improve the security of the complex. This matter was relayed to the regional manager, who provided assurances that new street lighting was in progress and existing lighting would be cleaned, to ensure that the areas outside the tenants’ houses would be appropriately lit at night time. Consideration would also be given to the use of CCTV in these areas, if problems persisted. This matter will be monitored at future inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

The inspector examined two tenants' care records and found this to be very detailed, personalised and reflective of the individual's preferences. The provider care plans were generally up to date; however the review of the Trust care plans identified that they required to be updated. This was discussed and the inspector was satisfied that the manager would follow up with the relevant Trust' representatives to ensure that these were received.

Tenants were encouraged to self-administer their own medications, as appropriate and staff continued to monitor this on an ongoing basis.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the tenants. Quality monitoring reports indicated consultation with a range of staff and where provided, HSC Trust representatives. Advice was given to the manager in relation to improving input from tenants' relatives.

There was evidence within the care record reviewed of effective communication with the tenants, their representatives and with relevant HSC Trust representatives, as required.

Staff meetings were held on a regular basis and minutes were available. Advice was given in relation to improving the level of detail recorded to ensure that staff who may be unable to attend, can review the matters discussed. All those consulted with indicated that there was effective communication between all grades of staff.

Tenants were also encouraged to participate in a Tenants Advisory Group (TAG), which enabled them to attend regional meetings and feed-back accordingly to the other tenants.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the tenants.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat the tenants with dignity and respect; and to fully involve them, as appropriate, in decisions affecting their care and support.

Comments made by the tenants' representatives indicated that the tenants were treated in a respectful manner. Those consulted with stated that there was good communication between agency staff and the tenants' representatives.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. Staff supported tenants, as appropriate, with their educational and religious needs, going to events such as Premier League football matches and pool tournaments.

The agency's Service User Guide included details of information relating to advocacy services which the tenants can access if required.

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. This included an annual survey and consultation as part of the monthly quality monitoring visits. It was noted that the findings of the annual quality report reflected a high satisfaction rate. Comments from Trust representatives were included in the monthly quality monitoring reports are detailed below:

- "Standard of care appears to be very good, the staff communicate with me in a timely manner."
- "Communication with myself is very good and any issues are addressed promptly."
- "I found the staff to be very friendly and welcoming, they appear to have a good working relationship with (tenant's name), I feel they receive a high standard of care."

Observation of staff interactions with tenants identified that tenants were being treated in a respectful manner. Two tenants spoken with demonstrated how staff had supported them in celebrating a significant life event; and a senior member of the organisation had prepared a photograph album, to mark this event. This is good practice and is highly commended.

The inspector also spoke to two team leaders, three staff members, four tenants, five tenants' representatives and one HSC Trust representative. Some comments received are detailed below:

Trust representative

- "I have no concerns at all, we have a good relationship and they always let me know if there are any problems."

Staff

- "We provide safe, person-centred care, very good."
- "They are all happy and there are plenty of opportunities for them to get involved in."
- "I have no concerns."

Tenants' representatives

- "I am very happy, we have a good working relationship, the staff are very approachable and very helpful."
- "I have no concerns, (tenant's name) seems quite content."
- "I have no concerns."
- "We are very happy, they are good at sorting things out."
- "Absolutely no concerns at all, the staff deserve gold medals, (tenant's name) is so pleased and so content, Tower Court is a haven for them."

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the tenants and/or their representatives. Three questionnaires were returned; all of which indicated that they were either 'satisfied' or were 'very satisfied' that the care/support provided was safe, effective and compassionate; and that the agency was well led. Written comments are detailed below:

- "(Service users' name) is treated with respect and dignity, every member of staff goes well above their duties to provide first class care, they are always friendly and attentive."
- "The care (name) is receiving is of a high standard."

Seven staff members provided electronic feedback to RQIA regarding the quality of service provision. All respondents indicated that they felt either 'satisfied' or 'very satisfied' that the care provided was safe, effective and compassionate and that the service was well led. Written comments received are detailed below:

- "All staff work well as a team, empowering a person centred approach to tenants. The manager is very friendly, caring and helpful."

One staff member provided written comment in relation to specific difficulties regarding service users' access to their own monies. Following the inspection, this matter was relayed to the manager, who advised that they were aware of an issue pertaining to one identified service user and that this was being addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the Service User Guide. The day to day operation of the agency was overseen by the manager, four team leaders and a team of care staff. In addition, the agency's on call system ensured that staff could avail of management support 24 hours a day. Although there were no concerns identified in relation to the staffing levels, advice was given in relation to the manner in which the staff rota was recorded. The management representative present on the day of the inspection, provided assurances that this would be addressed.

There was a procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. No complaints had been received since the last care inspection.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned. Advice was given in relation to improving the input sought from tenants' relatives and the management' representative present during the inspection agreed to address this.

There were arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. Equality monitoring was undertaken on an annual basis, where information was collected on tenants' age, community background, gender, ethnicity, sexual orientation and marital status. This information was compiled into a report, which the organisation submitted to the Equality Commission on an annual basis. Prior to the inspection, this report had been reviewed. The report evidenced the organisation's promotion of equal opportunities for tenants, through the continued development of easy-read performance reports and information leaflets. Other initiatives included Choice Checkers, which enables service users to review the support, care and housing provision provided to other service users. Service users were also involved in the Tenant Action Group at which the Equality Scheme was discussed. The TAG participants had asserted the importance of bringing the associated action plan to them, as it was their rights and services that would be impacted and this was agreed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Staff had access to the policies on an electronic tablet and on a laptop.

There had been no incidents reportable to RQIA since the last care inspection.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff.

The registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care