

Announced Care Inspection Report 29 November 2016



Triangle Housing Association

Domiciliary Care Agency / Supported Living
4 Garryduff Road, Ballymoney, BT53 7AF
Tel no: 028 2766 2660
Inspectors: Rhonda Simms
Kieran Murray

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Triangle Housing Association took place on 29 November 2016 from 09.45 to 15.30.

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

Is care safe?

During the inspection the inspectors found evidence to indicate the delivery of safe 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 safeguarding training which reflects 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 inspectors 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 agency was found to be competently delivering 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, particularly 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 inspectors received feedback from service users, professionals and staff, which indicated that service provision had resulted in positive changes in the lives of service users'.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care.

The inspectors observed interactions between staff and service users and received feedback from service users 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 as appropriate.

The inspectors noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

During the inspection competent 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 knowledge of the needs of service users at all times. The inspectors 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 2011.

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 team leader, 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 care inspection.

2.0 Service details

Registered organisation/registered person: Christopher Alexander	Registered manager: Marie Scullion
Person in charge of the service at the time of inspection: Team Leader	Date manager registered: Marie Scullion - 05/05/2009

3.0 Methods/processes

The inspection was announced at short notice due to the location of the registered office within the home of service users.

Prior to inspection we analysed the following records:

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

During the inspection process the inspectors spoke with the team leader; three service users, one relative. During the inspection the inspectors observed the interactions of staff with a range of service users.

As part of the inspection and at the request of the inspectors, questionnaires were distributed for completion by staff; two were returned. At the request of the inspectors, questionnaires were distributed for completion by service users; three were returned.

Feedback received by the inspectors during the inspection process is included throughout this report.

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
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment policy, 2016
- 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
- Use of restrictive practice procedure, 2016
- Management of behaviour which challenges policy, 2016
- Risk management policy, 2015
- Incident policy, 2015
- Whistleblowing policy, 2016
- Statement of purpose
- Service user guide.

4.0 The inspection

Triangle Housing Association at 4 Garryduff Road, Ballymoney is a registered domiciliary care agency of a supported living type. The agency provides care and support to three service users who live in their own home, with shared communal areas.

4.1 Review of requirements and recommendations from the most recent inspection dated 08/01/16

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

4.2 Is care safe?

The inspectors reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory.

The agency has a structured induction programme lasting up to ten days shadowing experienced staff, plus five additional days training before the end of the six month probationary period. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures, and guidance. Staff provided the inspectors with feedback which supported the above information and staff stated the induction 'workbook is very good'.

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 team leader advised the inspectors that the agency uses existing full time staff within the agency to cover shortfalls in the rota.

Staff commented:

- (The rota) 'Anything we request we get'.

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. Staff questionnaires returned supported that supervision and appraisal is planned with their manager. This is in line with policy and procedure. A detailed matrix of completed supervision and appraisal was available in the office.

Records of training and staff feedback indicated that staff attends a range of training necessary to meet the needs of service users. This was also evidenced in returned staff questionnaires where staff recorded 'I receive training to enable me to do my job'. The inspectors reviewed the staff training matrix which was available in the office. The matrix was completed which indicated compliance with regulations and standards.

The agency's provision for the welfare, care and protection of service users was examined by the inspectors. The inspectors viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspectors received feedback from the team leader and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance. The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion. On the day of inspection the team leader was able to name the agency safeguarding champion and also the name of the Trust designated officer.

The inspectors noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users. The team leader provided feedback that staff are able to access advice and guidance from a manager at all times.

Records reviewed by the inspectors indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse and makes appropriate referrals and management plans in conjunction with the HSC Trust.

The inspectors received feedback from the team leader 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 inspectors examined the safety of the agency's arrangements to identify and manage risk to service users. Documentary evidence and discussion with the team leader indicated that referral information and risk assessments are completed by the HSC Trust. Care plans and 'Be Safe' plans reviewed by an inspector reflected risk assessments supplied by the HSC Trust.

The inspectors noted that evidence of review of service users' needs in conjunction with the HSC Trust took place annually or as required. The staff member who provided feedback to the inspectors was aware of changes in individual service user's plans as directed by HSC Trust professionals. Agency care plans examined by an inspector had been updated to reflect changes agreed through review with the HSC Trust.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. The inspectors noted on a quality monitoring report an HSC Trust professional commented positively on the staff team's attitude to facilitate service users to appropriately undertake positive risks.

The inspector found that care and support plans are formally reviewed by agency staff with service users on a six monthly basis, and that monthly reviews between service user and keyworker can highlight changes which result in amendments to care plans.

Of questionnaires returned by staff, two indicated they were 'very satisfied' that care was safe. Of questionnaires returned by service users, three indicated they were 'very satisfied' that care was safe.

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 (2014) and Service User Guide (2015).

The inspectors reviewed service users' care and support plans. The inspectors were informed by the team leader 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 inspectors noted that support plans had pictures relating to service users' support and care needs. Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately.

Feedback received by the inspectors from staff and service users' indicated that service users' have a genuine influence on the content of their care plans. The inspectors had an opportunity to speak to one family member who also confirmed their involvement in care and support plans along with attending reviews.

The inspectors were informed that care and support plans are reviewed on a six monthly basis or sooner if required. The inspectors were informed that service users are involved prior to these reviews and saw 'Preparation for review' forms which recorded the views of service users'. The team leader advised the inspectors that monthly reviews were carried out by each key worker in conjunction with individual service users'.

Service users' comments:

- 'I am happy here'.
- 'I enjoy living at number 4'.

Relative's comments:

- 'I attended my relative's reviews'.
- 'I am made welcome'.

Staff comments:

- (Amongst the staff there is) 'Team working'.
- 'All plans are person centred'.
- 'Six month reviews'.
- 'Reviews as needed by service user'.

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 as appropriate and HSC Trust professionals, and progress on improvement matters. The inspectors noted that HSC Trust professionals provided comments regarding how well the agency team communicate regarding service users' needs.

HSC Trust Professional's comments:

- 'Staff are proactive in contacting the team if our input is needed'.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users'. The team leader described effective verbal and written communication systems within the staff team and with the registered manager, including the use of a diary, communications book and daily written and verbal handovers.

Review of team meeting records indicated that team meetings took place on a regular basis; the team leader who spoke to inspectors verified this and that staff could contribute items to the agenda for these meetings. The staff who spoke with the inspectors indicated the staff team is supportive to each other and that staff communication is good.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and refers to or consults with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

Review of tenant meeting minutes by an inspector showed the views of service users are taken into account in planning and making decisions. The inspectors were informed by the team leader that service users are also invited to contribute to the Triangle Housing Association Tenants' Advisory Group, and to attend the Tenants' Conference, which is service user led. A service user informed the inspectors that they were part of the Tenants' Advisor Group.

Inspectors were advised that service users have availed of befriending services from a local advocacy network. Examination of the tenant meeting minutes showed service users' being involved in local fund raising events and competitions. The inspectors noted in the tenant meeting minutes service users' were asked if they would like to individually read the annual report.

Service users informed the inspectors that they were facilitated to make a complaint about a housing issue and was able to follow through on this.

Of questionnaires returned by staff, two indicated they were 'very satisfied' that care was effective. Of questionnaires returned by service users, three indicated they were 'very satisfied' that care was effective.

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. On the day of inspection the inspectors found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observation of her interactions with service users during the inspection showed that she understood and respected the differing needs and wishes of service users. The inspectors observed that the language and behaviour of the team leader sensitively promoted the independence and choice of service users throughout their interactions with service users.

The inspectors were invited to visit service users in the communal areas of their homes. The sitting room had a decorated Christmas tree which was erected and decorated by service users. The inspectors particularly noted displays of photographs which reflected service users' enjoying social activities and another service user had a photograph collage in their bedroom following a recent birthday celebration. Service users informed inspectors that their bedroom furniture and fittings were chosen by themselves.

On the day of the inspection the inspectors were informed that a meal was arranged in a local restaurant so that service users and staff could exchange "secret santa" presents.

The inspectors were also advised that a 'relatives' night' was being arranged so that service users could exchange Christmas presents with their families. During the evening a carol service would take place and staff would bake for both service users' and their families. There are plans for a raffle to take place and the proceeds would go to a charity nominated by service users'.

The inspectors were informed of a recent weekend away to Donegal for service users facilitated by agency staff. This trip was discussed and agreed at tenants' meetings which promoted choice/independence and social inclusion.

Feedback/observation from the service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspectors noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

It was evident that staff, HSC Trust professionals and the agency promote the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support. A service user informed inspectors that they were involved in setting up a bowling team in the local community.

The inspectors noted that service users' care plans were very person centred specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs. Feedback from a service user indicated that they understood their involvement in their care by use of pictorial guides.

The inspectors noted that service users are encouraged to develop their independence inside and outside of their own homes. On the day of inspection, all service users attended a local resource centre. Service users were involved in outings such as bowling, holidays, meals out which promoted social inclusion.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspectors observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspectors that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspectors found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safe guards. It was noted that the agency has a process of supporting service users to make choices about dietary intake i.e. weekly dietary planning and they were supported with individual choice.

During the inspection the inspectors noted examples of how service user choice was being upheld by agency staff. Service users who wished to meet the inspectors were provided with privacy as appropriate. The inspectors noted that service users have choice regarding their daily routines and personal belongs i.e. a service user had their own personal head phones to facilitate their fondness for music.

The views of service users are recorded through the minutes of tenants' meetings. The inspectors noted that the views of service users and service user involvement are included as standing agenda items in each service user meeting. Tenant meeting minutes recorded discussions on a range of matters, including decisions made by service users regarding the purchase of items and future activities.

The inspectors noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. A service user has been involved with the Tenants' Advisory Group and indeed had spoken at both the tenant and staff conferences.

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 inspectors 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 agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring reports, review meetings, and a relatives' evening held in May 2016.

The inspectors were provided with examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe. The inspectors were informed by a service user's relative they were furnished with a 'form' should they need to make a complaint and how to fill in the form.

Relative's comments:

- 'My **** couldn't be happier'.
- 'I'm always made welcome'.
- 'I attended my **** review'.
- 'Staff take **** to shows **** likes'.
- (My **** is very) 'keen to see visitors'.

Staff comments:

- 'The more you observe someone, the more capable you see they are'.
- 'All service users are individuals, their plans reflect how they would like their care needs met'.
- 'Yes the care is of the highest level'.

Of questionnaires returned by staff, two indicated they were 'very satisfied' that care was compassionate. Of questionnaires returned by service users, three indicated they were 'very satisfied' that care was compassionate.

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 inspectors 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 a registered/regional manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to inspectors regarding effective working relationships within the staff team and with managers. A staff member commented that staff are invited to express their views on a range of matters and receive feedback regarding management response. Staff are invited to attend an annual staff conference.

The inspectors 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 agency operates a robust training system and has an appointed training manager/safeguarding champion who 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 inspectors noted that no complaints were received and addressed in accordance with agency procedures during the reporting period of 1 April 2015 to 31 March 2016.

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 inspectors 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 the role of RQIA, inspection guidance issued by RQIA to providers, and their role in the event of an RQIA inspection. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

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

Feedback provided to the inspectors indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. The inspector noted that the agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users'. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users'.

Service users' comments:

- 'Manager is very good'.
- 'I made a complaint and was very pleased how it was dealt with, as I wanted something to be fixed quicker than it was'. 'I was very happy with the response'.

Staff comments:

- 'Good teamwork'.
- 'Changes are good'.
- 'Communication is very important between staff and service users'.
- 'Staffing levels meets the needs of the service users'.

Of questionnaires returned by staff, two indicated they were 'very satisfied' that the service was well led. Of questionnaires returned by service users, three indicated they were 'very satisfied' that the service was well led.

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.



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