



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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SECONDARY INSPECTION

Inspection No:	INO20994
Establishment ID No:	10903
Name of Establishment:	4 Garryduff
Date of Inspection:	12 February 2015
Inspector's Name:	Jim McBride

GENERAL INFORMATION

Name of agency:	Triangle Housing Association
Address:	4 Garryduff Road Ballymoney BT53 7AF
Telephone Number:	028 27666880
E mail Address:	marie.scullion@trianglehousing.org.uk
Registered Organisation / Registered Provider:	Triangle Housing Association Mr Christopher Alexander
Registered Manager:	Mrs Mary (Marie) Scullion
Person in charge of the agency at the time of inspection:	Marie Scullion
Number of service users:	3
Date and type of previous inspection:	Primary announced inspection 4 March 2014 09.30-15.30
Date and time of inspection:	12 February 2015 0930-1500 split with 11963
Name of inspector:	Jim McBride

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with Service users
- File audit
- Evaluation and feedback

1.3 INSPECTION FOCUS

The inspection sought to assess the agency's progress with the issues raised during and since the previous inspection of the 4 March 2014 and to establish the level of compliance achieved with respect to the following DHSSPS Domiciliary Care Agencies Minimum Standard/s: and the requirements and recommendations issued on the 4 March 2014

Standard/s inspected against
Standard 1.1 Standard 8.11

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Triangle supported living type domiciliary care agency, based at 4 Garryduff Road, Ballymoney is a detached house providing accommodation for three service users who have a learning disability and may have overlapping complex needs.. The service is situated in an area close to local facilities and transport links. Under the direction of the Registered Manager, Marie Scullion, and the Service Manager, Jacqui Peacock, three staff provide services that can include help with daily living / life skills, involvement in the local community, and maintaining a tenancy, with the overall goal of promoting independence and maximising quality of life. An “Active Support” model of service provision has been adopted and implemented to assist in advancing individual skills and promote independence.

SUMMARY

The inspection was undertaken on the 12 February 2015. The inspection sought to assess the agency’s progress with the issues raised during and since the previous inspection of the 4 March 2014

The inspector met with the registered manager during the inspection. The inspector also had the opportunity to discuss the service with two service users and has added their comments to this report.

Service user comments:

“I’m happy here”

“Staff are helpful and friendly”

“I have no complaints”

“This is a good place for me”

“I’m well cared for by staff”

Inspection Findings:

The inspector found that the agency’s progress in relation to the requirements and recommendations issued on the 4 March 2014 were compliant. The compliance levels have been recorded in the follow up quality improvement plan attached to this report. No further requirements or recommendations were issued during this inspection.

The inspector would like to thank the service users and the staff for their warm welcome and support during the inspection.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	15 (6) (d)	<p>The registered manager must ensure that all service users have an individual Financial Agreement in place, agreed and signed by the service user and/or their representative. The agreement should include details of any assistance with financial transactions, contributions to and terms of contributions to household bills and how individual monies may be spent.</p> <p>This refers to financial agreements which should include details of assistance with financial transactions.</p>	<p>The inspector examined three finance agreements in place.</p> <p>The finance agreements clearly outline the details of assistance required with financial transactions.</p> <p>The records in place were satisfactory.</p>	Fully Met

<p>2.</p>	<p>15 (2) (b) and (c)</p>	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the specification of care and support hours available to each individual service user.</p>	<p>The inspector examined three care/support plans in place that clearly outline the care and support hours available for each service user.</p> <p>The records in place were satisfactory.</p>	<p>Fully Met</p>
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FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	4.1, 4.2	It is recommended that security of tenure is specified in the tenancy agreement which is in a format suitable for the service user and his or her representative.	The records in place were satisfactory.	Fully Met
2.	4.2	It is recommended that service users have an agreement specifying the number of support hours available to them individually.	The inspector examined three care/support plans in place that clearly outline the care and support hours available for each service user. The records in place were satisfactory.	Fully Met
3.	1.1	It is recommended that the registered manager reviews service users' care records to ensure that human rights considerations are explicitly reflected for each individual.	The human rights of each individual service user are explicitly outlined within the three care plans examined by the inspector.	Fully Met

ADDITIONAL AREAS EXAMINED

N/A

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Marie Scullion the registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

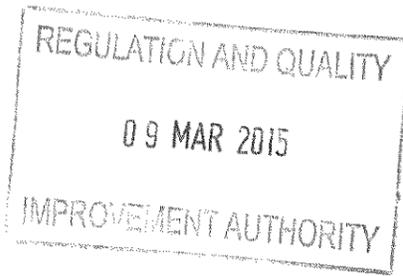
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Jim Mc Bride
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



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No requirements or recommendations resulted from the **primary announced** inspection of **4 Garryduff** which was undertaken on **12 February 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: 

NAME: CHRISTOPHER, H. ALEXANDER
Registered Provider

DATE 3/3/15

SIGNED: 

NAME: MARY (MAGIE SCULLION)
Registered Manager

DATE 3/3/15

Approved by:	Date
<u>JIM MC BRIDE</u>	<u>11.3.15</u>