

Unannounced Care Inspection Report 24 October 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 4 Garryduff Road, Ballymoney, BT53 7AF
Tel No: 02827662660
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

Four Garryduff Road is a domiciliary care agency (supported living type) which provides personal care and housing support to three service users with learning disabilities and complex needs. Care is provided to service users in their own home with some shared areas. The service users are supported by three staff.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Mr Christopher Harold Alexander	Registered Manager: Mrs Mary (Marie) Scullion
Person in charge at the time of inspection: Mrs Mary (Marie) Scullion	Date manager registered: 5 May 2009

4.0 Inspection summary

An unannounced inspection took place on 24 October 2018 from 10.00 to 13.00 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 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.

No tenants were met with during the inspection, however comments they had made as part of the quality monitoring processes, indicated that they were content with the care and support provided.

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 Marie Scullion, registered 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 9 March 2018

No further actions were required to be taken following the most recent inspection on 9 March 2018.

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 manager 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. No responses were received.

The inspector requested that the manager 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; four were returned and are included within the report.

There were no tenants or staff present during the inspection. The inspector spoke with the service manager, one relative, one staff member 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 one staff member
- staff training records
- one staff induction record
- performance review matrix
- one tenant's' care record
- staff' meeting' minutes
- tenants' meeting' minutes
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- monthly quality monitoring reports
- tenants' satisfaction survey report
- the Statement of Purpose
- the Service User Guide.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 March 2018

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 4 Garryduff Road, Ballymoney and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of three 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 one recruitment checklist identified that the required checks had been undertaken in keeping with regulation. Discussion with the manager and 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 one staff induction record, 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.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the records 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. These areas were monitored by the management team as part of their quality monitoring processes.

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

The staff member 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 flowchart was displayed in the manager's office, to assist staff in understanding the referral process.

Tenants had been provided with information, in easy-read format, in relation to the different types of abuse. 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 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.

The manager advised that there no accidents or incidents had occurred since the date of the last inspection.

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.

There were no restrictive practices in use by the agency on the day of the inspection.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with the tenants.

Safety checks were completed on a nightly basis and records were maintained.

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 one tenant's care record and found this to be very detailed, personalised and reflective of the individual's preferences. The care record reviewed demonstrated that the staff had a very good understanding of the tenants' needs and preferences. It also contained many photographs, which supported the tenant's involvement in the creation of the care record and the staff's efforts at promoting independence. This is good practice and is commended.

A range of person centred tools had been developed by the organisation to effectively support the tenants. It was noted that a number of tools had been developed, in pictorial and easy-read format, to assist a tenants to adjust to the supported living model. This is good practice.

Information leaflets on specific medical conditions were also included in the care record, to ensure that staff had an understanding of the individual needs of the tenants.

Care reviews with the HSC Trust representatives were noted to be held annually or as required; however, minutes of the meetings were not available for inspection. This was discussed with the manager, who agreed to follow up with the relevant HSC Trust representative, to ensure that these were received by the agency.

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 tenants, relatives, staff and where provided, HSC Trust representatives. Advice was given to the manager in relation to improving input from relevant stakeholders.

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 meeting' minutes reflected that there was effective communication between staff.

Tenants' meeting minutes reflected that they were involved in decision making.

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/their representatives in decisions affecting their care and support.

Comments made by the tenants, which were viewed in the monthly quality monitoring reports, indicated that they were treated in a respectful manner. The review of the care record confirmed that there was a focus within the agency of promoting independence. There was also evidence within the care record reviewed, of good communication between agency staff and the tenants' representatives.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. It was noted that tenants were supported with their shopping needs, hairdressing appointments, going to concerts and attending social engagements. Weekends away were facilitated where possible.

One staff member spoken with advised the inspector of the efforts they made to arrange a set-visit for one of the tenant's favourite television programmes. This must be commended.

The manager advised that one tenant was involved in the Tenant Action Group (TAG) and had attended a conference, following which they were able to feedback information to the other tenants of the agency. There was also evidence that the TAG coordinator was prepared to change the times of the TAG meetings, in order to facilitate one of the tenants of 4 Garryduff Road attending.

The agency's Service User Guide included details of information relating to advocacy services which the tenants can access if required. A number of tenants availed of day opportunities with a local community advocacy service.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the tenants, relatives and staff.

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 annual survey pertaining to tenants' satisfaction with the support provided, indicated a satisfaction rate of one hundred percent. The manager advised that the annual staff survey had been completed in May 2018 and agreed to follow up on the outcome of this.

During the inspection the inspector spoke with the manager, one relative, one staff member and one HSC Trust representative. Some comments received are detailed below:

Staff

- “I have no concerns.”

Tenants’ representative

- “I am happy enough, no complaints whatsoever.”

At the request of the inspector, the manager was asked to issue six questionnaires to the tenants and their representatives. Three questionnaires were returned from tenants and one was returned from a relative; all respondents indicated that they were ‘very satisfied’ that the care/support provided was safe, effective and compassionate; and that the agency was well led. No written comments were received.

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 and three care staff. In addition, the agency’s on call system ensured that staff could avail of management support 24 hours a day. The staff member consulted with described the management team in positive terms; comments included ‘they are fantastic’ and ‘you can go to them with anything’.

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. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. Tenants had been provided with information, in easy-read format, to ensure that they were aware how to make a complaint.

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 to the manager in relation to improving the input sought from tenants' relatives and those of HSC Trust representatives.

There were processes in place to ensure that the quality of services was evaluated on an annual basis; this included the completion of an Annual Plan, Human Resource Performance report, Participation and Engagement Report, Learning and Development Report, internal audit processes and Performance Cards.

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, information leaflets and tenants' involvement in Tenant Action Groups.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

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 inspector received positive feedback from HSC Trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the tenants.

On the date of inspection 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.



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