



The Regulation and  
Quality Improvement  
Authority

Triangle Housing Association  
RQIA ID: 10903  
4 Garryduff Road  
Ballymoney  
BT53 7AF

Inspector: Rhonda Simms  
Inspection ID: IN23221

Tel: 02827666880 / 07813338  
Email: [marie.scullion@trianglehousing.org.uk](mailto:marie.scullion@trianglehousing.org.uk)

---

**Announced Care Inspection  
of  
Triangle Housing Association**

**8 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced care inspection took place on 8 January 2016 from 09.30 to 13.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Christopher Alexander Triangle Housing Association	<b>Registered Manager:</b> Marie Scullion
<b>Person in charge of the agency at the time of Inspection:</b> Marie Scullion	<b>Date Manager Registered:</b> 05/05/2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 3	

Triangle Housing Association is a supported living type domiciliary care agency based at 4 Garryduff Road, Ballymoney. The service provides domiciliary care and housing support to three service users who have a learning disability and may have additional complex needs. Under the direction of the registered manager, Marie Scullion, the service manager and three support staff provide services to include help with daily living skills, personal care, maintaining a tenancy, and community involvement, with the overall goal of promoting independence and maximising life skills.

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

### 4. Methods/Process

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

- Examination of records
- Discussion with the staff and registered manager
- Feedback from service users and their representatives.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incident reports
- Correspondence.

As part of the inspection the inspector met with Marie Scullion registered manager, the service manager, two staff, three service users, and spoke with two relatives. The feedback received by the inspector is included throughout the report.

The inspector left questionnaires for completion by staff; four were returned. Four questionnaires indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who were familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that the induction process had prepared them adequately for their role
- that the agency's whistleblowing policy is available to all staff
- that staff would be taken seriously if they were to raise a concern.

Three questionnaires indicated that staff were either satisfied or very satisfied:

- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that the service operates in a person centred manner.

One questionnaire indicated that whilst staffing levels were adequate to meet the assessed needs of service users, staff one to one time with service users to promote independence outside of their home was limited.

Staff comments included:

- 'I feel the level of support and care is of a very high standard is of a very high standard in this service.'
- 'Support for staff is very good.'
- 'I believe the organisation is enabling and supporting staff to be effective in their role through the training and development programme.'

Questionnaires asking service users' views on the care they receive were left in the agency for completion; three were returned.

Three service users were either satisfied or very satisfied:

- that staff help them feel safe and secure
- that staff know how to care for them and respond to their needs
- with the care and support they receive

Two service users were either satisfied or very satisfied:

- that staffing levels are appropriate at all times.
- that their views and opinions are sought about the quality of service

A service user commented: 'Staff are helpful.'

The following records were examined during the inspection process:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Tenant meeting minutes
- Monthly monitoring reports
- Records relating to staff training
- Records relating to staff supervision
- Policy relating to supervision and the management of performance
- Complaints records
- Recruitment policy
- Induction procedure
- Staff communication records

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was a secondary announced care inspection dated 12 February 2015. The completed QIP was returned and approved by the care inspector.

## **5.2 Review of Requirements and Recommendations from the Last Care Inspection**

No requirements or recommendations resulted from the secondary announced inspection on 12 February 2015.

### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

#### **Is Care Safe?**

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme which comprises five days training and up to ten days on site learning, including shadowing experienced staff. At the time of this inspection, the agency's staff team was experienced and no new staff had been inducted. It was noted that the agency maintains documentation to record induction, in line with agency policy and procedure. All agency staff are provided with a handbook during the induction period, and have access to policies, procedures, and guidance within the agency.

The agency uses Triangle Housing Association staff to provide services and does not currently use domiciliary care employment agency staff. The inspector was advised that the agency uses staff from an adjacent Triangle Housing Association service to cover vacant shifts. In the event of the need to use domiciliary care employment agency staff, the agency has in place procedures to verify the identity of staff supplied, and provide an induction.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency: four performance reviews each year, two of which are competency assessments.

#### **Is Care Effective?**

Discussions with the registered manager, service manager and staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Examination of staff rotas reflected appropriate staffing levels described by the staff.

The inspector noted that staff who took part in the inspection were experienced and could confidently describe their roles and responsibilities. Staff described a range of effective verbal and written communication methods used within the agency including: daily use of a staff diary, verbal handovers prior to each shift, daily notes maintained in respect of each service user, and regular staff meetings.

The agency has an induction policy and procedure which includes induction training and a two week period of supernumerary shadowing of experienced staff. Evaluation of the effectiveness of staff induction includes a process of monthly one to one supervision during the probationary period, observation and staff evaluation. The competence of staff to manage money and manage medication is assessed throughout the six month probationary period.

Staff commented positively on the availability and quality of training and development. Staff have the opportunity to highlight training needs through supervision or directly to the agency's training department. The agency operates an effective system of staff training which is overseen by a dedicated training department.

Staff supervision is provided by the service manager, who is supervised in turn by the registered manager. Supervisory staff have received specific supervision training. Staff described receiving supervision and appraisal in line with the agency's policy, and having open access to a manager on shift. Staff highlighted that whilst they may be lone-working in the agency, appropriate management support is available in another agency service located on the same site, or through an on call manager out of hours. Examination of records confirmed that supervision is completed and recorded in line with agency procedure.

Staff interviewed by the inspector knew how to access the whistleblowing policy. It was noted that staff were confident that any concerns raised would be taken seriously by agency management.

### **Is Care Compassionate?**

The agency uses a range of methods to record comments made by service users/representatives including: monthly monitoring reports, tenants' meetings and tenants' survey. Agency staff described how regular informal discussions with service users include changes in staffing, for example arrangements to cover staff sick leave. The inspector noted that the agency had recognised the impact of staff absence and supported service users accordingly.

The agency can demonstrate that the provision of domiciliary care workers ensures service users receive continuity of care. It was noted that the agency arranged to cover staff absence by the use of staff from another agency service on site, which are known to service users.

The induction outlined in the agency's policy and procedure and described by the service manager was specific to the needs of service users. The induction process includes a period of supernumerary shadowing of experienced staff prior to the provision of care to service users. The induction process outlined by the agency takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Staff who took part in the inspection showed an understanding of the needs of service users and knowledge regarding how to best meet these needs. In the course of the inspection, the appropriate knowledge and skills of agency staff were observed during their interaction with service users. Relatives provided positive feedback regarding the knowledge and skills of the staff team.

The agency has procedures in place to address the unsatisfactory performance of a domiciliary care worker.

## Areas for Improvement

There were no areas for improvement identified in relation to Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or their representatives. The inspector reviewed a range of care and support plans devised with service users which reflected assessments of need and risk assessment. Staff provided examples of how assessments are undertaken and care plans developed to reflect the changing goals and wishes of service users.

The inspector received staff feedback which included examples of positive risk taking in response to the views of service users, in conjunction with assessment by the HSC Trust where appropriate. Staff showed an understanding of issues relating to balancing risk with the independence and wishes of service users. Specific examples of risk taking included supporting a service user's wish partake of an activity independently. It was noted that the service user was able to fulfil their wish due to the planning and flexibility of all agency staff concerned.

The inspector noted that the agency provides structured training in advocacy, human rights, and safeguarding to service users who wish to avail of this. It was evident from interacting with a service user that this training had improved their ability to safeguard themselves and their property.

### Is Care Effective?

The inspector examined records which showed evidence of regular evaluation and review of care. The agency maintains a process of monthly and six monthly reviews of care and support plans with keyworker and service users; these included the views of the service user and their wishes for the future. Staff who took part in the inspection have noted that monthly reviews appear to have encouraged service users to express new future goals. Prior to an annual review with the HSC Trust, service users are invited to participate in a 'preparation for review' process when their views are sought and recorded.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout, and showed evidence of updating. It was noted that care plan formats included use of personalised photographs and pictures to improve accessibility for individual service users.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through survey, monthly monitoring, the complaints process and tenants' meetings. Feedback from staff indicated that the delivery of the service is responsive to the views of service users on a day to day basis.

In the course of the inspection, the inspector observed staff interacting with service users in a manner which ascertained and respected their views. Discussions with all three service users indicated to the inspector that service users are accustomed to being asked their views and expect to express their opinion.

A service user showed the inspector their home, with particular emphasis on items they had decided to purchase, and evidence of their interests. It was evident to the inspector that service users had individual interests which the agency supported them to engage in.

The inspector spoke with two relatives who both provided positive feedback regarding their communication with the agency. A relative described how the agency had worked with the family to support the service user through a period of significant change in their life.

Service users have been provided with information relating to human rights and advocacy in a suitable format. It was noted that service users are encouraged to take part in human rights and advocacy training, alongside service users across the wider agency. A service user who spoke with the inspector was proud of what they had achieved through advocacy training and supporting others through advocacy.

### **Is Care Compassionate?**

Throughout the inspection process it was evident that care is delivered in an individualised manner. Examples of individualised care were noted in discussion with relatives and service users, observation of interactions between staff and service users, and review of documentation.

The inspector was invited to visit two service users in their own homes; each person's home was individually decorated to reflect their personal preference and interests. Service users discussed their individual interests and how they choose to spend their time.

Service users who spoke with the inspector were able to express their views. Records relating to reviews of care and support plans and tenants' meetings demonstrated that service users have their views considered in relation to service delivery. Triangle Housing Association offers opportunities for service users to be involved with consultation and advocacy across the wider organisation. A service user discussed how they have participated in public speaking to communicate their experience of living at 4 Garryduff Road. Service users were looking forward to attending and participating in the Triangle Housing Association Tenant Conference in February 2016.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. Discussions with staff indicated that values underpinning the Minimum Standards are embedded in service delivery. Having received feedback from a range of sources, the inspector noted that the agency was able to demonstrate ongoing commitment to and promotion of human rights and the values underpinning the Minimum Standards.

### Service users' comments

'I love it here.'  
 'I spoke at the staff conference, I was the leading lady.'  
 'I have my own key.'  
 'I'm happier here.'  
 'I went to the advocacy training.'  
 'I like the staff.'

### Relatives' comments

'We are happy, it is home from home.'  
 'It impresses me every time I visit.'  
 'It means so much to the family.'  
 'The staff are very good, they are very caring.'  
 '\*\*\*\* has never been happier.'

### Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## 5.5 Additional Areas Examined

### 5.5.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. Where the views of relatives and professionals have been sought but not ascertained, an explanation is usually provided. Additional methods of capturing the views of relatives and professionals in quality monitoring reports were discussed.

The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The monitoring reports maintained by the agency provide assurance of a robust system of quality monitoring.

### 5.5.2 Complaints

Records showed that no complaints were received from 1 January 2014 - 31 March 2015, or subsequent to the reporting period.

### 5.5.3 Safeguarding Referrals

The inspector was advised that no safeguarding referrals had been made since the previous inspection.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Marie Scullion	<b>Date Completed</b>	25 <sup>th</sup> Jan 16
<b>Registered Person</b>	Christopher Alexander	<b>Date Approved</b>	25 <sup>th</sup> Jan 16
<b>RQIA Inspector Assessing Response</b>	Rhonda Simms	<b>Date Approved</b>	26 January 2016

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****