



The Regulation and
Quality Improvement
Authority

2 Garryduff Road
RQIA ID: 10904
2 Garryduff Road
Ballymoney
BT53 7AF

Inspector: Rhonda Simms
Inspection ID: IN023230

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**Announced Care Inspection
of
2 Garryduff Road

15 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

1. Summary of Inspection

An announced care inspection took place on 15 January 2016 from 09.45 to 15.30. 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
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 can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mr Christopher Alexander Triangle Housing Association	Registered Manager: Marie Scullion
Person in charge of the agency at the time of Inspection: Service Manager	Date Manager Registered: 04/12/2015
Number of service users in receipt of a service on the day of Inspection: 6	

Triangle Housing Association is a supported living type domiciliary care agency based at 2 Garryduff Road, Ballymoney. The service provides domiciliary care and housing support to six service users who have a learning disability and may have additional complex needs. Under the direction of the acting registered manager, Marie Scullion, the service manager and 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 forwarded to RQIA
- Correspondence with RQIA.

As part of the inspection the inspector met with the service manager, four staff, six service users, and spoke with a community professional. The feedback received by the inspector is included throughout the report.

The inspector provided questionnaires for completion by staff; three were returned. Three 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 an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern.

Comments included:

'All staff are approachable and service users are very open and honest with their views.'
 'Staff ...are...trained on a regular basis and aware of each service user's individual need.'
 'Triangle keep their training well up to date for their staff.'

Questionnaires asking service users' views on the care they receive were provided for completion; one was returned.

One service user was either satisfied or very satisfied:

- that staff help them feel safe and secure
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- with the care and support they receive
- that staffing levels are appropriate.

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
- Staff meeting minutes.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 26 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

There were requirements or recommendations made as a result of the last care inspection of 26 March 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.

The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. All agency staff are provided with a handbook during the induction period, and have access to policies, procedures, and guidance within the agency.

The inspector was advised that the agency uses its own staff to cover shifts as far as possible. In the event of use of domiciliary care employment agency staff, the agency has in place procedures to verify the identity of staff supplied, and provide an induction. The inspector noted that the induction records relating to domiciliary care employment agency staff had been consistently completed in accordance with the agency's procedure.

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 service manager and with 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 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 written staff instructions, verbal handovers prior to each shift, daily notes maintained in respect of each service user, and regular staff meetings. Staff described routine discussion of policies and procedures in staff meetings as helpful.

Overall, records indicated that an effective induction is provided prior to staff giving care and support to service users. Staff who took part in the inspection provided positive feedback regarding the quality of the induction period and support available from other staff; induction training was described as 'very relevant'. The two week period when inductees shadow experienced staff was described as 'really helpful' in getting to know the needs of service users.

Staff described how the agency induction process allowed them to gain knowledge of service users and assume responsibility over a period of time. Staff commented that their competence to manage money and manage medication was assessed at a stage in the six month probationary period when they were ready to take on the responsibilities of this role.

The agency operates a process of evaluating the effectiveness of staff induction through regular supervision during the probationary period, observation and staff evaluation. Staff can highlight additional training needs through supervision or directly to the training department which oversees all training. The quality of the training provided to staff by the agency was described as very high.

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, and 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 and use the whistleblowing policy. It was noted that staff were confident that 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, tenants' survey, complaints and compliments processes. The inspector noted that staffing arrangements are regularly discussed in tenants' meetings and tenants' views recorded.

The agency can demonstrate that the provision of domiciliary care workers ensures service users receive continuity of care. It was noted that the agency's own staff cover the majority of shifts, and that a small core of domiciliary care employment agency staff are used if necessary. During the inspection the inspector noted that information regarding staffing arrangements was important to some service users. This information was provided verbally, with the addition of written and photographic guides to staff rotas provided in a communal area.

Induction records showed that the agency provides an induction specific to the needs of service users. Agency staff described how the induction process involves meeting service users, with their consent, and learning about their specific care needs with an experienced member of staff. Staff described the induction period as a time when new staff can have 'gradual interaction' and 'build relationships' with service users. The agency's induction process is implemented in a manner which 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 feedback 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.

A community professional provided positive feedback regarding the ability of agency staff to enable a service user to acquire new skills and increase their independence. It was noted that a specialist team within the HSC Trust carries out regular visits to ensure that agency staff understand and are implementing specialist support plans.

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 noted in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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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.

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. Examples included: the provision of safer access to property; opportunities to extend independent living skills; taking part in community based activities independently. Staff who provided feedback were aware of issues relating to balancing risk with the independence and wishes of service users. A community professional commented positively on the attitude of the agency to appropriately promoting independence through positive risk taking.

The inspector noted that the agency provides structured training in advocacy, human rights, and safeguarding to service users who wish to avail of this.

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 months 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. 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. Feedback from a community professional indicated that the agency works effectively in conjunction with the HSC Trust regarding the assessment and review of care plans.

The inspector was informed that care and support plans are reviewed with the HSC Trust annually or when the need for review is highlighted. A specialist team within the HSC Trust makes regular visits to assess the effectiveness of specific plans and the staffs' understanding and implementation of plans. During the inspection process it was noted that agency staff were involved in a meeting with the HSC Trust to review the care and support plan of a service user in response to their stated wishes for the future.

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 relevant formats have been used in plans, such as the use of individually meaningful pictures and photographs. A member of staff commented that service users' plans are a meaningful representation of the service user, which aid understanding of their needs and wishes.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through surveys, 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.

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 described how they were looking forward to attending and participating in the upcoming Tenant Conference.

Is Care Compassionate?

Feedback from staff indicated that care is delivered in an individualised manner; this was supported by care records, observation on the day of inspection and feedback from a community professional. It was evident to the inspector that service users were enabled to engage in individual interests by agency staff. A service user described how the provision of appropriate support from the agency and the HSC Trust had enabled them to participate more independently in a range of community activities of interest to them.

Staff provided feedback regarding how they ascertain the views of service users' on a daily basis; this was reflected in interactions between staff and service users during the inspection. In the course of the inspection, the inspector observed agency staff responding to the views and wishes of service users in a manner which empowered the individual to make their own choices. A service user stated, 'I just put my point across and they try to help you to get it sorted.'

Service users who spoke with the inspector were able to make their views known. A service user provided feedback regarding how they raised issues of concern at a tenant meeting and knew how to make a complaint. 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.

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 promotion of human rights and the values underpinning the Minimum Standards.

Areas for Improvement

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

Service users' comments

'I like it here, the staff are good'

'You get issues out at tenants' meetings'

'The staff helped me settle in'

'You couldn't get much better'
 'I choose when to go out'
 '(The service manager) is one of the best, top class'
 'I know all about new staff starting.'

Number of Requirements:	0	Number of Recommendations:	0
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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, professionals and staff. Where the views of relatives and professionals have been sought but not ascertained, an explanation is usually provided. It was noted that following survey of the wishes of relatives, there is not a relative willing to be contacted each month. Additional methods of including the views of relatives and professionals in monthly 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

The inspector examined complaints records which 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 informed that no safeguarding referrals had been made to the HSC Trust since the previous care inspection of 26 March 2015.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Marie Scullion	Date Completed	12/2/16
Registered Person	Christopher Alexander	Date Approved	12/2/16
RQIA Inspector Assessing Response	Rhonda Simms	Date Approved	12/02/16

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

Feedback from Inspection very positive and report will be shared with Service Users and staff team supporting them

****Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address****

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.