

# Unannounced Care Inspection Report 22 October 2018



## Triangle Housing Association

**Type of Service: Domiciliary Care Agency**  
**Address: 2 Garryduff Road, Ballymoney, BT53 7AF**  
**Tel No: 02827667686**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://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

This is a domiciliary care agency (supported living type) which provides 24 hour personal care (and housing support) to seven people who have a learning disability and complex needs.

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Triangle Housing Association<br><br><b>Responsible Individual:</b><br>Mr Christopher Harold Alexander | <b>Registered Manager:</b><br>Orlagh Frances McGivern |
| <b>Person in charge at the time of inspection:</b><br>Orlagh Frances McGivern   | <b>Date manager registered:</b><br>17 July 2015       |

### 4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 10.00 to 14.00 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.

Tenants met with indicated that they were happy 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Orlagh McGivern, 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 5 March 2018

No further actions were required to be taken following the most recent inspection on 5 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. Four responses were received and the details included within the report.

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; seven were returned and are included within the report.

During the inspection process the inspector met with three tenants, who indicated that they were happy living in 2 Garryduff Road. The inspector also spoke with the manager, three staff members, three relatives and two HSC Trust representatives. Comments received are included within the body of the report.

The following records were examined during the inspection:

- recruitment checklists for two staff members
- staff training records
- two staff induction records
- performance review matrix
- incident and accident records
- two tenants' care record
- two care review meeting minutes
- 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 5 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 2 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 team leaders and a number of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to. The agency's staff rota information was viewed and reflected staffing levels as described by the manager.

The manager advised that there were two care staff vacancies. These vacancies were currently been covered by relief staff or staff provided by another domiciliary care agency. The same agency staff were used on an ongoing basis, which ensured that the agency staff were familiar with the tenants' needs.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of two recruitment checklists 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.

Discussion with the manager identified that there was a system in place to monitor the registration status of staff in accordance with NISCC. Following the inspection, the NISCC records were submitted to RQIA by email on 22 October 2018 and were confirmed by the inspector as being satisfactory.

The inspector reviewed staff induction records for two staff; those viewed indicated that the induction 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 manager advised that new staff completed a local and corporate induction and were supported to complete the NISCC Induction standards.

Staff who were taking on new roles within the agency also received induction to the new role. The manager advised that the template for this was in the process of being further developed.

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. One staff member informed the inspector that they felt that the training provided was 'very good' and that whatever area they required training in, this was provided. Additional training in areas such as trauma and attachment, mental health first aid, talking to teenagers and Dialect Behavioural Therapy had been provided. The manager advised that the staff had been provided with additional first aid training and emergency responses, where increased risks had been identified. Advice was given to the manager in relation to monitoring the Profiles of staff provided from other domiciliary care agencies, to ensure that their training was up to date.

Discussion with staff members 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 one incident opened under adult safeguarding since the date of the last inspection. A review of the records confirmed that this had been managed appropriately. 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.

A review of the accident and incident records confirmed that they had been managed appropriately and had been reported to the HSC Trust representatives in keeping with the Trust's procedures. Where patterns had been identified, it was noted that the agency requested a care review with the relevant professionals, to ensure that they were managing the risks appropriately. The review of the monthly quality monitoring records identified that there was good management oversight of incidents which occurred within the agency.

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. This was evident in the restrictive practice register, which identified regular review and the use of the least restrictive practices possible.

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

A Fire Grab Pack was also maintained at the front entrance to the building, to ensure that important information was available to the emergency services, should the tenants be required to evacuate the building.

### 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 two tenants' care records and found these to be very detailed, personalised and reflective of the individual's preferences. 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 and should be commended.

Information leaflets on specific medical conditions were also included in the care records, 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 and care and support plans were updated to reflect changes agreed at the review meetings. It was evident that the tenants were involved in their care review meetings; and the minutes of the meeting were presented in easy-read format.

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.

It was clear from discussions with relatives that the staff had a good knowledge of the tenants' needs and preferences; and how they worked with the tenants to promote their independence.

There was evidence 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 all grades of staff. Tenants' meeting minutes reflected that they were involved in decision making. It was noted that the tenants had signed the minutes of the meeting.

**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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the care records, monthly quality monitoring reports and through discussion with all those consulted with during the inspection.

The review of the care records identified that the tenants had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community was encouraged, with appropriate staff support. Activities included assisting tenants to go to fun days, water activities, cycling clubs, gym and discos. Overnight trips to a caravan park were facilitated and one of the tenants was supported to attend a premier league football match.

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.

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 three tenants, who indicated that they were happy living in 2 Garryduff Road. The inspector also spoke with, three staff members, three relatives and two HSC Trust representatives. Some comments received are detailed below:

### **Staff**

- "It is very homely here; we like to make sure every day is different. We like teaching the tenants the skills for independent living and when we see them using them, that is the reward."
- "There are lots of opportunities here; it is a good stepping stone to independent living."

### **Tenants' representatives**

- "(My relative) is happy enough with the way they are being looked after."
- "I am very happy, definitely."
- "I have no concerns."

### **Trust representatives**

- "The staff are very good and have good communication with the named team."
- "Absolutely no concerns."

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the tenants and their representatives. Seven questionnaires were returned from tenants; all of which indicated that the tenants were 'very satisfied' that the care/support provided was safe, effective and compassionate; and that the agency was well led. Written comment included that the service was 'very good'.

Four staff members provided electronic feedback to RQIA regarding the quality of service provision. All respondents indicated that they felt 'very satisfied' that the care provided was safe, effective and compassionate and that the service 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 a team of 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 spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff spoken with described the manager in positive terms; comments include 'she is very approachable' and 'you can go to her 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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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