

# Unannounced Inspection Report 3 August 2016



**Triangle Housing Association**  
Domiciliary Care Agency/Supported Living Service  
60 Eastermeade Gardens, Ballymoney, BT53 6BD  
Tel No: 028 2766 1775  
Inspector: Rhonda Simms

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Triangle Housing Association, Ballymoney, took place on 3 August 2016 from 10.15 to 16.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the supported living service was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

During the inspection the inspector found evidence which indicated delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the HSC Trust and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

### **Is care effective?**

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from service users, relatives, and staff, which indicated that service provision had resulted in positive outcomes for service users' lives.

### **Is care compassionate?**

During the inspection the agency was found to be delivering a high standard of compassionate care.

The inspector observed interactions between staff and service users and received feedback from service users, relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual service user survey. The agency maintains systems to seek the views of relatives and there was evidence of regular involvement of relatives in the development and review of appropriate care and support plans.

The inspector noted that the provision of a high standard of compassionate care in collaboration with service users has enabled service users to achieve greater independence than previously experienced, maintain independence in the context of increasingly complex needs, and move from supported living to a more independent setting.

The inspector found that a significant proportion of service users are involved in the Tenants' Advisory Group, 'Choice Checkers' peer service evaluation role, and/or have accessed training through the agency in areas such as safeguarding and self-advocacy. Triangle Housing Association successfully implements systems of service user involvement which result in service user led service improvement.

### **Is the service well led?**

During the inspection the inspector found evidence to indicate delivery of a well led service. Management and governance systems have been effectively implemented by the agency to ensure that the needs of service users are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of service users at all times. The inspector noted evidence of effective team working to the benefit of service users. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards.

#### **1.1 Inspection outcome**

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

This inspection resulted in no requirements or recommendations being made. 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.

#### **1.2 Actions/enforcement taken following the most recent care inspection**

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Triangle Housing Association Christopher Alexander	<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> Marie Scullion – 05 May 2009

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspector spoke with the service manager, the registered manager, three support staff, four service users, two relatives, and one HSC Trust community professional. During the inspection the inspector observed the interactions of staff with service users.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; six were returned. At the request of the inspector, questionnaires were distributed for completion by service users; seven were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenant meeting minutes
- Service user evaluation survey results
- Service user newsletter
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Induction records

- Staff rota information
- Staff communication records
- Recruitment policy 2013
- A range of policies relating to the management of staff
- Supervision policy 2015
- Induction policy 2014
- Safeguarding Vulnerable Adults policy 2013
- Restrictive practice policy 2016
- Risk Management policy 2015
- Incident policy 2015
- Whistleblowing policy 2015
- Policy relating to management of data 2014
- Complaints policy 2015
- Statement of Purpose 2015
- Service User Guide 2014.

#### **4.0 The inspection**

Triangle Housing Association, Ballymoney, is a supported living type domiciliary care agency which provides twenty four hour care and support to nine service users who have a learning disability and complex needs, and have their own individual accommodation.

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 12 August 2015.**

There were no requirements of recommendations made as a result of the last care inspection.

#### **4.2 Is care safe?**

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. The agency has a stable staff team and no new staff have been recruited since the last care inspection in August 2015.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The inspector noted that vacant shifts are covered almost exclusively by the current staff team, and occasionally by staff that hold substantive posts in other services operated by the provider. The flexibility of the staff team enables the agency to maximise the provision of familiar staff to service users.

It was noted that the agency has an induction policy and induction programme which includes an initial two week period of shadowing experienced staff for support workers, and five days of training within the first twelve weeks. The agency has an appropriate induction procedure and support mechanisms in place for staff working on a temporary basis.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards, including training specific to the needs of individual service users, and accredited training courses such as QCF. Staff informed the inspector that they have the opportunity to highlight additional training needs and apply for enhanced development training. The inspector received feedback from staff which indicated that the agency is committed to the ongoing development of staff through the provision of quality training. Staff described training as 'high quality', 'second to none'. The inspector examined records of competency assessments completed subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. It was noted that the agency maintains robust systems to assess the competency of staff, particularly in relation to administering medication and handling service users' finances. Annual finance and medication competency assessment include written questions and observations of practice by a manager. Staff described managers as 'supportive', 'approachable', and responsive to queries and concerns. A service manager is available for consultation at all times, backed up by a senior manager. An effective on call system ensures that staff can avail of management support twenty four hours a day.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion. The inspector was informed that safeguarding policy and procedures are due to be adapted subsequent to and in accordance with review of policy by the HSC Trust. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. A staff member commented, 'safeguarding is taken very seriously'. The service manager discussed a safeguarding referral made to the HSC Trust. Clear records were maintained of the circumstances surrounding the referral, and subsequent discussions and protection plan with the HSC Trust. It was noted that collaboration with the service user was taken into account regarding the ongoing implementation and review of the protection plan. There was evidence of positive outcomes for the service user, in terms of promoting self-determination and independence whilst managing risk and building in protective factors.

The inspector examined the safety of the agency's arrangements to identify and manage risk to service users. The inspector examined referral and review arrangements with the HSC Trust which include risk assessments and care plans. Agency staff provided feedback which indicated that they had an understanding of the management of risk, and balance with the wishes and rights of individual service users. It was evident from discussion with staff and review of records in respect of two service users, that the agency promotes person centred positive risk taking and is able to work collaboratively with agencies and professionals to maximise independence and manage potential risk to service users. A service user commented, 'staff have been here for me...their care makes me feel safe'.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is laid out in the Statement of Purpose (2015) and Service User Guide (2014).

The inspector reviewed a range of service users' care and support plans. The inspector was informed by staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. Examination of a range of care and support indicated that information from HSC Trust assessments is incorporated into care and support plans. Feedback received by the inspector from staff and service users indicated that service users have a genuine influence on the content of their care plans. Care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed service users' needs and how they wished these to be met. Service users, relatives and staff provided feedback to the inspector which indicated that the provision of care and support by the agency had resulted in positive outcomes for service users. The inspector noted that the effective implementation of care and support plans had resulted in the promotion and maintenance of independence for some service users, and the achievement of new goals for others.

Records examined by the inspector indicated that care and support plans are regularly evaluated and reviewed, including involvement as appropriate with service users, relatives and the HSC Trust. Staff described service users as actively involved in the review of care and support plans, which take place on a monthly basis with their key worker, and on at least an annual or when required basis with the HSC Trust. The inspector examined review records which clearly documented the views of service users and included their signatures. Records indicated that the agency provides service users with an opportunity to prepare for their review with the key worker, including discussion about who they wish to be invited and what issues they would like to discuss. Care and support plans reviewed by the inspector showed evidence of updating in accordance with changes in service users' needs or wishes.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision from service users, relatives and HSC Trust professionals.



The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with relatives indicated that they have open lines of communication with staff and are confident that they will be responded to appropriately.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was observed that service users knew how to contact staff and appeared to enjoy good relationships with them.

Communication systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, tenant meetings, quality monitoring reports, and monthly care plan reviews between keyworker and service user. Review of tenant meeting minutes by the inspector showed that standing agenda items including service users' views and staffing arrangements; the views of service users and the agency response were recorded.

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. Staff described the use of delegation books, diary and daily verbal handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users. Staff described good verbal and written communication systems within the staff team and with the service manager. The service manager has implemented effective systems to ensure that information is disseminated throughout the staff team.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and refers to or consults with a range of appropriate professionals when relevant. The service manager described how the agency has collaborated effectively with a range of agencies and professionals in relation to managing complex situations involving the well-being and safety of service users. The inspector noted that agency staff maintain records of a good standard in accordance with agency policy and legislation.

The inspector noted that service users are informed of advocacy services and have accessed advocacy appropriate to their individual situations.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements :</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support.



The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the differing needs and wishes of service users. It was evident to the inspector that staff have treated individuals in a non-judgemental manner, with respect and dignity, enabling them to achieve new goals. The inspector observed that the language and behaviour of staff promoted the independence and choice of service users throughout their interactions with service users.

Discussion with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language which encouraged the service user to make their own choices.

#### **Staff commented:**

- 'The service user is in the centre of all their choices.'
- 'The service user is involved in every aspect.'
- 'We do Active Support, centred around the service user's choice.'
- 'We recognise the uniqueness of each of the service users.'

Discussions with service users indicated that they expect to be able to make choices in the everyday course of their lives. The inspector spoke with service users who had been enabled by staff to live individual lives and pursue different interests within the local community and with their families. It was noted that staff routinely support service users with individual activities which are personally meaningful for them.

#### **Service users commented:**

- 'The staff listen, I can choose what I want to do.'
- 'I'm always involved in decisions.'

Discussions with staff indicated that staff understand their role in involving service users to make informed decisions which reflect the wishes and goals of individual service users. The inspector noted that staff respected service users' right to make choices, including in situations which involved positive risk taking. The inspector noted that compassionate collaborative service provision has resulted in positive outcomes over long periods of time for some service users, including enabling service users to move from institutional care to supported living, moving from supported living to more independent living, and maintaining independence in supported living with complex and changing needs.

Examination of tenant meeting minutes indicated that the agency seeks to involve service users in making informed decisions regarding a range of issues, such as their environment, and marking significant events. It was noted that the service manager had responded to the views of individual service users to have individual, rather than group, tenant meetings, when requested.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. A significant proportion of service users at this agency in Ballymoney are active involved in the Tenants' Advisory Group.

A service user discussed how much they enjoy the group, particularly their participation in the annual Service User Conference. Minutes of meetings of the Tenants' Advisory Group reflected meaningful inclusion of service users across the wider agency in decision making processes, and responsiveness of senior managers to requests made by service users. A service user commented, 'I'm in the TAG (Tenants' Advisory Group); we talk all about what's happening.'

The inspector noted that a number of service users have participated in training provided by Triangle Housing Association, including safeguarding, self-advocacy and health matters. A service user expressed pride in their completion of self-advocacy training.

The inspector was advised that some service users have participated in 'Choice Checker' training, and have interviewed service users from other agency services to obtain their evaluation of services received. A service user described their positive experience of being a 'Choice Checker'. A senior manager discussed how the format of 'Choice Checker' interviews has been evaluated and reviewed as part of the agency's improvement plan, to enhance the agency's response to service users' views.

An inspector received feedback from relatives which indicated that the agency seeks and takes into account their views and knowledge on an ongoing basis. The agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring, review meetings and a relatives' evening which was held in May 2016.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertain and include the views of service users and their representatives. The inspector examined the report of the annual service user evaluation survey 2016, which reflected a high level of satisfaction amongst service users regarding the care they receive and the manner in which staff treat them. The inspector was informed that the agency responded to service user feedback in 2015 which directly resulted in changes to the format of the survey in 2016.

The inspector was provided with examples of information which has been prepared in a suitable format, subsequent to consultation with the Tenants' Advisory Group. This includes leaflets on how to make a complaint, keeping safe, voting, and care and support. The inspector was advised that these leaflets are used by key workers to provide information and enhance discussion on relevant issues.

#### **Service users commented:**

- 'The staff are very good.'
- 'I'm happy.'
- 'I'm getting on grand; I can say what I want (to the staff).'
- 'I'm happy with my key worker.'
- 'I can tell the staff if there are any problems.'
- 'Everything's the way I want it to be.'
- 'I tell the staff what I want to do.'
- 'Staff go beyond their duties to be compassionate.'

#### **Relatives commented:**

- 'We are content, \*\*\*\* (service user) is content.'
- 'We can speak to staff, we have their phone numbers, but there are no problems.'

- ‘\*\*\*\* (service user) knows what they want.’
- ‘The staff are very good to \*\*\*\* (service user).’
- ‘I have no complaints.’
- ‘Anything \*\*\*\* needs or wants and the staff are over.’
- ‘I couldn’t ask for better.’
- ‘\*\*\*\* (service user) has learnt new skills, knows the value of money, can now buy groceries, clothes, knows everyone in town....is part of the community.’
- ‘The staff are like friends to \*\*\*\* (service user) and to me, they are so welcoming.’

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by Triangle Housing Association have been implemented at the agency. The day to day operation of the agency is overseen by a service manager who is supported by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, and service improvement strategies implemented by the senior management team.

The agency operates a robust training system and has an appointed training manager/safeguarding champion who is available for consultation with staff on training and safeguarding issues. It was noted that senior managers available for consultation out of hours have a working knowledge of the service and are respected by staff. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily. The agency maintains and implements policy relating to complaints and compliments. The inspector noted that one complaint was received and addressed in accordance with agency procedures during the reporting period of 1 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis. It was noted that staff had been provided with specific information regarding the role of RQIA, inspection guidance issued by RQIA to providers, and their role in the event of an RQIA inspection.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. The inspector received positive feedback from relatives and noted positive comments recorded in monthly quality monitoring reports from HSC Trust professionals, regarding the ability of the agency staff to work in partnership, particularly with regard to communicating relevant information. It was evident to the inspector that effective partnership working with Trust professionals and relatives has resulted in positive outcomes for service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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