

Unannounced Care Inspection Report 18 October 2016



Triangle Housing Association

**Domiciliary Care Agency/Supported Living
29 Market Street (top floor), Ballymoney, BT53 6EA
Tel no: 028 2766 4660
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, 29 Market Street, Ballymoney, took place on 18 October 2016 from 10.00 to 16.00.

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

Is care safe?

During the inspection the inspector found evidence to indicate the 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, professionals 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 person centred compassionate care.

The inspector observed interactions between staff and service users and received feedback from service users 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 service users' representatives and there was evidence of regular involvement of representatives as appropriate.

The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

During the inspection competent delivery of a well led service was found. 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 2011.

1.1 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 were discussed with the service 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 17 November 2015.

2.0 Service details

Registered organisation/registered person: Triangle Housing Association Christopher Alexander	Registered manager: Colette Sheppard
Person in charge of the service at the time of inspection: Team Leader	Date manager registered: Colette Sheppard – 19/09/2012

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 process the inspector spoke with the service manager, a team leader, a registered manager of another agency managed by provider, who was visiting the agency to carry out quality monitoring on the day of the inspection, three support staff, six service users, and two relatives. 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; seven were returned. At the request of the inspector, questionnaires were distributed for completion by service users; four 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
- Records relating to staff training, including induction training
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment policy 2016
- A range of policies relating to the management of staff
- Supervision policy 2015
- Induction policy 2014
- Safeguarding Adults In Need Of Protection policy 2016
- Restrictive practice policy 2016
- Use of restrictive practice procedure 2016

- Management of behaviour which challenges policy 2016
- Risk management policy 2015
- Incident policy 2015
- Whistleblowing policy 2016.

4.0 The inspection

Triangle Housing Association, 29 Market Street, Ballymoney is a registered domiciliary care agency of a supported living type. The agency provides care and support to ten service users who live in their own home, in either single or shared occupancy accommodation.

4.1 Review of requirements and recommendations from the most recent inspection dated 17 November 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 17 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 (1) (a) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained and that they are – (a) Kept up to date, in good order and in a secure manner This requirement refers to induction records, particularly those which relate to domiciliary care employment agency staff, which should be consistently completed and signed in accordance with agency procedure.	Met
	Action taken as confirmed during the inspection: The inspector examined a range of induction records relating to staff provided temporarily from a domiciliary care agency which is also registered as an employment agency. All records were signed by staff and completed in accordance with agency procedure.	

4.3 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.

Staff rotas and feedback from staff 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 usually covered by the current staff team, or staff supplied by an employment agency which is also a registered domiciliary care agency; the inspector was advised that some of these staff have been previous employees at 29 Market Street. The staffing arrangements maximise the provision of familiar staff to service users. A staff member commented, 'There are always enough staff.'

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; the inspector reviewed records completed in accordance with agency procedures. Staff who provided feedback to the inspector commented that the induction prepared them for their role and described the support during the induction period as 'good'.

The inspector noted that the agency has recently reviewed the induction procedure to incorporate the Northern Ireland Social Care Council (NISCC) induction workbook as a key document for use by staff and managers in guiding the induction process and performance review. The inspector was advised that the majority of support staff are registered with NISCC and that this is now a requirement of recruitment with the agency.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. Triangle Housing Association has a system of requiring staff to complete competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs.

The service manager advised the inspector that some staff have attended training additional to that stated in the Minimum Standards, including training specific to the needs of individual service users, such as palliative care; and accredited training courses such as QCF and ILM. It was noted that staff have received specific guidance on management of the needs of specific service users from a specialist HSC Trust professional. The inspector found that implementation of this guidance had reduced incidents of a certain type and improved the safety of a service user's care.

The inspector received feedback from the service manager and from staff which indicated that the agency is committed to the ongoing development of staff through the provision of quality training. The service manager described using staff meetings to facilitate learning and reflection of practice amongst staff.

Staff commented:

- 'The training is very, very good.'
- 'They cover every aspect of the job.'

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 assessments viewed by the inspector included comprehensive written questions and a series of observations of practice by a manager. Staff commented that they were given adequate time to prepare for performance reviews.

There was evidence of systems of informal supervision and consultation at all times from a service manager, backed up by a senior manager who has a working knowledge of the service and service users. An effective on call system ensures that staff can avail of management support twenty four hours a day. 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.

The agency's provision for the welfare, care and protection of service users was examined by the inspectors. The inspectors viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspectors received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance. Staff informed the inspectors that adult safeguarding training was included in their induction programme; this was confirmed by records reviewed by an inspector. The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion.

The inspector examined documentation relating to safeguarding referrals made to the HSC Trust and discussed the agency's implementation of appropriate protection plans as agreed with the Trust. A member of staff discussed the effectiveness of their personal learning from a safeguarding incident and how this has resulted in safer practice. The inspector noted that staff team meeting minutes recorded staff learning from a safeguarding session which covered implicit and explicit practices which could lead to abuse of service users. The inspector found that service users had participated in safeguarding training through a recent tenant meeting which included the provision of leaflets in a suitable format.

The inspectors examined the safety of the agency's arrangements to identify and manage risk to service users. Documentary evidence and discussion with staff indicated that detailed referral information and risk assessments are completed by the HSC Trust. Care plans and Be Safe plans reviewed by an inspector reflected risk assessments supplied by the HSC Trust.

Reports of review meetings with the HSC Trust, annually or as required, involving service users, family as appropriate, and agency staff, were present in service users' files, alongside updated care plans provided by the HSC Trust professional keyworker. Review reports included consideration of a range of matters including risk factors and management plans. The inspector noted that agency care plans had been updated to reflect changes agreed at review meetings with the HSC Trust.

The inspector found that care and support plans are formally reviewed with service users on a six monthly basis, and that monthly reviews between service user and keyworker can highlight changes which result in amendments to care plans.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users. It was evident from discussion with staff and review of records in respect of service users, that the agency is open to person centred positive risk taking and is able to work collaboratively with professionals to maximise independence of service users and manage potential risk.

Of questionnaires returned by staff, six indicated they were 'very satisfied' that care was safe, and one was 'satisfied'. Of questionnaires returned by service users, two indicated they were 'very satisfied' that care was safe, and two were 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 and Service User Guide.

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 accurately into care and support plans. The inspector noted that feedback from community professionals through the agency's quality monitoring system included positive feedback regarding the effectiveness of staff implementation of care plans and professional guidance. 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 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. A service user commented on how staff have supported them to fulfil goals and ambitions in relation to work, travel, and pursuing personal interests. Another service user described their involvement in a wide range of activities and interests which are facilitated by staff support.

Records examined by an inspector indicated that care and support plans are regularly evaluated and reviewed, including involvement as appropriate with service users, representatives 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; this was supported by records maintained and signed by service users.

The inspector was advised, and records showed, that reviews with the HSC Trust have taken place annually or when required. Care and support plans reviewed by an inspector showed evidence of regular 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 as appropriate and HSC Trust professionals, and progress on improvement matters. An inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision, particularly from service users.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Communications 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. Tenant meeting minutes reflected communication with service users on a range of issues, including staffing arrangements and training topics such as staying safe, fire safety and recycling.

During the inspection the inspector observed staff interactions with service users and noted that service users appeared to enjoy positive relationships with staff. In addition to formal methods, discussion with service users and staff indicated that effective communication happens on a routine daily basis as staff interact with service user and make themselves available for discussion.

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 sheets, diary and daily verbal handovers. It was noted that staff meeting minutes recorded the discussion of information regarding service users and a range of relevant issues including guidance provided by HSC Trust professionals. Staff described effective verbal and written communication systems within the agency.

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 inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

The inspector noted that HSC Trust community professionals had provided positive feedback as part of the agency's system of quality monitoring, regarding the areas of effective communication and partnership working:

- 'Communication has been of a high standard...the team have worked in partnership with myself, following my recommendations.'
- 'I was particularly impressed with (the team's) abilities to meet the needs of this particular service user.'
- '...service users are very settled and the staff manage them very well.'

Of questionnaires returned by staff, seven indicated they were 'very satisfied' that care was effective. Of questionnaires returned by service users, two indicated they were 'very satisfied' that care was effective, and two were 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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. The inspector observed that the language and behaviour of staff promoted the independence and choice of service users throughout their interactions with service users.

A service user commented that they felt 'in charge' of their care, as they had flexibility to move the times when care was provided depending on their wishes and plans.

Another service user commented:

- 'I am made aware of what is going on in the service by my keyworker...or the manager, they keep me up to date and involved.'
- 'I tell (the service manager) if I have any problems (the service manager) always helps me sort things out.'

The inspector was invited to visit some service users in their own homes. The interests of service users were reflected throughout their homes, including sports interests, hobbies, family photographs, and seasonal decorations. Feedback from staff indicated that they have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that staff have made particular efforts to facilitate service users to achieve goals, do activities of their choice, and travel. Throughout the inspection progress, staff facilitated the inspector in communication with service user regarding their interests and preferences.

It was evident from discussion with staff, service users and HSC Trust professionals, that the agency promotes the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in the local community, with appropriate staff support. Throughout conversation with service users during the inspection, the inspector found that service users are involved in making plans for future activities such as seasonal events. The inspector received positive feedback about the roles of staff in helping service users to resolve issues or deal with matters relating e.g. to health or the purchase of items.

The inspector noted that service users' care plans were very person centred specific to the individual, with the inclusion of pictorial care plans and updates to care plans which reflected changes of service users' wishes or needs. The likes and dislikes of each service user were noted in detail in their file, alongside information about preferred means of communication and delivery of care. Some service users had individual pictorial timetables in their homes.

The inspector noted that service users are encouraged to develop their independence inside and outside of their own homes. A service user expressed pleasure in having obtained property which has increased their independence and provided them with extended opportunities to engage in activities outside their home. Some service users have been facilitated in developing constructive roles of their choice within the agency premises at 29 Market Street. A service user described the jobs they have chosen to undertake at the agency premises, and their pride in fulfilling this role.

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 and behaving in a manner which encouraged service users to make their own choices. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. Throughout the course of the inspection, the inspector observed staff supporting service users to take part in a range of individual activities and tasks.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. For example, service users' preferences of whether or not to meet inspector were fully respected. Service users who wished to meet inspector were provided with privacy as appropriate, and communication facilitated where need be. The inspector noted that service users have choice regarding their daily routines, including the choice not to partake of activity.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. A service user is involved with the Tenants' Advisory Group which has contributed to the development of a range of information in a suitable format for service users on a range of subjects such as keeping safe, how to make a complaint, a tenancy agreement.

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. An 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.

An 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 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 views of service users are recorded through the minutes of tenants' meetings. The inspector was advised that service users have chosen a range of formats and venues for meetings. The inspector noted that the views of service users, human rights, how to make a complaint, and service user involvement are included as standing agenda items in each service user meeting.

The inspector were provided with examples of information provided to service users, such as how to make a complaint, human rights information, and how to stay safe.

Of questionnaires returned by staff, six indicated they were 'very satisfied' that care was compassionate, and one was 'satisfied'. Of questionnaires returned by service users, one indicated they were 'very satisfied' that care was compassionate, and three were 'satisfied'.

Relatives' comments

- 'You couldn't get any better, the staff couldn't be any nicer.'
- 'Without a doubt I could speak to staff.'
- '**** is in heaven.'
- 'The quality of care is very good, **** is very well looked after and very safe.'
- '(The service manager) is very approachable, there's nothing that can't be sorted.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 registered manager who is supported by a regional 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 inspector received positive feedback from staff regarding the agency's provision of staff support regarding the emotional impact of specific work they are undertaking.

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 a policy relating to complaints and compliments. The inspector noted one complaint was received and addressed in accordance with agency procedures during the reporting period of 1 April 2015 to 31 March 2016.

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. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

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 noted that the agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for service users.

Of questionnaires returned by staff, four indicated they were 'very satisfied' that the service was well led. Of questionnaires returned by service users, one indicated they were 'very satisfied' that the service was well led, and three were 'satisfied'.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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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