

Unannounced Inspection Report 30 August 2016



Triangle Housing Association

Domiciliary Care Agency/Supported Living Service
33-35 Adelaide Avenue, Coleraine, BT52 1LT
Tel No: 028 7035 7229
Inspector: Rhonda Simms

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Triangle Housing Association took place on 30 August 2016 from 10.00 to 16.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency/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 safe delivery of 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 a safeguarding policy and training which reflect 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 inspector found evidence which indicated delivery of 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, including 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, representatives and staff, which indicated that service provision had resulted in positive changes in the lives of service users'.

Is care compassionate?

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 service users' representatives and there was evidence of regular involvement of representatives in the development and review of appropriate care and support plans.

The inspector noted that the provision of compassionate care in collaboration with service users has enabled some service users to achieve greater independence than previously experienced. The inspector found that 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 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 a working 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

	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

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

2.0 Service details

Registered organisation/registered person: Triangle Housing Association Christopher Alexander	Registered manager: Colette Sheppard
Person in charge of the agency at the time of inspection: Service Manager	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 the inspector spoke with the service manager, one team leader, two support staff, six service users, and one relative.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; eleven were returned. At the request of the inspector, questionnaires were distributed for completion by service users; ten 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
- Tenants' Advisory Group meeting minutes
- Staff 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 Adults In Need Of Protection policy 2016
- Restrictive practice policy 2016
- Dealing with Challenging Behaviour procedure 2014
- Service User Support and Care Policy 2016
- Support/Care planning and review procedures 2015
- Risk Management policy 2015
- Incident policy 2015
- Whistleblowing policy 2015
- Policy relating to management of data 2014
- Confidentiality and Information Management policy 2016
- Complaints policy 2015
- Statement of Purpose 2015
- Service User Guide 2014.

4.0 The inspection

Triangle Housing Association, based at Adelaide Avenue, Coleraine, is a supported living type domiciliary care agency which provides twenty four hour care and support to twelve service users who have a learning disability and complex needs. Ten service users live on their own in single occupancy flats, and two service users share a flat.

4.1 Review of requirements and recommendations from the last care inspection dated 18 September 2015

There were no requirements or 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.

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, and occasionally by staff who work in another agency operated by the provider, or staff supplied by an employment agency which is also a registered domiciliary care agency. The service manager provided records which showed that when needed, the agency uses a small pool of staff from 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 the agency. The staffing arrangements maximise the provision of familiar staff to service users. A staff member commented, 'There are adequate staff to deliver service hours who are experienced and trained.'

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 properly completed records. Experienced staff who provided feedback to the inspector commented that the induction enabled new staff to gain knowledge of all service users and agency procedures whilst working with the direct support of staff. A staff member referred to the induction as 'brilliant'.

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. 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.

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, such as mental health and autism; effective communication; and accredited training courses such as QCF and ILM. The inspector was informed that some staff have taken the opportunity to apply for enhanced development training supported by Triangle Housing Association.

Staff described intervention from specialist HSC Trust professionals which promotes a reflective learning environment and includes staff training to meet the needs of an individual service user. 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 commented:

‘Staff are well trained.’

‘Triangle provides excellent training opportunities for staff appropriate to the service users they support.’

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.

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. Staff provided positive feedback regarding the quality of support from team leaders and the service manager:

‘The team leaders are brilliant.’

‘**** (the service manager) is very approachable.’

‘**** (team leader) will notice if you’re stretched and will come to help.’

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the Safeguarding Adults In Need Of Protection policy (2016) which has been updated to include the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

Documentation provided to the inspector by the agency’s safeguarding champion and training manager indicated that safeguarding training provided by the agency also includes the 2015 regional guidance. 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. Staff described how all safeguarding incidents are discussed in team meetings to reflect on learning and improve

management of risk. The service manager discussed recent safeguarding referrals made to the HSC Trust. Clear records were maintained of the circumstances surrounding referral, and subsequent discussions and protection plan with the HSC Trust. During the course of the inspection, the inspector noted the service manager appropriately managed a live situation where a service user could have been at risk of harm.

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 included minutes of multidisciplinary meetings, HSC professional assessments, relevantly updated risk assessments and care plans. It was evident from discussion with staff and review of records in respect of service users, that the agency works collaboratively with service users and professionals to maximise independence and manage potential risk to service users.

Staff commented:

‘Service users are safe and protected from harm by use of Be Safe plans, person centred care plans tailored to suit their individual needs and abilities.’

‘Training and supervision are regularly provided and updated to consistently revise the standards of care.’

Service users commented:

‘It makes me feel safe to know that there is always staff available if I need them.’

‘Staff keep me safe when I am out and about and in my home.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 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 (2015).

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. The inspector noted that relevant assessments or reassessments had been sought from the HSC Trust in response to service users’ individual changing needs.

Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated into care and support plans. Where relevant, care and support plans referred to HSC Trust assessments which were stored with plans for accessibility. 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.

Staff commented:

'Service users are encouraged to sit with staff and develop, review and update their plans.'

'Service users are heavily involved in every aspect of tailoring their care plans. Staff support them to develop plans according to their needs.'

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. The inspector noted that the effective implementation of care and support plans had resulted in the promotion of independence, recovery from illness, and achievement of new goals. A service user commented: 'Staff support me to be as independent as possible.'

Records examined by the 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, and on at least an annual or when required basis with the HSC Trust. It was noted that minutes of reviews held with the HSC Trust were available in the service users' files. The inspector examined review records which clearly documented the views of service users, and included their signatures. Care and support plans reviewed by the inspector showed evidence of regular updating in accordance with reviews and 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. A service user provided feedback to the inspector that they like talking to the person who completes the monthly quality monitoring. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision, from service users, relatives and HSC Trust professionals. An HSC Trust professional commented on the quality of the agency's relationship with service users and effective partnership working with the service manager.

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 with service users, including a complaint and compliments process, tenant meetings, quality monitoring reports, an annual survey, 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. Staff commented that some service users prefer one to one communication rather than attending a tenant meeting; staff respond to requests for individual meetings. The inspector noted that a range of information in an appropriate format is displayed in an area where service users can easily access it. A service user highlighted how the Tenants' Advisory Group contributed to the design and content of information leaflets provided to service users.

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 users and make themselves available for discussion.

Service users commented:

‘The staff are friendly’

‘I would talk to the team leader if there was a problem.’

‘I speak to the service manager if there is a problem, I’m confident they would sort it.’

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 preparation for RQIA inspections. Staff described effective verbal and written communication systems within the staff team, and were aware of their responsibilities to update themselves with information.

Examination of documentation and discussion with staff indicated that the agency refers to or consults with a range of appropriate HSC Trust professionals when relevant. Communication with the HSC Trust was clearly recorded in service users’ records; assessments were included in care and support plans. The inspector noted that an HSC Trust professional provided positive feedback regarding communication with the agency in the monthly quality monitoring report.

The inspector noted that service users are informed of advocacy services. A service user described how they had taken part in self-advocacy training provided by the agency and used these skills to become an active member of the Tenants Advisory Group.

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 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.

Service users commented:

‘Staff are friendly towards me and help me if I need help.’

‘The staff are very good.’

'I like all the staff, they listen to me.'

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.

It was evident from discussion with staff, service users and representatives, that the agency promotes the independence, equality and diversity of service users. The inspector noted that service users are encouraged to develop their independence inside and outside of their own homes, including in the local community and with their families.

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 provided feedback which showed their understanding of a person centred service provision:

'The service users' wishes are outlined on plans, e.g. how they want to shower, but that can change.'

'Service users' views are listened to and treated with respect.'

'Staff are aware of the core values CIDER – choice, inclusion, dignity, empowerment, respect. Staff implement these core values in the support of individuals.'

'All staff are trained and are aware of core values and mission statements. All plans are person centred.'

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. Service users who spoke with the inspector described how staff support them to take part in activities of their choice:

'I can do what I want in my flat.'

'I can go to the shop on my own.'

'They've been very good to me; I have a very good keyworker. They help me if I need something to eat, meals, to get groceries.'

'I chose what to do. I like shopping, the cinema, going to Portstewart.'

'The staff are good to me, they take me out.'

'The staff are very good. When I was recuperating the staff couldn't do enough for me.'

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, how to make a complaint, going on trips and holidays. It was noted that a number of service users have been on holiday or are planning to go on holiday.

Staff discussed how they support service users to make informed decisions about important issues such as money and staying safe in the community. It was noted that staff understand the balance between service users' rights, responsibilities, and positive risk taking. Staff described a model of service provision where the individual's right to self-determination is promoted, within a framework of educating service users on their responsibilities and ability to risk manage.

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 discussed their participation in the group and their current contribution to reviewing agreements provided to service users. The inspector noted that the agency has actively used easy read information devised through the Tenants' Advisory Group to promote the independence and equality of service users, e.g. how to make a complaint, how to report crime, human rights information.

The inspector noted that a service user has participated in training provided by Triangle Housing Association, including self-advocacy training. Some service users have participated in a 'Choice Checker Chat', where their views on service quality are obtained by a service users from another agency. The inspector was informed that the format of 'Choice Checker' interviews has been evaluated and reviewed as part of the agency's improvement plan, to enhance the information elicited and improve the agency's response to service users' views.

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 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 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. A service user discussed their contribution to the compilation of these leaflets.

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 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 received positive feedback from service users and their representatives regarding the skills of the service manager:

‘**** is very approachable.’

‘I tell **** any problems and they get sorted’, ‘**** is very good.’

‘I am happy living at Adelaide and **** knows me well and looks after me and deals with any issues I have.’

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 inspector found that the agency operates an effective training system, including an appointed training manager/safeguarding champion who oversees all training and 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.

Staff commented:

‘The service is privileged to enjoy an excellent manager who can effectively lead a team.’

‘Well trained experienced manager on site.’

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 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 service users’ representatives, and noted

positive comments recorded in monthly quality monitoring reports from relatives and staff, regarding the ability of the agency staff to work in partnership, and particularly with regard to communication of 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.

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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