

Announced Care Inspection Report 7 February 2017



Triangle Housing Association

Domiciliary Care Agency/Supported Living
83 Ballyeaston Road, Ballyclare, BT39 9SG
Tel no: 028 9332 4336
Inspector: Rhonda Simms

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Triangle Housing Association took place on 7 February 2017 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 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, a safeguarding policy and procedure 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 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. 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, HSC Trust 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 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 found that 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 acting 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 Harold Alexander	Registered manager: Alison Simpson (acting)
Person in charge of the service at the time of inspection: Service manager	Date manager registered: Alison Simpson (acting in the absence of the registered manager)

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; Alison Simpson acting registered manager; five support staff, three service users, one relative and one HSC Trust 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; seven were returned. At the request of the inspector, questionnaires were distributed for completion by service users or relatives; four were returned. Concerns raised by a respondent were discussed with the respondent and the service manager in detail, to the satisfaction of the inspector.

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
- A range of HSC Trust assessments of needs and risk assessments
- A range of 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.

4.0 The inspection

Triangle Housing Association at 83 Ballyeaston Road is a domiciliary care agency of a supported living type which provides care and support to service users who have complex needs relating to their learning disability. Six service users live in shared accommodation in two houses at Ballyeaston Road, Ballyclare. Two teams of support workers and team leaders provide personal care services and support to enable service users to maintain a housing tenancy, led by a service manager an acting registered manager.

4.1 Review of requirements and recommendations from the most recent inspection dated 22/01/2016

The most recent inspection of the agency was an announced care inspection; there were no recommendations or requirements made as a result of this 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 assessed needs of service users at all times. The inspector noted that vacant shifts are usually covered by the current staff team, staff from another supported living service operated by the agency, or a small number of staff supplied by an employment agency which is also a registered domiciliary care agency. The inspector was advised of the steps taken by the service manager to maximise the use of familiar staff who have previous experience of working at the agency. Staff commented on the flexibility of the staff team to cover shifts in a manner which provides consistency to service users. A staff member commented: 'Staffing is never below safe levels'. The inspector noted that staffing arrangements had recently been changed at short notice to facilitate the wishes of a service user to attend a particular event.

It was noted that the agency has an induction policy; the induction programme for support workers includes an initial two week period of shadowing experienced staff, 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 made positive comments about the benefits of the induction period including induction training:

- 'I had no previous experience, the training was very good.'
- 'I learnt a lot on the job.'
- 'I read the care plans and all about me files, I got to know (the service users) really well.'
- 'I am always on with someone with more experience.'
- 'I have never been left without someone who could explain.'

The inspector noted that the agency has 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.

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 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 and development. The inspector noted that staff have attended training in addition to

mandatory training, where this will be beneficial to the needs of service users. Staff provided particularly positive feedback regarding training facilitated by a specialist professional.

The service manager advised the inspector that staff are engaged in ongoing partnership working with specialist HSC Trust professionals to deliver care provision specific to the needs of individual service users.

Staff provided positive feedback regarding the quality of training:

- ‘Training is... appropriate to the job.’
- ‘I enjoyed training.’
- ‘Epilepsy and food handling were very informative and to a good standard.’
- ‘Epilepsy training was the best, very clear.’

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency’s 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. The service manager described how the agency trains new staff to manage medicines during the probationary period; this includes a series of medication competency practice assessments which take place when the staff member is sufficiently confident. Annual finance and medication competency assessments viewed by the inspector included comprehensive written questions and a series of observations of practice by a manager. The inspector noted that where improvements in practice were identified, issues were effectively addressed and further assessment undertaken.

There was evidence of systems of informal supervision and consultation at all times from a service manager or team leader, 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 commented on the availability of support within the agency:

- ‘There is good support.’
- ‘I can speak to a manager if there are any problems.’

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 (2016) in accordance with the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and ‘Adult Safeguarding Operational Procedures’ September 2016. The inspector received feedback from staff and examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance.

Staff informed the inspector that adult safeguarding training was included in their induction programme; this was confirmed by records reviewed by the inspector. The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as the agency’s safeguarding champion.

The inspector discussed an incident which resulted in a safeguarding referral being made to the HSC Trust. Staff provided feedback to the inspector which indicated that they felt confident they

could recognise a safeguarding matter and respond in accordance with the agency's procedures.

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

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. 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 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 'unsatisfied'. Issues raised by one respondent were satisfactorily discussed by the inspector with the service manager and with the respondent.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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 2017 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. Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately into care and support plans. Feedback received by the inspector from staff 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 who provided feedback to the inspector had a good understanding of how to ascertain the needs and wishes of all service users.

Staff commented:

- 'The (care and support) plans seem very accurate in all situations.'
- '**** was most involved in their care plan, **** knows what **** wants.'

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 service users have engaged in a range of activities and interests outside of their homes, facilitated by staff support, these included: attending music events, shopping, day trips, eating out, playing sport, going to the cinema, and bowling.

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. The inspector noted that some service users experience restrictive practices, which are regularly reviewed by the agency and the HSC Trust. An HSC Trust professional confirmed their role in overseeing and reviewing the use of restrictive practices.

Discussion with the service manager and support staff, and documentation maintained in respect of service users indicated that reviews with the HSC Trust have taken place annually or when required. In the case of some service users, reviews with the HSC Trust have taken place on a more frequent basis, as required by their needs. Records showed that service users are involved in a preparation for review meeting with their key worker.

The agency has developed and maintained a 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 an effective 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. The inspector noted that quality monitoring reports documented positive feedback from HSC Trust professionals and relatives, as noted below.

Comments from relatives included:

- 'I could not be happier with the care and support.'
- 'I feel **** gets to do more in the community.'
- 'Staff take a genuine interest in ****'s welfare.'
- 'The staff have been very supportive and approachable.'

Comments from professionals included:

- '**** has progressed and developed a range of new skills.'
- 'The staff team are a pleasure to work with.'

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 and

their representatives, including a complaints and compliments process, quality monitoring reports, and monthly care plan reviews between keyworker and service user.

During the inspection the inspector observed staff interactions with service users and noted that service users appeared to enjoy positive relationships with staff. Staff who took part in the inspection indicated that effective communication happens on a routine daily basis as staff interact with service users. Staff described how they have learnt to communicate effectively with service users who have communication needs. During the inspection, staff facilitated the inspector’s communication with service users.

A service user commented:

- ‘I feel I get good care.’

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. Staff described effective verbal and written communication systems within the agency, including 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 meeting minutes included preparation for staff regarding RQIA inspections; the inspector noted that staff were able to confidently participate in the inspection process.

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 received positive feedback from an HSC Trust professional regarding the willingness of staff to implement care and support plans with service users. Staff provided feedback to the inspector which indicated how they valued the intervention of specialist HSC Trust professionals.

Of questionnaires returned by staff, seven indicated they were ‘very satisfied’ that care was effective. Of questionnaires returned by service users, three indicated they were ‘very satisfied’ that care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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. Staff spoke with the inspector in a manner which clearly reflected respect for service users and indicated a well-defined person centred ethos, in accordance with the agency’s stated values.

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. Staff commented that working with a small number of service users in close proximity enables them to learn how individuals with communication needs express their wishes and needs through slight changes in behaviour or expression. The inspector observed that the language and behaviour of staff promoted the independence and choice of service users throughout their interactions with service users. During the inspection process, staff facilitated the inspector in meaningful communication with service users.

The inspector noted that staff had worked extensively with some service users prior to their move to their home within the agency. Staff commented that this transition period enabled them to gain a breadth of knowledge about the needs of service users which facilitated their move to Triangle Housing Association. Staff commented on the progress some service users had made in terms of their independence and quality of life whilst living in their home at the agency.

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, travel, hobbies, and family photographs. Feedback from staff indicated that they have developed knowledge of individual service user's interests through careful observation and interaction over time. The inspector noted that staff have made particular efforts to facilitate service users to achieve personal goals, engage in activities of their choice and engage in new experiences.

It was evident from discussion with staff, and an HSC Trust professional, that the agency promotes the independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local community, with appropriate staff support. A service user spoke with the inspector about how they had achieved new goals through a care plan of their choice, devised by staff at the agency, in conjunction with HSC Trust community professionals. The inspector noted that care plans and records of care indicated that service users are actively encouraged to achieve individual goals, in association with involvement from family, HSC Trust professionals and community agencies. An HSC Trust professional commented on staff, 'they are very good, so approachable....they are able to work with the plan.'

The inspector found that where relatives of service users expressed views or concerns, the agency actively sought to respond appropriately to these concerns. The inspector found evidence to indicate that the agency has sought to facilitate and build on service users' relationships with their families, as appropriate to individuals.

The inspector noted that service users' care plans were very person centred specific to the individual, with the inclusion of pictorial guides which reflected 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 guides in their homes.

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.

During the day of the inspection, the inspector observed that service users were facilitated to make individual choices which required a flexible response by agency staff. 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 the inspector were fully respected; communication with the inspector was facilitated; staff were observed responding to the expressed choices of service users regarding activity, clothing, and music.

The inspector noted that the agency actively promotes service user involvement across the wider agency through the Triangle Housing Association Tenants' Advisory Group. The Tenants' Advisory Group 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, and a tenancy agreement. The inspector was advised that a number of service users planned to attend the Triangle Housing Association Tenants' Conference. The inspector saw a media presentation which service users had contributed to for presentation to the Tenant Conference. A member of staff has received 'Choice Checker' training, which will enable them to take part in interviews with a trained 'Choice Checker' service user, to ascertain the views of service users who are receiving services in other Triangle Housing Association supported living domiciliary care agencies.

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 Triangle Housing Association 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 provided to service users/their relatives, such as how to make a complaint, and human rights information.

Staff comments:

- 'We get to know (the service users) well.'
- '**** (service user) has made very good progress.'
- 'All service users make choices every day.'
- 'There has been a brilliant change in **** (service user).'
- '**** (service user) is happier and more mobile.'
- '**** (service user) loves making new friends.'
- '**** (service user) has gained trust in staff.'
- 'If someone doesn't want to do something they let you know, they make sounds, or gestures.'
- 'We offer choices. If **** wants to do that, they will.'
- 'There are more good things to come.'

Professional's comments:

- '**** (service user) is settled, content, I can see progress.'
- 'Staff are supportive.'

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 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 a registered manager. The inspector was informed that an application for registered manager of the agency will be submitted to RQIA imminently. 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 service manager described action taken by the agency in response to an increase in medication error incidents. This action successfully reduced the number of incidents.

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 agency 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, and one complaint outside of this period.

The inspector found evidence to indicate that 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. Staff described 'good teamwork', and spoke of managers as 'very approachable'.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews