



The Regulation and
Quality Improvement
Authority

Triangle Housing Association
RQIA ID: 12196
83 Ballyeaston Road
Ballyclare
BT39 9SG

Inspector: Rhonda Simms
Inspection ID: IN23232

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**Announced Care Inspection
of
Triangle Housing Association**

22 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 22 January 2016 from 09.30 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 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 can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Christopher Alexander Triangle Housing Association	Registered Manager: Martina Donaghy
Person in charge of the agency at the time of Inspection: Martina Donaghy	Date Manager Registered: 17/07/15
Number of service users in receipt of a service on the day of Inspection: 5	

Triangle Housing Association is a supported living type domiciliary care agency based at 83 Ballyeaston Road, Ballyclare. The service provides domiciliary care and housing support to five service users who have a learning disability and may have additional complex needs. Service users lived in shared accommodation at two addresses in Ballyclare. Under the direction of the registered manager, Martina Doanghy, support staff provide services to include help with daily living skills, personal care, maintaining a tenancy, and community involvement, with the overall goal of promoting independence and maximising life skills.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Examination of records
- Discussion with the staff and registered manager
- Feedback from service users and their representatives.

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incident reports forwarded to RQIA
- Correspondence with RQIA.

As part of the inspection the inspector met with the area manager, the registered manager, four staff, five service users, and spoke with two relatives. The feedback received by the inspector is included throughout the report.

The inspector provided questionnaires for completion by staff; nine were returned. questionnaires indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who were familiar with their care needs
- that the agency's whistleblowing policy is available to all staff
- that staff would be taken seriously if they were to raise a concern.

Eight questionnaires indicated that staff were either satisfied or very satisfied:

- that service users have their views and experiences taken into account in the way service is provided and delivered.

Seven questionnaires indicated that staff were either satisfied or very satisfied:

- that the induction process had prepared them adequately for their role.

Seven questionnaires indicated that staff were either satisfied or very satisfied:

- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users at all times.

Some staff made comments regarding staffing levels due to the intensity of work with some service users. These comments were shared and discussed with the registered manager to the satisfaction of the inspector.

Comments included:

'At all times we put the service user in the centre of everything we do.'

'If I had a concern, I am fully satisfied I could raise it to the manager and would be listened to and taken seriously.'

'Induction process is excellent and prepared me for my role.'

'The service is very person centred and the needs and wishes of service users are always listened to.'

'I feel the service users receive a high level of care.'

'Our care and support are provided with a person centred approach to our service users.'

Questionnaires asking service users' views on the care they receive were provided for completion; one was returned.

One service user was either satisfied or very satisfied:

- that staff help them feel safe and secure
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- with the care and support they receive
- that staffing levels are appropriate.

The following records were examined during the inspection process:

- 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
- Records relating to staff training
- Records relating to staff supervision
- Policy relating to supervision and the management of performance
- Complaints records
- Recruitment policy
- Induction procedure
- Staff communication records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 2 February 2015.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No requirements or recommendations resulted from the primary inspection on 2 February 2015.

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme which comprises five days training and up to ten days on site learning, including shadowing experienced staff. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. All agency staff are provided with a handbook during the induction period, and have access to policies, procedures, and guidance within the agency.

The inspector was advised that the agency has arrangements in place to ensure that its own staff cover shifts as far as possible. In the event of use of domiciliary care employment agency staff, the agency has in place procedures to verify the identity of staff supplied, and provide an induction. The inspector noted that the induction records relating to domiciliary care employment agency staff had been consistently completed in accordance with the agency's procedure.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency: four performance reviews each year, two of which are competency assessments.

Is Care Effective?

Discussions with the registered manager and with staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Examination of staff rotas reflected appropriate staffing levels described by the staff. Feedback from questionnaires indicated that two staff were currently unsatisfied with staffing levels at certain times of the day or night. These issues have arisen due to the impact on staff of the changing needs of service users. Staffing arrangements were discussed with the registered manager and area manager to the satisfaction of the inspector.

The inspector noted that staff who took part in the inspection could confidently describe their roles and responsibilities. Staff discussed how the nature of the work with a small number of service users ensures that staff know their role well. Staff described a range of effective verbal and written communication methods used within the agency including: daily use of written staff communication, verbal handovers prior to each shift, daily notes maintained in respect of each service user, and regular staff meetings.

Overall, records indicated that an effective induction is provided prior to staff giving care and support to service users. Staff who took part in the inspection provided generally positive feedback regarding the quality of the induction period and support available from other staff; induction training was described as 'relevant' and 'helpful'. The two week period when inductees shadow experienced staff was described beneficial in getting to know the needs of service users. Experienced staff described how they provide support to new staff as they provide services in each of the two houses where the needs of service users are individually complex.

Staff described how the agency induction process allowed them to gain knowledge of service users and assume responsibility over a period of time. Staff commented that their competence to manage money and manage medication was assessed at a stage in the six month probationary period when they were ready to take on the responsibilities of this role.

The agency operates a process of evaluating the effectiveness of staff induction through regular supervision during the probationary period, observation and staff evaluation. Staff can highlight additional training needs through supervision or directly to the training department which oversees all training. The quality of the training provided to staff by the agency was described as follows, 'Training is good, you find better ways to do things', 'I can't fault the training'.

Supervision is provided by the registered manager, who is supervised in turn by the area manager. Supervisory staff have received specific supervision training. Staff described receiving supervision and appraisal in line with the agency's policy, and having open access to a manager on shift, and an on call manager out of hours. Examination of records confirmed that supervision is completed and recorded in line with agency procedure.

The inspector discussed how the agency has identified the need for additional types of staff support following feedback from staff, due to the personal impact of the work.

Staff interviewed by the inspector knew how to access and use the whistleblowing policy. It was noted that staff were confident that concerns raised would be taken seriously by agency management.

Is Care Compassionate?

The agency uses a range of methods to record comments made by service users/representatives including: monthly monitoring reports, tenants' survey, complaints and compliments processes, and one to one meetings in accordance with the communication needs and understanding of service users.

The agency can demonstrate that the provision of domiciliary care workers ensures service users receive continuity of care. It was noted that the agency's own staff cover the majority of shifts, and that a small core of domiciliary care employment agency staff are used if necessary. During discussion it was noted that staff have a good understanding of the impact of changes in staffing on individual service users.

Induction records showed that the agency provides an induction specific to the needs of service users. Agency staff described how the induction process involves meeting service users, with their consent, and learning about their specific care needs with an experienced member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. During discussion staff showed an in-depth understanding of the needs of service users and knowledge regarding how to best meet these needs. In the course of the inspection, these knowledge and skills were observed during staff interaction with service users.

The agency has a process in place to address the unsatisfactory performance of a domiciliary care worker.

Areas for Improvement

No areas for improvement were identified in relation to Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or their representatives. The inspector reviewed a range of care and support plans devised in collaboration with service users and/or their representatives which reflected assessments of need and risk assessment. Risk assessments and care plans included restrictive practices in place to minimise risk and maximise the independence of service users, in conjunction with involvement of the HSC Trust and relatives.

The inspector received staff feedback which included examples of positive risk taking in response to the wishes of service users, in conjunction with assessment by the HSC Trust where appropriate. Examples of positive risk taking included inclusion in community based activities, use of transport, and maximising control and independence of property. Staff who provided feedback were aware of issues relating to balancing risk with the independence and wishes of service users.

Is Care Effective?

The inspector examined records which showed evidence of regular evaluation and review of care. The agency maintains a process of monthly and six months reviews of care and support plans with keyworker and service users; these included the views of the service user and their wishes for the future. Prior to an annual review with the HSC Trust, service users are invited to participate in a 'preparation for review' process when their views are sought.

The inspector was informed that care and support plans are reviewed with the HSC Trust annually or when the need for review is highlighted. A specialist team within the HSC Trust makes regular visits to assess the effectiveness of specific plans and the staffs' understanding and implementation of plans. During the inspection process it was noted that agency staff and relatives were involved in a meeting with the HSC Trust in order to review the care and support plan of a service user in response to changes in their needs. Relatives provided positive feedback regarding the agency's ability to work effectively with the service user, family and Trust professionals.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views throughout, and showed evidence of updating. It was noted that relevant formats have been used in plans, such as the use of individually meaningful pictures and photographs. A service user enjoyed sharing their pictorial care and support plan with the inspector. Staff discussed how they work to ascertain the wishes of service users who have communication needs. Through observation and discussion with staff their detailed understanding of the subtleties of service users' communication was noted.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through surveys, monthly monitoring, complaints process, and one to one discussion with service users. Feedback from staff indicated that the delivery of the service is responsive to the views of service users on a day to day basis. In the course of the inspection, the inspector observed multiple examples of staff responding appropriately to the needs and wishes of service users.

Service users have been provided with information relating to human rights and advocacy in a suitable format. Some service users have regular contact with independent advocates.

Is Care Compassionate?

Feedback from staff indicated that care is delivered in an individualised manner; this was supported by care records, observation on the day of inspection and feedback from relatives. The inspector visited five service users in their homes and saw examples of how service users are enabled to engage in individual interests. It was noted that respect for the privacy of individual service users' property is promoted within the provision of services by the agency.

Staff provided feedback regarding how they ascertain the views of service users' on a daily basis; this was reflected in interactions between staff and service users during the inspection. In the course of the inspection, the inspector observed agency staff responding to the views and wishes of service users in a manner which promoted individual choice and independence.

The inspector noted that feedback from professionals included in monthly quality monitoring reports commented positively on the shared values of the staff team. Relatives who provided feedback commented positively on the ability of agency staff to understand and meet the needs of service users. It was noted that relatives knew who to speak to if they had a concern, and were confident of an effective response by the agency.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. Discussions with staff indicated that values underpinning the Minimum Standards are embedded in service delivery. Having received feedback from a range of sources, the inspector noted that the agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

Areas for Improvement

No areas for improvement were identified in relation to Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, professionals and staff. It was noted that community professionals from the HSC Trust had provided very positive written feedback. Where the views of relatives and professionals have been sought but not ascertained, an explanation is usually provided. It was noted that following survey of the wishes of relatives, there is not a relative willing to be contacted each month. Additional methods of including the views of relatives and professionals in monthly monitoring reports were discussed. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The monitoring reports maintained by the agency provide assurance of a robust system of quality monitoring.

5.5.2 Complaints

The inspector examined complaints records which showed that one complaint was received from 1 January 2014 - 31 March 2015. Two complaints received subsequent to the reporting period were resolved satisfactorily at a local level.

5.5.3 Safeguarding Referrals

The inspector discussed outcomes and examined documentary records of a safeguarding issue which had been responded to appropriately by the agency.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>M. S. W.</i>	Date Completed	11.2.16
Registered Person	<i>[Signature]</i>	Date Approved	8.3.16
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	9.3.16
Please provide any additional comments or observations you may wish to make below:			

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.