

Unannounced Care Inspection Report 26 March 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 83 Ballyeaston Road, Ballyclare, BT39 9SG
Tel No: 028 93 324336
Inspector: Lorraine O'Donnell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Triangle Housing Association (12196) is a domiciliary care agency, supported living type which provides personal care (and housing support) to six people who have a learning disability and complex needs.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual(s): Christopher Harold Alexander	Registered Manager: Jennifer Sarah Elizabeth Morren
Person in charge at the time of inspection: Team Leader	Date manager registered: 27 July 2017

4.0 Inspection summary

An unannounced inspection took place on 26 March 2018 from 09.35 to 14.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found throughout the inspection in relation to the overall governance arrangements; the ongoing drive for continuous quality improvement through seeking the views of service users/representatives, audits conducted and monitoring and review of care provided. There was evidence from discussions with staff that there was very good working relationships within the agency.

No areas requiring improvement were identified.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Alison Simpson, regional manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 7 February 2017

No further actions were required to be taken following the most recent inspection on 7 February 2017.

5.0 How we inspect

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

- discussion with the team leader
- examination of records
- consultation with staff
- evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with three staff members and one service user.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

The team leader was provided with and asked to distribute questionnaires for completion by service users/representatives. At the request of the inspector, the team leader was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One service user/representatives questionnaire was returned. One staff member participated in the electronic means of providing feedback to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to Alison Simpson, the regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 February 2017

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 February 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements in place within the agency.

The inspector did not examine individual staff personnel records as these are held at the agency's head office. However, the regional manager confirmed once pre-employment checks have been completed they receive confirmation from the human resources department and are authorised to contact the staff member to arrange commencement of employment.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the Domiciliary Care Agency Regulations; the inspector noted from records viewed and discussions with the team leader that the organisation provides the agency has a structured induction programme lasting up to two weeks

shadowing experienced staff. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to policies, procedures and guidance which are available in the agency's office electronically and additionally on a hand held device. The inspector spoke to staff whose feedback supported the above information. Staff provided positive feedback to the inspector regarding how the induction programme prepared them for their roles and responsibilities and how they felt supported by other staff, and the registered manager.

The team leader advised the inspector that vacant shifts are covered by the current staff team and staff from another domiciliary care agency. The inspector viewed the agency's procedure for the induction of staff for short notice/emergency arrangements.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector viewed three individual staff records and noted that a record of staff supervision and appraisal is maintained by the agency; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector could describe the benefits of individual supervision, group supervision and appraisal. It was noted that newly appointed staff receive additional supervision during their induction and probationary period.

The inspector viewed the agency's staff training matrix and noted that the record indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required. The staff confirmed additional in house training was provided in Equality and Diversity and Autism.

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. The inspector received feedback from staff, and examined documentation which indicated that safeguarding training provided by the agency includes details of the Department of Health's (DOH) regional guidance. The training manager for Triangle Housing Association delivers safeguarding training and has been appointed as safeguarding champion. On the day of inspection staff were able to name the agency's safeguarding champion. A safeguarding alert flow chart was available in the agency office for staff.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition complete annual updates. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to a registered manager or senior manager who has knowledge of the needs of service users. The team leader provided feedback that staff are able to access advice and guidance from a manager at all times.

Areas of good practice

There were examples of good practice throughout the inspection in relation to staff induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the needs of service users 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 agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed during inspection that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping and confidentiality during their induction programme.

The inspector noted that there are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed the records of several monthly monitoring reports and service user quality monitoring visits completed by a manager from another facility and the action plans developed; and noted that they indicated that the process is robust.

The inspector noted and examined the following surveys/audits carried out by Triangle Housing Association, Triangle Safeguarding Report 2016/2017, Perception and Performance Data Report 2016/2017, Carer/Representative Survey Results September 2017, Scorecards for staff, all with very positive results. The Annual Plan 2017/2018 was available in the office. The inspector reviewed three service users' care and support plans. The inspector was informed by the team leader and staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the Health and Social Care (HSC) Trust multi-disciplinary team. Examination of a range of care and support plans indicated that information from HSC Trust assessments is incorporated accurately. The regional manager informed the inspector that the agency works in partnership with the Trust to plan and complete service user's annual reviews. A number of HSC review records were not available during the inspection. However, they were forwarded to the inspector following the inspection. The inspector was informed that care and support plans are reviewed on a yearly basis or sooner if required.

Staff meetings are facilitated; it was noted that staff are required to sign the minutes of the meetings to indicate that they have read and understood the areas discussed and the information provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, their representatives and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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. On the day of inspection 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 indicated that they understood and respected the differing needs and wishes of service users. The inspector observed that the language and behaviour of staff sensitively promoted the independence and choice of service users throughout their interactions with service users.

Observations made indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency staff had made particular efforts to facilitate and support service users to achieve goals and participate in activities of their choice. Staff who met with the inspector advised that they were always provided with details of the care to be provided for each new service user or any changes to the care of existing service users. Staff demonstrated good understanding of how core values form an important component of care provision including; privacy, dignity, independence, choice, rights and fulfilment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the registered manager; they could clearly describe the process for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards. Staff could describe the procedure for accessing the agency's policies and procedures. A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales detailed within the domiciliary care agency minimum standards.

The inspector noted that the agency has a systematic approach in reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the regional manager and team leader that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly and quarterly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy records the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received.

All of the staff interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Records of complaints viewed indicated they were dealt with as outlined in the agency's complaints policy.

During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. The team leader and staff who spoke to the inspector could describe the benefits of reviewing the quality of the services provided and of identifying areas for improvement.

The inspector viewed records which indicated that there are effective collaborative working relationships with relevant stakeholders, including HSCT representatives and relatives. From quality monitoring records viewed the inspector noted positive feedback received from the HSCT representatives regarding the ability of the agency to work in partnership.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff had a clear understanding the responsibilities and requirements of their job roles; service users and/or their representatives were aware of staff roles and knew who to talk to if they had a concern and described an 'open door' arrangement. Staff demonstrated that they had an understanding of the agency's whistleblowing policy and could clearly describe the procedure for obtaining support and guidance including the arrangements for out of hours. Staff who met with the inspector stated that the manager is supportive and approachable.

The regional manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC) as appropriate. Discussions with the regional manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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