

Unannounced Care Inspection Report 11 October 2018



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: 83 Ballyeaston Road, Ballyclare, BT39 9SG
Tel No: 02893324336
Inspector: Aveen Donnelly

www.rqia.org.uk

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. The tenants' care is commissioned by the Belfast Health and Social Care Trust and the Northern Health and Social Care (HSC) Trust.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 11 October 2018 from 10.00 to 14.15 hours.

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

The inspection sought 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 recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the tenants with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas requiring improvement were identified during the inspection.

Tenants met with indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' 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 the 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 26 March 2018

No further actions were required to be taken following the most recent inspection undertaken on 26 March 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Two responses were received and the details included within the report.

The inspector requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the tenants and/or their representatives; one was returned and is included within the report.

During the inspection process the inspector met with two tenants, who indicated that they were happy living in Ballyeaston Road. The inspector also spoke with the manager, two staff members, four relatives and three HSC Trust representatives. Comments received are included within the body of the report.

The following records were examined during the inspection:

- recruitment checklists for two staff members
- staff training records
- staff induction records
- performance review matrix
- restrictive practice register
- incident and accident records
- one service user's care record
- staff' meeting' minutes
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- complaints records
- monthly quality monitoring reports
- a sample of policies and procedures
- the Statement of Purpose
- the Service User Guide

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 March 2018

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 agency's registered premises are located at 83 Ballyeaston Road, Ballyclare and are suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of five team leaders and a number of domiciliary care staff. All those consulted with stated that the required staffing levels were consistently adhered to. The manager advised that a number of domiciliary care staff had recently been recruited and were awaiting the required checks before starting in post.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of two recruitment checklists identified that the required checks had been undertaken in keeping with regulation. Discussion with the manager and a review of records confirmed that the agency had in place a statement by the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13(d) Schedule 3.

A review of records confirmed that there was a robust system in place to monitor the registration status of staff in accordance with NISCC.

New staff and those provided from other domiciliary care agencies received a structured induction programme in line with the timescales outlined within the regulations.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the records confirmed that the staff received performance reviews twice a year and completed competency and capability assessments in relation to medicines management and managing tenants' finances. These areas were monitored by the management team as part of their quality monitoring processes.

A review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was good to note that additional training in areas such as bipolar disorder, autism awareness, epilepsy awareness and mental health training had been provided.

Discussion with staff members confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. A flowchart was displayed in the manager’s office, to assist staff in understanding the referral process.

There had been no incidents opened under adult safeguarding since the date of the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately. The review of the monthly quality monitoring records identified that there was good management oversight of incidents which occurred within the agency.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to tenants’ health, welfare and safety. There was some evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with tenants.

A restrictive practice register was in place and it was noted that any restrictive practices in place were of the least restrictive nature considered necessary, agreed in conjunction with the HSC Trust and were reviewed regularly.

A Fire Grab Pack was also maintained at the front entrance to the building, to ensure that important information was available to the emergency services, should the tenants be required to evacuate the building.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain 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 full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

The inspector examined one service user's care records and found this to be very detailed, personalised and reflective of the individual's preferences. A range of person centred tools had been developed by the organisation to effectively support the tenants. It was noted that a number of tools had been developed, in pictorial and easy-read format, to assist a service user to adjust to the supported living model. This is good practice and is commended.

Care reviews with the HSC Trust representatives were noted to be held annually or as required and care and support plans were updated to reflect changes agreed at the review meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the tenants. Quality monitoring reports indicated consultation with a range of tenants, relatives, staff and as appropriate HSC Trust representatives. Advice was given to the manager in relation to improving input from relevant stakeholders.

It was clear from discussions with relatives that the staff had a good knowledge of the tenants' needs and preferences; and how they worked with the tenants to promote their independence.

There was evidence of effective communication with the tenants, their representatives and with relevant HSC Trust representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the tenants.

Areas for improvement

No areas for improvement were identified in this domain 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 the tenants with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the care records, monthly quality monitoring reports and through discussion with all those consulted with during the inspection.

The review of the care records identified that the tenants had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community was encouraged, with appropriate staff support. Activities included assisting tenants to go to the cinema, bowling, religious services, concerts, restaurants and shopping trips. Day trips were facilitated where possible and the manager also advised that tenants were supported to attend further education programmes, as appropriate.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the tenants and their representatives.

There were systems in place to obtain the views of tenants, their representatives and staff on the quality of the service provided. This included an annual survey and consultation as part of the monthly quality monitoring visits. The manager advised that the annual survey had recently been completed and that they were awaiting the outcome of this.

Tenants had also been provided with an easy-read complaints format. A review of the compliments recorded within the monthly quality monitoring reports identified that all those consulted with were very satisfied with the care and support provided.

During the inspection, the inspector spoke with two tenants, who indicated that they were happy living in Ballyeaston Road. The inspector also spoke with, two staff members, four relatives and three HSC Trust representative. Some comments received are detailed below:

Staff

- "It is very person-centred here, a good place to work."
- "The tenants here are the best looked after."

Representatives

- "Everything is fine."
- "Happy enough, (tenant's name) is well looked after, I am well pleased with it all and the staff are very nice."
- "I am very happy, everything is perfect, and I am very pleased and have a good rapport with them. The staff go the extra mile many times."

- “I am generally happy.”

One tenant’s representative spoken with relayed specific comments which were relayed to the manager on the day of the inspection, for review and action, as appropriate.

HSC representatives

- “No concerns with the care.”
- “The staff are very good and the clients are content.”
- “There are no issues. They are proactive and quick at getting back to me with any issues.”

At the request of the inspector, the person in charge was asked to issue ten questionnaires to the tenants and their representatives. One questionnaire was returned from a relative, indicating that they were ‘very satisfied’ in relation to all four domains. No written comments were received.

Two staff members provided electronic feedback to RQIA regarding the quality of service provision. There were contradictory responses received in relation to all four domains; however, there were no negative comments received to support any level of dissatisfaction. Written comments included ‘All service users have made progress and settled very well since moving to their own home from the hospital environment’.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives.

Areas for improvement

No areas for improvement were identified in this domain 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 the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide. The day to day operation of the agency was overseen by the manager, five team leaders and a team of care staff. In addition, the agency’s on call system ensured that staff could avail of management support 24 hours a day.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There was a procedure in place to ensure that any complaints received would be managed in accordance with legislation, standards and the agency's own policies and procedures. One complaint received was in the process of being investigated and will be followed up at future inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. All those consulted with described the management team in positive terms.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There were processes in place to ensure that the quality of services was evaluated on an annual basis; this included the completion of an Annual Plan, Human Resource Performance report, Participation and Engagement Report, Learning and Development Report, internal audit processes and Performance Cards.

There were arrangements in place in relation to the equality of opportunity for tenants and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the tenants. Equality monitoring was undertaken on an annual basis, where information was collected on tenants' age, community background, gender, ethnicity, sexual orientation and marital status. This information was compiled into a report, which the organisation submitted to the Equality Commission on an annual basis. Prior to the inspection, this report had been reviewed. The report evidenced the organisation's promotion of equal opportunities for tenants, through the continued development of easy-read performance reports, information leaflets and service user involvement in Tenant Action Groups.

Other initiatives included Choice Checkers, which enables tenants to review the support, care and housing provision provided to other tenants. The manager advised that one of the tenants had benefitted from involvement in the Choice Checkers initiative.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Staff were able to access the policies and procedures electronically.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff. The agency had received positive feedback through the quality monitoring report from HSCT representatives regarding the ability of the agency staff to work in partnership to meet the needs of the tenants.

On the date of inspection the registration certificate was up to date and displayed appropriately.

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 in this domain 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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