

Unannounced Care Inspection Report 17 September 2019



Cranny Close

Type of Service: Domiciliary Care Agency
Address: 4 Cranny Close, Omagh, BT79 0PB
Tel No: 028 8225 1727
Inspector: Michele Kelly

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

Cranny Close is a domiciliary care agency of a supported living type which provides services to 14 service users who require care and support with mental health wellbeing. Service users live in their own homes and have the use of communal indoor and outdoor space. The manager leads a team of support staff who provide personal care services and support to maintain a tenancy.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Mrs Denise O'Hagan
Person in charge at the time of inspection: Mrs Denise O'Hagan	Date manager registered: 11 September 2018

4.0 Inspection summary

An unannounced inspection took place on 17 September 2019 from 10.30 to 15.15 hours

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during 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 in relation to:

- staff supervision and appraisal
- maintaining working relationships with all stakeholders

One area of improvement was identified during this inspection:

- Ensure all care plans, risk assessment and reviews are dated and signed by all parties.

Service users contacted by the inspector, spoke well of the service provided at Cranny Close in regards to safe, effective, compassionate and well led care. Many examples of good practice were highlighted and have been detailed within the report.

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.

The inspector would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Denise O'Hagan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 1 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 October 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and referred to in the body of the report.

At the request of the inspector, the person in charge 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. No responses were received prior to the issuing of this report.

Questionnaires were also provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

During the inspection the inspector met with two service users, two staff, two professionals and one service user's visitors/representatives. Their views are reflected in the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 1 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (12) (a) (b) Stated: First time	The registered person shall ensure that the Regulation and Improvement Authority be notified of any incident reported to the police, not later than 24 hours after the registered person- <ul style="list-style-type: none"> (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police 	Met
	Action taken as confirmed during the inspection: The inspector reviewed incidents reported since the last inspection and is satisfied that the agency reported appropriately and in a timely manner.	

6.2 Inspection findings

6.3 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 systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the procedures for ensuring that required staff pre-employment checks are completed.

Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided for work in the homes of service users until all required checks have been satisfactorily completed.

Discussions with staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. The manager informed the inspector that new induction guidelines introduced in draft form in 2018 will be used by the agency if any new staff are recruited; there have been no staff recruited since the last inspection.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). The manager stated that staff are not supplied for work if they are not appropriately registered and the registration of staff is monitored by the organisation's Human Resource (HR) department.

A record of staff supervision and appraisal is maintained. The records of two staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies.

The manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service user's human rights in all aspects of their lives. Training records viewed indicated that staff had completed relevant training and the agency retains appropriate records of all training. The inspector noted that some staff required updates in relation to fire safety training and infection control. Following the inspection the manager informed the inspector of staff attendance at training events since the inspection and outlined procedures in place to ensure compliance with fire safety training in the future; this matter will be reviewed at the next inspection.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance.

Discussions with the staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the Adult Safeguarding Champion (ASC) and the process for reporting adult safeguarding concerns appropriately and in a timely manner. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

It was noted that staff are required to complete safeguarding training during their induction programme and regular training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection. There had been no referrals to adult safeguarding since the last inspection.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights. There were some concerns raised with the inspector in relation to staffing levels. A small cohort of bank staff support the staff team and the staff team themselves cover extra shifts regularly. Staff praised the manager's support and dedication over the summer months when challenges to staffing levels were apparent. This matter will be reviewed at the next inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives. A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. The manager also discussed plans and contingency arrangements to support staff to meet the needs of a service user returning to live in Cranny Close.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The review of service users care records identified that they were comprehensive and maintained in an organised manner. The records evidenced referral information, risk assessments, care plans and annual care reviews with the Western Health and Social Care Trust (WHSCT) representative. The inspector identified an area for improvement in respect of ensuring all documents are appropriately signed and dated; some care plans and reviews did not have signatures from staff and /or service users and were not dated. An area for improvement has been made in this regard.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for service users or with changes to existing service users' care plans. Care plans were noted to be very person-centred and to clearly and concisely describe service users' needs. It was evident that human rights considerations were reflected in the assessments and outcome based care plans.

The staff who met with the inspector demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their seniors and WHSCT professionals if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery.

Staff also described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect. Staff outlined the methods used to ensure that service users are supported to be involved in the development of their care plans and daily activities. Service users are given information about the care they can expect which says "No decision about me without me". On the day of inspection it was evident that some service users have complex physical and mental health needs and staff described strategies in place to ensure effective care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders. A relative who spoke to the inspector was very happy with the communication from staff and complimented staff on their actions and attitudes. Professionals spoken with on the day of inspection were also very satisfied with their engagements with Cranny Close staff. Discussions with the staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and an action plan is developed if required. The monitoring officer has ensured that each quality monitoring report includes an effective level of detail of the findings during the visit.

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Observations of staff interaction with service users during the inspection, discussions with service users and staff provided evidence that staff communicate effectively with service users.

Review of team meeting records indicated that team meetings took place on an infrequent basis; this matter was discussed with the registered manager who agreed that more frequent meetings will be scheduled. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that staff communication is good.

Review of tenant meeting minutes by the inspector showed the views of service users are taken into account in planning and making decisions. The inspector advised that these meetings could be more frequent and the manager agreed to consult the tenants regarding convening meetings on a more regular basis.

The agency office is suitable for the operation of the agency as described in the Statement of Purpose (2019); it was noted that during the inspection records were stored securely and in a well organised manner. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person-centred care records and communication between service users and agency staff and other key stakeholders.

Areas for improvement

One area for improvement has been identified and refers to ensuring all documentation is signed and dated appropriately by all parties.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was identified that staff receive awareness training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff, service users and a relative, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding.

All those individuals who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

The service users and a relative who spoke to the inspector indicated that service users have choice and stated that staff respect their views, wishes and choices. The relative stated that staff will identify areas/issues that need attention and have supported their relative to become more independent in a range of areas.

Service user care records viewed in the agency office were noted to clearly outline the information relating to the needs of service users and their individual choices and preferences. The service users who spoke to the inspector could describe how they are supported to make decisions about the care and support they received. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- individualised risk assessment and care planning

Staff described how they endeavour to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices Staff also discussed the value of developing rapport with service users, and the need to be mindful of their individual wishes and preferences.

Comments made by staff:

- “Needs are met very well, independence is fostered.”
- “Service users have a very good quality of life.”
- “Everyone is treated with respect.”

Comments made by service users:

- “I love it here, because of all the support and help.”
- “I have choice, I make my own decisions.”
- “Staff look after me well, no complaints things are fine.”

Comments made by a relative:

- “This is a great place, staff cannot be better.”
- “I am always made feel very welcome.”

Comments made by professionals:

- “Staff are very respectful of service users’ wishes.”
- “I visit weekly, staff are good service users have a good quality of life.”

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

6.6 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 assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager supported by a team of care and support staff. Staff could

describe the process for obtaining support and guidance at any time including out of hour arrangements.

Processes for engaging with and responding to service users comments were evident in monthly monitoring reports and in the consultations for the annual survey. The annual report for 2019 is currently being compiled and will be reviewed at the next inspection.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. RQIA had been notified of any reportable incidents.

The agency has a range of policies and procedures which are retained in the agency's office and electronically, where staff can access them. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; discussions with the person in charge and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive awareness training in relation to management of complaints during their induction programme. The service users and relative spoken to could describe the process for raising concerns; this indicated that service users/relatives have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints. The inspector was informed that there were no complaints received since the last inspection.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with staff indicated 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 audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction and supervision and appraisal.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager was also able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

Staff who spoke to the inspector confirmed that there had good working relationships with the management team.

Staff spoken with commented:

- “Denise is excellent.”

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, management of complaints and incidents, quality improvement and maintaining good working relationships. It was evident in all four domains that the agency promoted the services users’ human rights.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Denise O’Hagan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing.</p>	<p>The registered person shall ensure that all records are appropriately signed and dated.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Manager has spoken to staff about their responsibilities in this area and spot checks will be carried out periodically. Also staff reminded that if a client refuses, this must be acknowledged with in the notes.</p>

Please ensure this document is completed in full and returned via Web Portal



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