

Unannounced Care Inspection Report 1 October 2018



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 thirteen 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: Staff Nurse	Date manager registered: 11 September 2018

4.0 Inspection summary

An unannounced inspection took place on 1 October 2018 from 09.45 to 14.45 hours

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 determined 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:

- new induction procedure
- staff supervision and appraisal
- maintaining working relationships with all stakeholders

One area of improvement was identified during this inspection.

- ensure notifiable incidents are reported to RQIA in a timely manner

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge 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 19 June 2017.

No further actions were required to be taken following the most recent inspection on 19 June 2018.

5.0 How we inspect

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

- previous inspection report and quality improvement plan (QIP)
- record of notifiable events for 2017/2018
- record of complaints notified to the agency

On the day of inspection the inspector spoke with three service users at Cranny Close. The service users interviewed have received assistance with the following:

- support with personal care
- assistance with meals
- social support
- support with medication management

During the inspection the inspector met with three staff and following the inspection spoke on the telephone with a trust professional.

The following records were examined during the inspection:

- three service users' care and support plans
- care review records
- Health and Social Care Trust (HSC Trust) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- staff rota information
- staff communication records
- recruitment policy
- supervision policy
- induction policy
- safeguarding adults procedures
- whistleblowing policy
- Statement of Purpose

- Service User Guide

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

The completed QIP was returned and approved by the care inspector.

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 invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report. The person in charge was also asked to distribute ten questionnaires to service users/family members. No responses were received prior to the issue of the report.

The inspector requested that a ‘Have we missed you...?’ card is placed in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 June 2017.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 12.1 Stated: First time	Newly appointed staff are required to complete structured orientation and induction, having regard to NISCC’s Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency’s policies and procedures.	Met
	Action taken as confirmed during the inspection: The inspector evidenced that NISCC’s Induction Standards for new workers in social care is incorporated into the agency’s new induction programme.	

Area for improvement 2 Ref: Standard 14.1 Stated: First time	The procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.	Met
	Action taken as confirmed during the inspection: The inspector evidenced procedures in place for protecting vulnerable adults in line with regional protocols.	
Area for improvement 3 Ref: Standard 8.12 Stated: First time	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.	Met
	Action taken as confirmed during the inspection: The inspector evidenced an annual quality service review for the agency which involved stakeholders.	

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.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards.

The agency's staff recruitment process is managed by the organisation's human resources department (HR). Discussions with the staff indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

The agency's new induction policy details the induction programme provided; it is a robust process in excess of the three day timescale as outlined within the domiciliary care agencies regulations. Staff are required to complete an induction workbook based on the Northern Ireland Social Care Council's (NISCC) Standards for care workers.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has a system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. A system is in place to review staff mandatory training and update training as required. The inspector noted that some staff required updates in respect of fire safety training which the manager was organising in conjunction with the fire safety officer.

From discussions and observations it was clear that staff were knowledgeable about the level of support required by each service user to ensure their safety, both while at home and when engaging in activities. Service users meet regularly with the staff member designated as key worker. There are regular meetings to discuss tenant issues, possible group activities, outings and relevant policy updates.

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 (2016) 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.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme and an update two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs.

Comments received during inspection.

Service users' comments

- "Like living here because of all the help and support."
- "Staff are good."

Staff comments

- "I am happy to work here."

- “I would raise concerns if I had to, there is a good atmosphere here.”

Professional’s comments

- “Service users are offered good care and support.”
- “I have no concerns about Cranny Close.”

Areas of good practice

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

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 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 service users were examined during the inspection.

The agency’s record keeping and records management policy outlines the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff had received training relating to record keeping, confidentiality and data protection.

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 HSCT 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.

The inspector examined three service users’ care records and found these to be generally very detailed, personalised and reflective of the individuals’ preferences.

Care reviews with the HSC Trust representatives were 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 service users. A review of records also identified that any areas for improvement identified as part of the monthly quality monitoring process, were also addressed.

Quality monitoring reports indicated consultation with a range of service users, relatives, staff and as appropriate HSC Trust representatives.

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

There was evidence of effective communication with the service users, 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 care records, audits and reviews, communication between service users 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 the service users with dignity and respect; and to fully involve them and 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 service users had information within their records that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. Staff provided examples of thoughtful innovative approaches to support service users to enjoy such activities.

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

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 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 the management and governance systems in place within the agency to meet the needs of the service users; 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 Denise O’Hagan 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 management were responsive to any suggestions or concerns raised and described management in positive terms.

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. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. There had been a complaint received from the date of the last inspection; this had not been concluded on the day of the inspection and will be followed up at future inspection.

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 Service Review.

Discussion with the person in charge and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that one notifiable event had not been reported appropriately to RQIA. This matter was discussed with the manager on the telephone following the inspection who agreed that incident reporting systems would be reviewed with all staff; this is an area for improvement.

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 person in charge was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

All of the service users and the relative who spoke with the inspector confirmed that they are aware of whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality monitoring and maintaining good working relationships.

Areas for improvement

One area for improvement has been identified and refers to ensuring incidents are reported to RQIA in a timely manner.

	Regulations	Standards
Total number of areas for improvement	1	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 the person in charge, 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 Regulations (Northern Ireland) 2007.

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 Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (12) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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-</p> <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 <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The procedure for the reporting of incidents to RQIA is now in place in Cranny Close, and should an incident happen in the future the correct procedure will be followed. The incident in July 2017 as referred to in the report has been notified to RQIA using the correct procedure.</p>



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