

Inspection Report

18 November 2021



Cranny Close

Type of service: Domiciliary Care Agency – Supported Living
Address: 4 Cranny Close, Omagh, BT79 0PB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western HSC Trust	Registered Manager: Mrs Denise O'Hagan
Responsible Individual: Dr Anne Kilgallen	Date registered: 11 September 2018
Person in charge at the time of inspection: Denise O'Hagan	
Brief description of the accommodation/how the service operates: Cranny Close is a domiciliary care agency of a supported living type which provides services to 15 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 November 2021 between 10.55 a.m. and 4.00 p.m. by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the level of support provided to service users to lead active and fulfilling lives. Further good practice was found in relation to the dissemination of Covid-19 related information to staff. There were good governance and management oversight systems in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service

We spoke with two service users, two relatives and three staff and all spoke positively about the care and services provided at Cranny Close.

Service users made the following comments:

- “The support given to me here is excellent. Staff are available at all times, they listen to me and are approachable. It is great to have my own space and to be independent. I have the freedom to go out each day.”
- “I share my house with two other people and I get on very well with them. I've lived here for many years now, and I wouldn't think of living anywhere else...the staff are very good and I know I can go to them day or night if I need anything.”

Service users' relatives made the following comments:

- “The care and support given to (my relative) is absolutely excellent. The staff are very attentive. I see a great improvement in (my relative), and I know he is safe and that the staff are vigilant for his safety. I feel (my relative) is living his best life now, and I am delighted with that!”
- “I couldn't ask for better people (than the staff team at Cranny Close), they are marvellous... I know I can raise anything with them and would feel comfortable doing so...(My relative) is in the best place and the staff are great.”

Staff reported that they were happy in their work and there was very little turnover of staff, with most having worked in Cranny Close for many years. Staff enjoyed having nursing students come to Cranny Close on learning placements, indeed one general nursing student had such a positive and enlightening experience, they chose to change direction to take up Mental Health nursing. A member of staff made the following comments:

- “All new staff in Cranny Close, including students, get very good inductions. There is a good system for training and we get regular supervisions from our manager and a yearly appraisal. There is a good system of communication between staff about the care and support needs of our service users and the staff team works well together to support the service users. The staff work very closely with services users and are able to identify any changes or behaviours which are unusual; when this happens, we are able to act quickly to get them the specialist help they need and this really helps to keep readmission rates to hospital low. We have a very supportive and approachable manager who listens to the staff team and values our opinions.”

Questionnaires were left for service users, their relatives, staff and HSC Trust staff.

Two questionnaires were returned to RQIA within the requested timescale. One was from a member of staff and one was from a visiting professional. Each respondent indicated that they were either satisfied or very satisfied that care and support in Cranny Close was safe, effective, compassionate and well led.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 September 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for Improvement 1 Ref: Regulation 5.6 Stated: First time	The registered person shall ensure that all records are appropriately signed and dated. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Inspection of documentation confirmed that all records are appropriately signed and dated.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation followed the Trust's policy and procedures in line with regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

Staff were required to complete regular adult safeguarding training. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. 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.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. A review of records confirmed that staff had completed the necessary documentation and followed the correct processes for adult safeguarding, where necessary.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager discussed plans in place to address DoLS practices in conjunction with the HSCT.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There was a system in place for notifying RQIA if the agency was to manage individual service users' monies in accordance with the guidance.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commenced employment and engaged with service users. Records viewed evidenced that criminal record checks (AccessNI) were completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures.

The manager reported that no complaints had been received since the last inspection; any complaints would be managed in accordance with the organisation's policy and procedures.

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Denise O'Hagan, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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