



The Regulation and
Quality Improvement
Authority

Cranny Close
RQIA ID: 11979
4 Cranny Close
Omagh
BT79 0BE

Inspector: Rhonda Simms
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**Unannounced Care Inspection
of
Cranny Close
18 August 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 18 August 2015 from 10.00 to 16.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Denise O'Hagan registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Elaine Way	Registered Manager: Denise O'Hagan
Person in charge of the agency at the time of Inspection: Denise O'Hagan	Date Manager Registered: 14/05/2013
Number of service users in receipt of a service on the day of Inspection: 13	

Cranny Close is a domiciliary care supported living type service providing care and support for thirteen service users with enduring mental health needs. Accommodation is provided by Helm Housing Association in four shared occupancy bungalows and four individual flats. Services provided can include assistance with personal care, social support, maintaining a tenancy and social inclusion with the overall goal of promoting good mental health and enhanced quality of life.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users.

Theme 2: Service User Involvement - service users are involved in the care they receive.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incident records
- Correspondence

During the inspection the inspector met with Denise O'Hagan registered manager, four service users, four staff, and spoke with two relatives and five community professionals.

Staff questionnaires were left for completion; four were returned. These indicated that staff were satisfied or very satisfied:

- That service users receive care and support from staff who were familiar with their care needs
- That service users have their views and experiences taken into account in the way service is provided and delivered
- That staff would be taken seriously if they were to raise a concern
- That the agency's induction process prepared staff for their role.

Questionnaires were left for service users to complete, asking about various aspects of their care; seven were returned. Service users indicated that they were satisfied or very satisfied:

- With the care and support they received
- That their views and opinions were sought about the quality of the service
- That staff know how to care for them and respond to their needs
- That staff help them to feel safe and secure.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Documents relating to staff training

- Records relating to staff supervision
- Recruitment policy
- Supervision policy
- Induction procedure
- Complaints records
- Staff register
- Staff rota information.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection dated 11 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) (a)	The registered person must develop a plan to urgently address gaps in mandatory training needs of all staff, with particular reference to: Human Rights and Vulnerable Adult Training.	Met
	Action taken as confirmed during the inspection: The inspector examined training records which demonstrated that mandatory training has been provided for staff, with particular reference to safeguarding training.	
Requirement 2 Ref: Regulation 23 (4)	The registered person must ensure that the monthly monitoring report contains details which the registered person considers it necessary to take in order to improve the quality and delivery of services which the agency arranges to be provided.	Met
	Action taken as confirmed during the inspection: The agency has provided to RQIA reports of monthly monitoring which comment on the improvement of the quality and delivery of services.	

Requirement 3 Ref: Regulation 23 (2)	The registered person must ensure that monthly monitoring reports are forwarded on a monthly basis to RQIA.	Met
	Action taken as confirmed during the inspection: Monthly monitoring reports have been forwarded to RQIA as requested.	
Requirement 4 Ref: Regulation 15 (10)	The registered person must ensure that no service user is subject to restrictive intervention in place within the agency for another service user unless the impact of such procedures have been assessed and deemed the least restrictive and most proportionate response. All service users impacted by restrictive practices must agree to such measures.	Met
	Action taken as confirmed during the inspection: The inspector was advised by the registered manager that the restrictive practice noted by the inspector at the inspection of 11 September 2014 was ceased. The inspector was advised that no service user is subject to a restrictive practice.	
Requirement 5 Ref: Regulation 15 (2) (b) (c)	It is requires that the registered manager ensures that support agreements specify the individually agreed minimum number of support hours available to all service users.	Met
	Action taken as confirmed during the inspection: The inspector examined support agreements which stated the minimum number of support hours.	
Requirement 6 Ref: Regulation 15 (2) (b) (c)	It is required that the registered manager ensures that the amended support agreement documentation is issued to service users.	Met
	Action taken as confirmed during the inspection: The inspector noted that support agreement documents had been signed by service users. The registered manager advised the inspector that all service users were offered a copy of their support agreement.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Minimum Standard 12.9	It is recommended that the registered manager evaluates the effectiveness of training in relation to Vulnerable Adults following feedback in returned questionnaires.	Met
	Action taken as confirmed during the inspection: The registered manager stated that training is evaluated by use of feedback in training evaluation questionnaires and further discussion in team meetings. During the inspection staff provided feedback to the inspector that safeguarding training is effective.	
Recommendation 2 Ref: Minimum Standard 6.3	It is recommended that the registered manager ensures that the template used in the agency to record review meeting minutes refers in detail to: <ul style="list-style-type: none"> • any matters regarding the current plan; • general changes in the service users situation; and details of important events including incidents or accidents occurring during the review period.	Met
	Action taken as confirmed during the inspection: The inspector examined and discussed with the registered manager the form which is used to record review meetings. This form records relevant historical and current matters including any changes regarding the care plan.	

5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory and that staff are fit for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; this was seen in induction records and discussed with the registered manager. The registered manager stated that new staff are supernumerary for approximately one week, and work with experienced staff for at least one month. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The inspector was advised that the agency does not use staff from a domiciliary care employment agency. The agency covers shifts at short notice by using the staff currently employed by the agency.

The agency has a policy and procedure in place for staff supervision and appraisal which details frequency of four sessions of individual supervision per year, in addition to group and peer supervision as needs dictate.

The inspector examined records of supervision which showed that a minority of staff have not had supervision in accordance with the frequency stated in the policy. The registered manager was aware of gaps and discussed actions to ensure compliance with agency policy. A recommendation has been included in the Quality Improvement Plan in respect of supervision.

Overall on the day of inspection, care was found to be safe.

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of service users at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff. Professionally trained staff are included on each shift, and two waking staff provides care provision at night. Service users provided positive feedback regarding the availability of staff.

Staff who took part in the inspection were clear regarding their roles and responsibilities and described having knowledge of service users gained over long periods of service.

Documentation indicated that an effective induction programme is provided prior to staff giving care and support to service users. The registered manager discussed the agency's process of evaluating the effectiveness of staff induction through an induction meeting, monthly supervision and observation. The inspector was advised that there is a stable staff team; no new staff have come to work in the agency in recent years.

Discussion with staff showed that the agency has a process in place to identify and respond to training needs. Staff described how they have been facilitated to access training relevant to the needs of service users.

Supervision is provided by appropriate staff who have been trained to carry out the role. Staff described receiving supervision and appraisal in line with the agency's policy, having access to informal supervision from a manager on shift, and group supervision. Staff described group supervision and training sessions as particularly useful in addressing specific issues relating to service users at Cranny Close. Examination of supervision records by the inspector highlighted some gaps in supervision provision which have been referred to in the Quality Improvement Plan.

Staff interviewed by the inspector were aware of how to raise issues regarding poor practice and knew how to access and use the whistleblowing policy. Staff commented, 'policies are readily accessible to all staff within Cranny Close.'

Overall on the day of inspection care was found to be effective.

Is Care Compassionate?

The agency has a process to maintain a record of comments made by service users/representatives in relation to staffing arrangements, including through monthly monitoring reports, group meetings and complaints.

The inspector noted that the agency has good continuity of staff with no evidence of recent significant staff changes. Staff who provided feedback were aware of the potential impact of staff changes on service users. The agency has a process in place for addressing the unsatisfactory performance of a domiciliary care worker.

Induction documents and discussion with the registered manager and staff indicated that induction is specific to the needs of service users. Whilst the agency has not recruited any new staff recently, the induction provided to student professionals was discussed. Agency staff described how the induction process involves meeting service users and learning about their care needs with an experienced member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Community professionals commented positively on the extensive knowledge and skills of agency staff and their ability to meet the differing needs of service users.

Service users' comments

'Staff know how to help'
'Staff help with meals if needed'
'I am happy with the service'
'The staff are very helpful.'

Relatives' comments

'The staff are excellent...I can speak to Denise (registered manager) about anything'
'I have no concerns, it's first class'
'They have good procedures to manage crisis.'

Community professionals' comments

'It is a very good standard of service'
'Staff are responsive to the needs of service users'
'The staff are aware of clients' needs, they are knowledgeable...'
'Communication between teams is effective'

Areas for Improvement

One recommendation has been included regarding frequency of supervision.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans which reflected assessments of need and risk assessment.

Staff discussed examples of positive risk taking in practice, where service users were supported by staff to maintain or promote independence by taking part in activities or accessing property of their choice. Staff described working with relevant professionals to increase the independence and choice of service users through positive risk taking.

Overall on the day of inspection care was found to be safe.

Is Care Effective?

Records were maintained which showed that care is regularly evaluated and reviewed within procedural guidelines and as the service user's needs change. The views of service users and/or their representatives were recorded in review records.

The inspector viewed a range of care and support plans which were written in a person centred manner, included the service users' wishes throughout, and showed evidence of updating.

Feedback from community professionals and service users indicated that the agency responds to the views of service users.

The agency has processes in place to ascertain and respond to the views of service users and their representatives, including through monthly monitoring, the complaints process and group meetings. Relatives provided feedback that the agency had responded appropriately to their views. The inspector met with service users who were able to describe how they choose to lead their lives.

Service users have been provided with information relating to human rights and advocacy in a suitable format.

Is Care Compassionate?

Feedback from service users indicated that they receive care in an individualised manner; this was supported by care records. Service users discussed the choices they make regarding their daily routines.

It was evident from discussion with service users and relatives that they are aware of their rights to be consulted and have their views considered in relation to service delivery. Relatives and service users commented that they could speak to a member of staff or the registered manager if they needed to.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

Service users' comments

'The staff are good and kind'
'I have a better quality of life here.'

Relatives' comments

'I'm very pleased, **** seems to be doing well'
'**** seems very happy'
'They are treating **** really well.'

Staff comments

'Regular care reviews take place within Cranny Close where client, family member, carers and multidisciplinary team are involved.'

'Involvement from service users is always encouraged in Cranny Close by all staff.'

Community professionals' comments

'Staff are promoting independence'
'Service users are offered choices and involved in setting goals'
There is an ethos of 'offering support rather than imposing support'
'The service has become more user led'
'Communication is excellent.'

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The reports ascertain and respond to the views of service users, relatives, professionals and staff. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans. The inspector noted an improvement in the standard to quality monitoring reports received by RQIA.

5.5.2 Complaints

The inspector examined records of complaints received from 1 January 2014 - 31 March 2015, no complaints were received.

5.5.3 Safeguarding issues

The inspector discussed issues regarding a safeguarding investigation which is ongoing. RQIA will continue to liaise with the WHSCT regarding the investigation and outcomes.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this 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 person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Recommendations	
Recommendation 1	Staff have recorded supervision meetings in accordance with the procedures.
Ref: Standard 13.3	
Stated: First time	Response by Registered Person(s) Detailing the Actions Taken: Staff will received supervision in accordance with WHSCT and Domicillary Care requirements. A schedule has been devised and sets out dates to March 2016, this is displayed within the agency office to ensure that staff adhere to the procedure. The Registered Manager will maintain, retain and forward plan the schedule for future inspections.
To be Completed by: 18 November 2015	

Registered Manager Completing QIP	Denise O'Hagan	Date Completed	08/09/2015
Registered Person Approving QIP	<i>Carie Hay</i>	Date Approved	22.9.15
RQIA Inspector Assessing Response	<i>R. Bouch</i>	Date Approved	30.9.2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address