

Unannounced Care Inspection Report 21 June 2016



Cranny Close

Domiciliary Care Agency (DCA)
4 Cranny Close, Omagh, BT79 0BE
Tel No: 028 8225 1727
Inspector: Michele Kelly

1.0 Summary

An unannounced inspection of Cranny Close took place on 21 June 2016 from 10.00 to 15.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the agency was found to be competently delivering safe care. The agency could demonstrate how they work in partnership with service users to address their needs and develop their capacity for independence, as well as respect and act on people's wishes and choices. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users despite some staff being on long term absence. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. There are established systems of person centred assessment, and review of needs, wishes, and risks. The inspector found evidence of a range of positive outcomes for service users.

No areas for quality improvement were identified.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users are involved in the development of care and support plans which are normally reviewed regularly with HSC Trust professionals. The inspector noted some reviews were out of date. The quality monitoring arrangements include consultations with service users/their representatives, and provide a system of audit and service improvement. The agency maintains effective communication with service users, relatives and key stakeholders including the HSC Trust. The inspector received feedback from service users, relatives and a HSC Trust community professional which indicated that service provision had resulted in positive outcomes for service users.

One area for quality improvement was identified and refers to ensuring that as a minimum formal review of care should take place once a year.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care. The inspector observed interactions between staff and service users and received feedback from service users, relatives and a HSC Trust professional which indicated that the dignity and promotion of independence of service users are upheld through service delivery. The inspector received feedback from relatives that the agency's provision of a compassionate service has led to much improved outcomes in the lives of service users. There was evidence of the agency's maintenance of systems to ascertain service users' wishes and feelings, and involve them in decision making.

No areas for quality improvement were identified.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. The manager had supportive structures to guide staff. Information was systematically recorded and stored and easily accessible for staff, audit and inspection purposes. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. A new manager was recently appointed and there was evidence of effective working relationships with key stakeholders including staff, service users, relatives and the HSC Trust.

No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Maguire, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered provider: Western Health and Social Care Trust Elaine Way	Registered manager Mary Maguire (registration pending)
Person in charge of the agency at the time of inspection: Mary Maguire	Date manager registered: Mary Maguire (registration pending) applied 20/6/16

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016.

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

- Discussion with the manager
- Consultation with two staff
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector met with the manager and two support workers and a community professional. The inspector also spoke on the telephone with the relatives of two service users.

During the inspection the inspector also spoke with four service users to obtain their views of the service. The service users' views are contained within the body of this report. Service users reported that they received assistance with the following:

- Management of medication
- Shopping
- Meals
- Maintaining mental health.

The manager was provided with ten questionnaires to distribute to randomly selected staff members and service users for their completion. Four completed staff questionnaires and four service user questionnaires were returned to RQIA. The content of these questionnaires are discussed in the main body of the report.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Service users' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaint log
- Staff duty rota information
- Monthly monitoring reports from February to May 2016
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to; risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- Statement of Purpose 2016
- Service User Guide 2016.

4.0 The inspection

Cranny Close is a supported living type domiciliary care agency which provides care and support to fifteen service users with mental health needs. The accommodation is owned by Helm Housing and consists of four individual flats and four shared occupancy bungalows. Service users receive assistance and support to maintain a tenancy, budgeting, daily living skills, and involvement in the local community with the overall goal of promoting good mental health and an enhanced quality of life.

4.1 Review of requirements and recommendations from the most recent inspection dated 18 August 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.3 Stated: First time	Staff have recorded supervision meetings in accordance with the procedures.	Met
	Action taken as confirmed during the inspection: The inspector viewed four staff records and confirmed staff had attended for supervision at least twice yearly in accordance with procedures.	

4.3 Is care safe?

A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards. A dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The induction arrangements include the suitable induction of temporary staff.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times. There are a significant number of staff on long term leave and the manager discussed the background to this matter. Feedback from staff, the manager, and staff rotas indicated that vacant shifts are covered on the majority of occasions by the current staff team or by a small pool of bank staff. The staffing arrangements enable the agency to provide familiar staff to facilitate services to tenants.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff.

Examination of records indicated that a system has been maintained to ensure that staff supervision and appraisals are planned and completed in accordance with the agency's policy.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The document guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 was available in the agency. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures. Records reviewed by the inspector indicated that the agency and the HSC Trust respond promptly and fully to all suspected, alleged or actual incidents of abuse. The manager outlined new financial procedures which had been introduced to the agency following a recent internal HSC Trust audit.

The inspector examined the safety of the agency’s arrangements to identify and manage risk to service users. The agency operates a risk management strategy; records of risk assessments are completed with each service user, regularly evaluated and reviewed. A HSC Trust professional provided positive feedback regarding the evaluation and review arrangements involving service users, their representatives, HSC Trust and agency staff.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. The agency’s whistleblowing policy and procedure was found to be satisfactory.

The agencies registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Staff comments

‘Training is always welcome and very comprehensive’

Service users’ comments

‘Staff are there to back you up’

Areas for improvement

No areas for improvement were identified during the inspection.

Areas for improvement

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided, including any restrictive interventions, is detailed within the Statement of Purpose and Service User Guide.

The agency’s data protection policy relating to management of records which was viewed by the inspector details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Discussions with staff, service users and records viewed indicated that HSC Trust representatives are usually involved in evaluation and review of care plans annually. The

inspector viewed a number of individual service user care plans and records of review. It was noted that some service users had not had annual reviews and a recommendation is made in respect of this. Service users and relatives stated that they are encouraged to be involved in the development of their individual care and support plans.

The agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring visits are completed by another manager within the trust. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The documentation includes details of the audit of incidents or safeguarding concerns and reviews staffing, record keeping and financial management arrangements.

Service users informed the inspector that they are supported to live as independently as possible and can make choices in relation to their daily routines; they provided examples of a range of hobbies and activities facilitated by the agency.

It was evident during the inspection that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Staff comments

'We pull together and we are a good team'

Service users' comments

'My family think this is a great place'

'No complaints, it has just the right balance'

Areas for improvement

One area for quality improvement was identified and refers to ensuring that as a minimum formal review of care should take place once a year.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

The inspector received positive feedback from a HSC Trust community professional which described how service users have been enabled to increase their functioning and independence, experience significantly improved mental health and family relationships and sustain purposeful work and leisure opportunities.

The inspector noted that service users were able to exercise choice regarding a range of daily decisions. Service users who spoke with the inspector described how they make their own decisions regarding their daily routine and where they choose to go. Staff stated that choices and consent of service users are central to service provision; and could describe instances when the rights of service users are promoted and provided examples of positive risk taking to enable service users to live a fulfilling life.

Observations made and discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed were person-centred and service users stated that they are consulted about the care they receive. Records of tenant meetings reflected the involvement of service users and detailed choices made by service users in relation to shared living.

The registered manager could describe the process for liaising with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

A HSC Trust community professional discussed processes in progress within the agency to assess tenants using guidance from the trust's 'New Financial Support, Assessment and Management Plan'.

The inspector received feedback from service users and relatives which indicated that the agency seeks the views of service users and representatives through the course of daily service provision, in addition to formally through service user meetings, review meetings, and service user surveys.

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Staff comments

'I believe Cranny Close is an excellent facility providing individualised care'
'Service is excellent for young men'

Service users' comments

'Staff are understanding'
'This is a great place'
'Staff are polite and friendly'

Relatives' comments

'Staff are excellent, couldn't praise them enough'
'The bungalow is immaculate, it reassures me'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Since the last inspection of 18 August 2015 a new manager has been appointed and registration is currently pending. Discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with staff indicated that there are effective collaborative working relationships with external stakeholders, including the HSCT representatives. Staff stated that good working relationships with stakeholders enable the service users to achieve better outcomes. Staff provided examples of regular contact with the HSC Trust representatives and a representative spoken to on the day of inspection commented,

‘The new manager has positively contributed to the running of the service’.

Staff confirmed that they had access to the agency’s policies and procedures.

All of the service users and a relative confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incident records viewed and discussed demonstrated that appropriate action had been taken by staff on receipt of incident reports.

The inspector reviewed the monthly monitoring reports for February to May 2016. These reports evidenced that the area manager had been monitoring the quality of service provided in accordance with minimum standards.

It was noted that the agency has in place a comprehensive range of policies and procedures which are reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. The agency maintains and implements policy relating to complaints and compliments. The inspector noted that no complaints have been recorded during the reporting period of 1 April 2015 to 31 March 2016.

Staff comments

‘We pull together, we are a great team’

Service users’ comments

‘It is perfect here’

‘I am looked after well’

Relatives' comments

'Cranny Close is a very well run place'

Responses received in returned questionnaires from both service users and staff indicate a high level of satisfaction with this service.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mary Maguire, manager (registration pending) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the (Insert Service Type). 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk web portal for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendation	
<p>Recommendation 1</p> <p>Ref: Standard 6.4</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2016</p>	<p>Review and revision of the care plan should take place at times or intervals dictated by changes in the need or circumstances of the service user and /or the request of their carer or representative. As a minimum, formal review should take place once a year.</p> <p>Response by registered provider detailing the actions taken: Review of care plans and service user files completed. Service User reviews in process of being completed, this delay is in order to facilitate relatives attendance at review.</p>

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



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