Inspection Report

16 May 2024

Cranny Close

Type of service: Domiciliary Care Agency
Address: 4 Cranny Close, Omagh, BT79 0PB
Telephone number: 028 8225 1727

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) **Responsible Individual:** Neil Guckian	**Registered Manager:** Mrs. Denise O'Hagan **Date registered:** 11 September 2018
Person in charge at the time of inspection: Registered Manager	
Brief description of the accommodation/how the service operates: Cranny Close is a domiciliary care agency 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 took place on 16 May 2024 between 10 a.m. and 2 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

An area for improvement was identified in relation to staff recruitment.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to the safe and effective selection and recruitment of staff.

A meeting was arranged with the Responsible Individual on 6 June 2024 with the intention of issuing on Failure to Comply (FTC) notice in respect of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007; this was in relation to Regulation 13, Schedule 3 regarding the information and documents required in respect of domiciliary care workers.

The meeting was attended by representatives of the Responsible Individual and the manager.

At the meeting, RQIA was provided with an action plan and robust assurances in relation to the concern identified. On this basis, the decision was made not to serve the FTC.

All service users spoken to indicated they were happy with the care and support provided by the staff.

Evidence of good practice was found in relation to checking of professional registration of staff; the provision of compassionate care; detailed, personalised care and support plans and the agency's Annual Quality Report.

We would like to thank the service users, manager and staff for their support and cooperation throughout the inspection process.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty 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 seek 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 individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I like living here. Staff support me well."
- "I feel content. I can't complain. If I was worried about anything, I would talk to staff. Staff help me with my tablets and my money."

Staff comments:

- "I love working here."
- "The manager is very supportive."
- "All is settled at the minute."
- "I'm confident if I raised a concern that it would be dealt with."
- "I got a good induction. My training is up to date."

No questionnaires were returned.

No responses were received to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 27 April 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of moving and handling equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All appropriate staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. There was evidence of interdisciplinary coordination and collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

Care and support plans were kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- The house cleaner
- How to complain

Some comments included:

- "I'm happy with the support I get in Cranny Close."
- "All staff are great."

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

One service user was assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records evidenced that an Enhanced AccessNI pre-employment check had not been satisfactorily completed before one identified staff member had commenced employment. RQIA requested an immediate risk management strategy be implemented to ensure that this staff member was supervised at all times in their role until this check was completed. An intention to serve FTC meeting was held on 6 June 2024. The WHSCT was able to provide assurances that steps have been taken to prevent any recurrence. On that basis, the decision was made not to issue the FTC notice; one area for improvement was therefore made in this regard.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the agency had received a number of compliments since the last inspection.

Where staff are unable to gain access to a service user's home, there was an operational procedure in place that clearly directed staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs. Denise O'Hagan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13 Schedule 3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that Enhanced Access-NI checks are satisfactorily carried out for all staff before they commence employment. Ref: 5.2.4
	Response by registered person detailing the actions taken: During the RQIA Inspection of 16th May 2024 at Cranny Close, it was discovered that an Enhanced AccessNI check had not been completed for a new member of staff prior to commencing employment. The Registered Mananger Denise O'Hagan acted straightaway by initiaing an Enhanced AccessNI check with this member of staff. Until the AccessNI check was fully processed and certificate issued, the new member of staff was supervised at all times to ensure that they were not providing care and support to tenants on their own. This was in place until the enhanced AccessNI certificate successfully came through on 31st May 2024.The Western Trust has also put an action plan in place to ensure that all pre-employment checks including AccessNI checks are completed and checked for completion prior to new staff commencing employment to work directly with tenants within Cranny Close.

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