

Inspection Report

Name of Service: Cranny Close

Provider: Western HSC Trust

Date of Inspection: 22 June 2026

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
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Mrs Denise O'Hagan
Service Profile – Cranny Close is a domiciliary care agency/supported living type which provides services to 16 service users who require care and support with mental health wellbeing. Service users live in their own homes, with a mixture of sole and shared tenancies, 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 22 June 2026, between 9.30 am and 1.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 4 July 2026 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Cranny Close was a positive experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection.

3.0 The inspection

3.1 How we inspect

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

To prepare for this inspection information held by RQIA about this agency adult placement was reviewed. This included, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process Inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they like 'the quality of care' provided by the staff and that they were 'very happy with the care' and the 'help and support' they got in Cranny Close'. All respondents said that they could come and go as they please and they could not identify anything they did not like about living there.

3.3 Inspection findings

3.3.1 Care Delivery and Care Records

There were robust systems in place to ensure that the number and skill of staff on duty each day, met the needs of the service users.

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

It was reassuring to note that service users were consulted with about the activities they preferred, ensuring their views informed their day-to day activities.

Relevant information was shared with the agency, as part of the referral process. Risk assessments were then completed for each service user. The staff then compiled information on the service users' social histories; their psychological and medical histories; and on any alcohol or substance use.

Recovery care plans were developed which focused on the individual problems and goals; and how the staff aimed to implement the plans.

Care and support plans were in place to direct staff on how to meet the service users' needs.

The care plans were reflective of the recommendations outlined within the Speech and Language Therapy (SALT) Care Plan.

Whilst the majority were reviewed on a regular basis, there was no evidence in one identified record that these had been reviewed regularly. Additionally, review of records identified that there was a need for a service user's care and support plan to be updated with strategies for staff on how they could support the service user in maintaining their environment; and in relation to recommendations made following a recent outpatient appointment. Following the inspection, it was confirmed to RQIA that this had been addressed.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The review of records identified that the care and support plans; recovery plans and annual reviews were not consistently signed by the service users and/or their representatives as appropriate.

The need for a care records audit process to be developed was also discussed with the manager, who agreed to develop and implement same. This will be reviewed at a future inspection.

Service user agreements were in place for each service user in keeping with the minimum standards. A housing Support Needs Assessment outlined the number of hours of care and support each service user was entitled to was retained separately to the service user agreement; advice was given in relation to appending these documents to each other, to ensure better alignment to the minimum standards.

Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review. These included the service users' ability to self-administer their own medicines.

Staff recorded regular evaluations about the care and support provided.

3.3.2 Quality of Management Systems

Mrs Denise O'Hagan has been the registered manager in this agency since 11 September 2018.

There were processes in place to ensure that staff were recruited, inducted and trained in compliance with the regulations. A number of staff were due to have their competence assessed in relation to medicines administration; the manager was aware of this need and had plans in place to address this.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There was a process in place to manage any complaints.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

RQIA had been notified appropriately of any incidents in line with requirements.

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

The annual quality report was reviewed and noted to include stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy.

A specific individual was identified as the agency's ASC.

It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

4.0 Quality Improvement Plan/Areas for Improvement

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



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