

# Inspection Report

28 March 2023



## Cranley Lodge

Type of service: Residential Care Home  
Address: 5 Cranley Avenue, Bangor, BT19 7BY  
Telephone number: 028 9147 9122 / 028 9147 8006

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Cranley Lodge  <b>Responsible Individual:</b> Mr Brian Adam	<b>Registered Manager:</b> Mrs Elaine Thompson  <b>Date registered:</b> 14 September 2018
<b>Person in charge at the time of inspection:</b> Mrs Elaine Thompson	<b>Number of registered places:</b> 60 Including one identified resident in category RC-I.
<b>Categories of care:</b> Residential Care (RC): DE – dementia I – old age not falling within any other category	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 38
<b>Brief description of the accommodation/how the service operates:</b> Cranley Lodge is a residential care home which is registered to provide health and social care for up to 60 residents living with dementia. Accommodation for residents is provided over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 28 March 2023, from 10.05am to 3.05pm. This was completed by a pharmacist inspector and focused on medicines management. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Based on the inspection findings, two areas for improvement were identified. These are detailed in the quality improvement plan and include care plans and records of administration, of medicines prescribed for use on a 'when required' basis for the management of distressed reactions, and medicine administration records that have been handwritten.

Whilst areas for improvement were identified, RQIA can conclude that the residents were being administered their medicines as prescribed.

RQIA would like to thank the staff for their assistance throughout the inspection.

### 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.

To prepare for this inspection, information held by RQIA about the home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke to staff and management about how they plan, deliver and monitor the management of medicines within the home.

### 4.0 What people told us about the service

The inspector met with the senior care assistant on duty and the manager. Staff interactions with residents were warm, friendly and supportive. It was evident that staff knew the residents well.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs.

### 5.0 The inspection

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

Areas for improvement from the last inspection on 22 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that an up to date risk assessment and fire management plan are in place and any recommendations made by the fire assessor are addressed in a timely manner. Confirmation that the assessment has been completed along with any remedial works identified by the fire risk assessor should be shared with RQIA on completion.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>		
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>		
<p><b>Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the dining experience to ensure it is in keeping with this care standard.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a system is in place to communicate the changing needs of residents on a modified diet. Records for residents on modified diets must be accurately maintained, up to date and shared with kitchen and care staff. All staff must ensure risks are managed when residents are eating and drinking.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with this standard was not reviewed as</b></p>		

	<b>part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	<p>The registered person shall ensure that effective systems are in place to manage the environment and minimise the risk and spread of infection.</p> <p>This area for improvement specifically relates to environmental cleaning and the management of residents' laundry and toiletries. Staff should have access to adequate equipment to perform hand hygiene in resident's bedrooms.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• availability of personal protective equipment</li> <li>• donning and doffing and appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• adherence to the national colour coding scheme</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews and hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Staff knew how to recognise a change in a resident's behaviour and was aware that this change may be associated with pain, infection and/or other factors. Directions for use were recorded on the personal medication records; however, resident specific care plans directing the use of these medicines were not always in place. Records did not always include the reason for and outcome of each administration. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place when medication was prescribed.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake

should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents and nutritional supplements were reviewed. Speech and language assessment reports and care plans were in place. Records of prescribing included the products prescribed and the recommended consistency level.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. Some medicines issued directly by hospital were in use, staff were advised that a care plan should be in place detailing ordering, delivery and review procedures. This was confirmed by email on 30 March 2023.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines. Staff were reminded that currently prescribed medicines should not be disposed of as 'overstock'.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. Printed medication administration record sheets (MARs) were usually in use. However, when these records were handwritten they did not include the start date and did not always include two staff signatures to indicate that their accuracy had been checked. An area for improvement was identified.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Several residents have their medicines administered in food/drinks to assist administration. Care plans and prescriber agreements, detailing how the residents like to take their medicines, were in place.

Management and staff audit medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on the majority of medicines so that they could be easily audited. This is good practice. It was agreed that the areas for improvement identified at this inspection would be included within audit procedures.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. Medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicine incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.



### 5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*3	*7

\* The total number of areas for improvement includes eight that have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Elaine Thompson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection (22 January 2023)	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection (22 January 2023)	<p>The registered person shall ensure that an up to date risk assessment and fire management plan are in place and any recommendations made by the fire assessor are addressed in a timely manner. Confirmation that the assessment has been completed along with any remedial works identified by the fire risk assessor should be shared with RQIA on completion.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection (22 January 2023)	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

<b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection (22 January 2023)	The registered person shall review the dining experience to ensure it is in keeping with this care standard.
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.10  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection (22 January 2023)	The registered person shall ensure a system is in place to communicate the changing needs of residents on a modified diet. Records for residents on modified diets must be accurately maintained, up to date and shared with kitchen and care staff. All staff must ensure risks are managed when residents are eating and drinking.
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection (22 January 2023)	The registered person shall ensure that effective systems are in place to manage the environment and minimise the risk and spread of infection.
	<p>This area for improvement specifically relates to environmental cleaning and the management of residents' laundry and toiletries. Staff should have access to adequate equipment to perform hand hygiene in resident's bedrooms.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection (22 January 2023)	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• availability of personal protective equipment</li> <li>• donning and doffing and appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> </ul>

	<ul style="list-style-type: none"> <li>• adherence to the national colour coding scheme</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection (22 January 2023)</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (28 March 2023)</p>	<p>The registered person shall review the management of medicines prescribed on a "when required" basis to ensure that resident specific care plans directing the use of these medicines are in place and that records include the reason for and outcome of each administration.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Management of PRN Medication will be reviewed. Care plans are being revisited and reissued to include the rationale for the PRN medication for all residents. This includes the reasons for administering the medication and the outcomes are recorded.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (28 March 2023)</p>	<p>The registered person shall ensure that handwritten medication administration records include the start date and two staff signatures to indicate that their accuracy has been checked.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All handwritten medication now include two signatures and monitoring of these signatures takes place on a regular basis</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

RQIA, 1<sup>st</sup> Floor  
James House  
Gasworks  
2 – 4 Cromac Avenue  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

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