Unannounced Care Inspection Report
3 and 6 July 2018

Cranley Lodge

Type of Service: Residential Care Home
Address: 5 Cranley Avenue, Bangor, BT19 7BY
Tel No: 028 9147 1122
Inspector: Kylie Connor

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a residential care home with 60 places that provides care and accommodation for residents living with a dementia.

3.0 Service details

Organisation/Registered Provider: Cranley Lodge **Responsible Individual:** Brian Adam	**Registered Manager:** Gillian Bradley
Person in charge at the time of inspection: Gillian Bradley	**Date manager registered:** Acting – No Application Required
Categories of care: Residential Care (RC) DE – Dementia	**Number of registered places:** Total number of 60 places between: The Alexandria Suite The Nightingale Suite

4.0 Inspection summary

An unannounced care inspection took place on 3 July 2018 from 09.45 to 16.40 and on 6 July 2018 from 10.30 to 18.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training and supervision, communication between residents, staff and other interested parties and maintaining good working relationships.

Areas requiring improvement were identified in regard to staffing levels, completion of competency and capability assessments, audits, fire drills, fire safety checks, needs and risk assessments, care plans, handovers, meals, the activity programme, written consents or permissions, the annual quality review report and complaints records.

Residents and/or their representatives said that they were happy with the standard of care, activity provision and the environment. Where issues had been raised with the manager these had been addressed.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	10

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Bradley, Manager, Brian Adams, Responsible Individual and Elaine Thompson, pending applicant 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with Gillian Bradley, Manager, Brian Adams, Responsible Individual, Elaine Thompson, the pending applicant registered manager, 17 residents, four care staff, two visiting professionals and 13 residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned by residents' representatives.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedule and sample of records
- Staff training schedule
- Two staff files
- Three residents' care files
- Minutes of staff meetings
- Records of emails to the trust
- Complaints and compliments records
- Audits of care records, care reviews; accidents and incidents (including falls, outbreaks), environment, Northern Ireland Social Care Council (NISCC) registration
- Accident, incident, notifiable event records
- Sample of completed questionnaires and evaluation report from bi-annual quality assurance survey
- Legionella risk assessment

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 January 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 3 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 27.(2) (b) (d) (p) (4) (b) **Stated:** Second time	The registered person shall ensure that all environmental issues identified in the report and QIP are included in the home's environmental audit and are actioned. The following issues identified should be addressed: • A number of bedroom doors and an office door were wedged open Ref: 6.2	**Met**
	Action taken as confirmed during the inspection: Compliance was confirmed following an inspection of the environment. A number of hold open devices had been fitted.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and residents' representatives. During discussions with some staff, concerns were raised in regard to the staffing levels between the hours of 19.00 to 23.00; an area of improvement was identified to comply with the standards. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The manager was advised to review the Northern Ireland Social Care Council (NISCC) website for information on their new induction programme.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Supervision schedules, supervision records and training schedules were reviewed during the inspection.

Discussion with the manager confirmed that competency and capability assessments had not been undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager: an area of improvement was identified to comply with the regulations.

Discussion with the manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice. Whilst records contained an email confirming findings from the AccessNI check, records did not evidence that the home viewed AccessNI certificates prior to commencement of employment. The manager gave assurances that the recruitment template would be reviewed and improved to fully evidence the pre-employment process.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the NISCC.

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed. The manager advised that Elaine Thompson would assume the role as Safeguarding Champion upon completion of induction.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts, pressure alarm mats and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. The manager reported that behaviour management plans were devised with input from a dementia specialist from the trust.

Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were not undertaken e.g. hand hygiene, the environment. The inspector provided the details of a website where audit tools could be obtained and an area of improvement was made to comply with the standards.

The manager reported that whilst there had been no outbreaks of infection within the last year; it was good to note that earlier in the year precautionary action had been undertaken when an outbreak had been suspected. Any outbreak would be managed in accordance with the home's

policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a monthly basis and improvements were discussed regarding the analysis for themes and trends to prevent re-occurrence; this was included in an audit area of improvement referred to earlier in this report. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. A number of issues identified on 3 July 2018 had been addressed by 6 July 2018. Assurances were provided by the manager that thorough cleaning of the underside of soap dispensers, hand towel dispensers and shower seats would be communicated with staff and included on cleaning schedules.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety and smoking.

The home had an up to date Legionella risk assessment in place reviewed on 20 June 2018.

It was established that some residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plan had been completed in relation to smoking but had not been reviewed within the identified timescale. The manager gave assurances that this would be addressed immediately.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 15 January 2018; the action plan had not been completed to indicate if recommendations had been actioned or were being addressed. This was subsequently completed and forwarded to the inspector following the inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. Practice fire drills had not been completed on a regular basis; Fire safety records identified that there were some gaps in the weekly fire safety checks regarding fire-fighting equipment, fire alarm systems, emergency lighting; two areas of improvement was identified to comply with the standards and legislation. The means of escape were checked daily and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff, a visiting professional and residents' representatives spoken with during the inspection made the following comments:

- "I've a good team and newer staff are slower. Elaine (pending applicant registered manager) has been hands on. There is a need for twilight staff." (staff)
- "It (the environment) has definitely improved with the new flooring and they are keeping the décor up to date." (staff)
- "It (induction) was really good." (staff)
- "They (staff) are very good communicators…..I was impressed that during the hot weather they did extra juice rounds….staff are very caring." (district nurse)
- "I can go and speak to them about anything." (representative)
- "If I wasn't happy, (my relative) wouldn't be here." (representative)

The district nurse made a suggestion regarding the best location to treat residents during visits. This was shared during feedback and the manager gave assurances to follow-up.

Five completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and supervision.

Areas for improvement

Five areas of improvement were identified including reviewing staffing levels, completion of competency and capability assessments, audits, fire drills and fire safety checks.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The manager advised that the records management policy in place had been reviewed to ensure compliance with the General Data Protection Regulation (GDPR). Records were stored safely and securely in line with GDPR.

A review of care records confirmed that these were largely maintained in line with the legislation and standards. All care records included a life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. However, a number of care records did not include a fully completed and signed assessment of needs; the range of risk assessments completed were in need of improvement to comprehensively reflect residents'

identified needs including the management of pain, manual handling and falls. For example, in one care record, the getting to know you information completed by the residents spouse noted that the resident would not say if they were in pain; an appropriate pain assessment had not been completed nor a care plan developed. Discussion also took place in regard to the completion of a validated screening tool to enhance residents nutritional care plans, as detailed in the Nutritional guidelines and menu checklist for residential and nursing homes (2014): an area of improvement was identified to comply with the standards.

Care plans were in place but needed to be improved to ensure that information is specific rather than generalised, with adequate detail to guide and support staff in their response to, for example, support with personal care and responding to behaviours that challenge; a number of care plans had not been reviewed and updated on a regular basis or as changes occurred. An area of improvement was identified to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The lunchtime meal was observed in the Alexandria Suite; staff were attentive and provided gentle encouragement and assistance to residents, when required. Residents were observed eating at a relaxed pace and residents who wanted to eat in the living room were able to do so. Residents' preferred portion sizes were accommodated and a family member was also served lunch. In discussion with staff and observation of the lunch-time meal it was identified that smaller plates, plates with a block colour and specialist cutlery were needed to meet some residents' needs and abilities in line with good practice guidance in dementia care and support. Following the inspection, Elaine Thompson reported that plates had been obtained as discussed and that she was sourcing specialist cutlery. Staff also identified a number of issues in regard to the provision of texture-modified meals and the need to reduce the variations of some meals. An area for improvement was identified to comply with the standards. It was good to note that these staff were knowledgeable in regard to food texture descriptors.

Systems were in place to regularly record and analyse residents' weight and the manager and staff reported that any significant changes in weight are responded to appropriately; the template had been improved to evidence this process. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage on the skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care reviews, residents' weights, accidents and incidents (including falls, outbreaks) and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. In discussion with some staff it was identified that handovers between the senior in charge of the shift and care assistants was inconsistent in the comprehensiveness of information shared; an area of improvement was identified.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the home's bi-annual satisfaction survey report was available on request for residents, their representatives any other interested parties to read. At the entrance to the home the planned daily activity was displayed. However, following discussion with visitors and an inspection of the environment, the need for a weekly or monthly activity programme in each suite was identified as an area of improvement to comply with the standards.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents' visitors/representatives and staff spoken with during the inspection made the following comments:

- "She (resident) will say that no matter what you ask for, you get it." (representative)
- "She wasn't eating for a while and they got the dietician and she takes the supplements and the staff encourage her." (representative)
- "We are good at skin care. We phone district nursing with any skin care concerns." (staff)

One representative raised an issue in regard to the procedure for administration of medications. This was followed up with the home by the pharmacy inspector and the care inspector observed part of a medication round during the second inspection day; no issues were identified.

Five completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

Areas for improvement

Five areas for improvement were identified in regard to needs and risk assessments, care plans, handovers, meals and displaying a weekly or monthly activity programme.

	Regulations	Standards
Total number of areas for improvement	0	5

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager and residents advised that consent was sought in relation to care and treatment. However written consents or permissions were not in place, for example in regard to night checks, access to care records and photography; an area of improvement was made to comply with the standards. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care and participate in residents' meetings.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employed an activity co-ordinator and a range of activities were delivered by external organisations including local churches and musical entertainers. During the inspection, pet therapy visited the two suites and residents were observed enjoying the engagement with the dogs and the owner. Discussion with staff and residents and review of records confirmed a range of activities took place including musical entertainment, reminiscing, gardening and various arts and craft activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. Activity records evidenced trips, for example, to the beach.

Residents and residents' visitors/representatives spoken with during the inspection made the following comments:

- "It's (standard of care) very good, the food and the rooms and all, it's peaceful and you can go out for a walk." (resident)
- "I'm happy." (resident)
- "The food is good and the staff are excellent and you meet new friends." (resident)
- "They play with balloons, have sing songs and church services twice a week." (representative)
- "There is plenty going on but my (relative) won't join in." (representative)

Five completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

One area for improvement was identified in regard to written consents or permissions.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to manage complaints from residents, their representatives or any other interested party. However, in discussion with a representative and review of records a number of complaints made and responded to by the previous registered manager had not been recorded in the complaint records. In addition, complaint records did not sufficiently included details of any investigation undertaken and all communication with complainants; an area of improvement was made to comply with the standards. The outcome of the complaint and the complainant's level of satisfaction was recorded. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of records of accident and incidents confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process; an area of improvement was made in section 6.5 of this report. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

An annual quality review report had not been completed for the year 2017 and an area of improvement was identified to comply with the regulations.

Discussion with the manager confirmed that greater efforts would be made to source up to date information in regard to current best practice guidelines and make these available to staff. Following the inspection, Elaine Thompson reported that she had obtained a copy of the nutritional guidelines and menu checklist for residential and nursing homes (2014). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, in oral care, basic clinical skills and dementia awareness.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered provider reported that he continued to work in the home every day and was involved in the day to day running of the home.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated. It was good to note that many representatives spoken to had already met Elaine Thompson and both representatives and staff spoke of her approach, support and involvement in positive terms.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises

confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comment:

- "Elaine (pending applicant registered manager) is very on the ball, she is talking to us. She is really good. She has said she is with us and we are working as a team. (staff)
- "Management are approachable." (staff)

Five completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified in regard to the annual quality review report and complaints records.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Bradley, Manager, Brian Adams, Responsible Individual, Elaine Thompson, the pending applicant registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 residential care home. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 20. - (3) **Stated:** First time **To be completed by:** 15 September 2018	The registered person shall ensure that competency and capability assessments are completed with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager. Ref: 6.4
	Response by registered person detailing the actions taken: Competency and capability Assessment First Draft Stage complete - all senior care staff who may have the responsibility to look after the home in the absence of the registered manager will complete an assessment to guide them in what to do in the absence of the manager or the senior management team. All new senior care staff will meet with the manager to discuss and complete a capapbility assessment. Final Draft due end September 2018.
Area for improvement 2 **Ref:** Regulation 27. - (3) (d) **Stated:** First time **To be completed by:** 1 September 2018	The registered person shall ensure that fire safety checks are completed consistently in regard to fire-fighting equipment, fire alarm systems and emergency lighting. Consideration should be given to improving the template and/or system in place to ensure that omissions of checks are prevented. Ref: 6.4
	Response by registered person detailing the actions taken: Fire Safety Checks - New format in place correllating to weekly checks and clearly identify those who took part, outcome and actions taken.
Area for improvement 3 **Ref:** Regulation 17. - (1) **Stated:** First time **To be completed by:** 1 October 2018	The registered person shall ensure that an annual quality review report is completed. Ref: 6.7
	Response by registered person detailing the actions taken: Annual quality review in place and updated

<table>
<tr><th colspan="2">Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 25.1

Stated: First time

To be completed by:
30 August 2018</td><td>The registered person shall ensure that staffing levels between the hours of 19.00 to 23.00 are reviewed, taking into account resident dependency levels, the size and layout of the home to ensure that the assessed needs of residents are met.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Registered manager observed the twillight sessions - outcome - no major concerns raised during the observations however, Cranley Lodge Management Team will continue to recruit staff with a view to increasing the staffing levels at night time. To date two new members of staff have joined Cranley Lodge Night Staff.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 20.10

Stated: First time

To be completed by:
30 September 2018</td><td>The registered person shall ensure that working practices are systematically audited and/or audit templates are reviewed and improved to ensure that they are consistent with the home’s policies and procedures and best practice and action is taken when necessary, including:

• IPC in regard to hand hygiene and the environment
• Catering
• Accidents and incidents in line with the falls prevention toolkit
• Residents’ care records
• Complaints

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
Working practices are in place and reflective of our policies and procedures.

1. Hand Hygiene and the Environment
2. Catering - Recipe book work in progress and all catering staff use to ensure the consistency of meals at all times.
3. Falls and prevention tool kit in place for all accidents and incidents clearly outlining the incident, action taken, outcomes and learning.
4. Residents care records - Person centred highlighting areas for staff to focus on and actions taken to divert aggressive behaviours.
5. Complaints - all complaints are recorded, actions taken are documented with all outcomes and learning</td></tr>
</table>

Area for improvement 3 **Ref**: Standard 29.6 **Stated:** First time **To be completed by:** 1 October 2018	The registered person shall ensure that fire drills are completed regularly to ensure that all staff participate in one at least once per year; records should include the names of the staff who participated and any learning outcomes and actions taken. Ref: 6.4
	Response by registered person detailing the actions taken: Fire drills are clearly documented highlighting those who took part and those involved. Fire drills are completed annually, evacuating all residents within the safe fire zone guidelines.
Area for improvement 4 **Ref**: Standard 5.2 **Stated:** First time **To be completed by:** 14 September 2018	The registered person shall ensure that all residents' needs assessments are fully completed and appropriately signed and that risk assessments fully reflect the range of needs and risks identified. Ref: 6.5
	Response by registered person detailing the actions taken: formation on the resident's files - work in progress - some files have been completed with signatures obtained and dated. If a signature cannot be obtained as there are no next of kin, staff are to endeavour to communicate with the care manager or advocate and invite them into the home to complete. Those who we cannot obtain have a clear reason on the resident's file as to why we cannot obtain the signaturesfrom the resident or relative. Staff are endeavourng to meet with the next of kin to complete unsigned documents. As a last resort letters will be sent to relatives to obtain the information and signatures required. All new resident files are signed on the day of admission to the home. Risk assessments reflect the resident's needs and risks identified providing a clear path to follow with outcomes
Area for improvement 5 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 14 September 2018	The registered person shall ensure that the information in care plans are specific, with adequate detail to guide and support staff in their response to, for example, support with personal care, management of distressed reactions and are reviewed and updated on a regular basis or as changes occurred. Ref: 6.5
	Response by registered person detailing the actions taken: Care plans are person centered, specific to the individual's needs, and provides guidance to staff for various responses. Distressed or aggressive situations include areas that may trigger the behaviour with guidance for staff to distract or divert the behaviour. All current resident files are being reviewed to include the guidance above completed mid September.

Area for improvement 6 **Ref**: Standard 25.7 **Stated:** First time **To be completed by:** 10 July 2018	The registered person shall ensure that time is scheduled at the beginning of each shift for the senior to provide a handover to care staff regarding the residents and other areas of accountability. Ref: 6.5
	Response by registered person detailing the actions taken: Hand overs are scheduled at the change of staff for every shift. Care staff attend the hand over meeting to ensure they are aware of any relevant changes. The care staff then leave the meeting and the hand over continues with the senior care staff only to enable confidential information to be disclosed in a safe forum.
Area for improvement 7 **Ref**: Standard 12.1 **Stated:** First time **To be completed by:** 1 September 2018	The registered person shall ensure that the dietary needs and choices for residents who have a pureed diet are met consistently; that there is continuity in the standard of meals prepared in the kitchen including the preparation of meals for residents who have a range of modified textures. Ref: 6.5
	Response by registered person detailing the actions taken: Team meeting held with the catering staff and senior care staff to ensure that all staff are aware of individual resident's dietry requirments and choices available. This included those who require varieties of pureed diets and textures. Kitchen staff work from a central recipe book on site. Work in progress. All staff have been informed of the relevant residents who required specialised dietary requirements including softs/pureed meals and thickend fluids.
Area for improvement 8 **Ref**: Standard 13.4 **Stated:** First time **To be completed by:** 14 September 2018	The registered person shall ensure that a weekly or monthly programme of activities is displayed in a suitable in each suite for resident and visitor information. Ref: 6.5
	Response by registered person detailing the actions taken: Weekly/Monthly acitivity schedule is displayed in the lounge on each floor and at the entrance to Cranley Lodge on white boards and updated as and required. Currently obtaining and erecting white boards for both lounges to display the menu daily/weekly.

Area for improvement 9 **Ref**: Standard 7.4 **Stated:** First time **To be completed by:** 1 November 2018	The registered person shall ensure that written consents or permissions are in place in regard to: • night checks • access to care records by for example professionals and RQIA • photography Ref: 6.6
	Response by registered person detailing the actions taken: All current resident's relatives have been contacted regarding permissions to complete nightly checks and to take and display photographs. New residents - Admission form now includes night checks and permission to take and display photographs alongside accessibility of care records to other professionals.
Area for improvement 10 **Ref**: Standard 17.10 **Stated:** First time **To be completed by:** 3 August 2018	The registered person shall ensure that records are kept of all complaints and these include the investigation process, communication with the complainant's, the result of investigations and the action taken. Ref: 6.7
	Response by registered person detailing the actions taken: Complaints records are in place outling all complaints received, action taken including investigations, outcomes and learning.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews