

Unannounced Follow Up Care Inspection Report 3 January 2018



Cranley Lodge

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 that provides care and support for residents living with a dementia. The home has 60 places that are divided between the Alexander Suite and the Nightingale Suite.

3.0 Service details

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|---|---|
| Organisation/Registered Provider: Cranley Lodge Responsible Individual: Brian Adam | Registered Manager: Catherine Busby |
| Person in charge at the time of inspection: Bryony Philips, senior care assistant | Date manager registered: 1 January 2017 |
| Categories of care: Residential Care (RC) DE – Dementia | Number of registered places: 60 |

4.0 Inspection summary

An unannounced inspection took place on 3 January 2018 from 10.00 to 15.30. The care inspector was accompanied by Gavin Doherty, premises inspector and a separate premises inspection report was issued.

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 sought to assess progress with areas of improvement identified during the care inspection undertaken on 23 August 2017 and to review areas reported to the inspector as addressed following this inspection.

The following areas were examined during the inspection:

- The environment
- Observation of the lunch-time meal
- Consultation with residents and their representatives
- Consultation with staff

Residents and their representatives said that they were happy with the standard of care in the home, with the range of activities provided and with improvements made to the environment.

Areas of good practice identified during the inspection included improvements made to the décor in the home, communication with residents and their relatives, provision of activities and maintaining good working relationships.

One area for improvement was stated for the second time in regard the ceasing the practice of wedging doors open by installing suitable hold open devices.

The inspector advised the registered manager to: review and apply current best practice guidance regarding the meal-time experience for people with a dementia; improve areas

examined when auditing accident and incidents. These areas will be reviewed during the next care inspection.

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 | 1 | 0 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Brian Adam, responsible individual and with Catherine Busby, registered manager following the inspection, as part of the inspection process. The timescales for completion commence from the date of 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 23 August 2017.

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 care inspection report and returned QIP, notifiable events, all communication in regard to the home and a variation application submitted for an additional category of care.

During the inspection the inspector met with 13 residents, two care staff, one ancillary staff, the responsible individual and two residents' representatives.

The following records were examined during the inspection:

- Ten residents' care records
- Three staff personnel records

The following records were forwarded to the inspector and examined following the inspection:

- A range of audits including: the maintenance of the environment; NISCC registration; care records, accidents and incidents; QIPS to be actioned
- A manager's weekly report
- A review of weekly and monthly audits undertaken
- Two memo's and a letter issued to staff in regard to registration with NISCC
- The annual Quality Review Report 2017
- Minutes of management meetings undertaken in November and December 2017
- Management tool for residents' annual care reviews

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

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection and to the registered manager following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 August 2017

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 23 August 2017

| Areas for improvement from the last care inspection | | |
|--|--|-----------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Regulation 27.(2) (b) (d) (p) (4) (b)</p> <p>Stated: First time</p> | <p>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:</p> <ul style="list-style-type: none"> • A number of bedroom doors and an office door were wedged open • The temperature in the home was 24.44 degrees Celsius. The recommended temperature range should be between 19 to 22 degrees Celsius • The surface of double fire doors situated at the entrance to one suite were damaged • One vertical blind did not have a safety catch fitted to secure the looped pull-cord to the wall in order to prevent strangulation • A number of showers did not have a shower curtain in place • One shower had not been fitted flush to the wall • A number of curtains were not hung using all of the curtain rings and were therefore sagging in places | <p>Partially met</p> |

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| | <ul style="list-style-type: none"> Alcohol gels were not available throughout the home for use by staff and visitors <p>Action taken as confirmed during the inspection: Inspection of the environment confirmed that all but two issues had been addressed. Following the inspection the registered manager stated that all cords of vertical-blinds had been secured to the wall. The following issue is stated for a second time:</p> <ul style="list-style-type: none"> A number of bedroom doors and an office door were wedged open <p>The inspectors' emphasised to the responsible individual the importance of fitting suitable hold open devices to doors where there is a need to be held open. This will support robust fire safety in the home and eradicate the use of door wedges and furniture to hold open doors in bedrooms, the laundry and office doors as observed during the inspection.</p> | |
| <p>Area for improvement 2 Ref: Regulation 18 (2) (j) Stated: First time</p> | <p>The registered person shall ensure that the home is free from offensive odours.</p> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the environment.</p> | Met |
| <p>Area for improvement 3 Ref: Regulation 17 (1) (2) (3) Stated: First time</p> | <p>The registered provider shall ensure that an annual quality review report is completed regarding the quality of care and other service provision which includes consultation with residents and their representatives.</p> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the quality review report for 2017 and discussion with the registered manager. Guidance was provided to the registered manager in regard to improving the content of the next report.</p> | Met |

| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | | Validation of compliance |
|---|--|---------------------------------|
| Area for improvement 1 Ref: Standard 20.10 Stated: Second time | The registered provider should complete an audit focusing on the internal and external environment and identify areas for improvement and action same. | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the responsible person and inspection of audits pertaining to the environment. | |
| Area for improvement 2 Ref: Standard 19.2 Stated: First time | The registered person shall ensure that the recruitment procedure is adhered to and personnel records are full and complete. The two identified personnel records should have the following: a full employment history; any gaps in employment are noted and explanations recorded; an explanation where a written reference has not been obtained from the present or most recent employer. | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following inspection of three staff personnel records and discussion with the registered manager. | |
| Area for improvement 3 Ref: Standard 6.2 Stated: First time | The registered person shall ensure that arrangements to access the garden for residents who reside in the Alexander Suite are reviewed and a care plan developed. | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following inspection of care records of six residents living in the Alexander Suite. | |
| Area for improvement 4 Ref: Standard 8.6 Stated: First time | The registered person shall ensure that a photograph of the resident is placed in their care record. | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following inspection of ten residents' care records. | |

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| Area for improvement 5 Ref: Standard 6.2 Stated: First time | The registered person shall ensure that an individual comprehensive care plan is drawn up as the assessment of the residents needs is carried out as detailed in Standard 6 of the DHSSPS Minimum Standards. | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following inspection of ten residents care records. | |
| Area for improvement 6 Ref: Standard 20.10 Stated: First time | The registered person shall ensure that audits used in the home are reviewed to support and promote the delivery of safe, quality and effective care services. | Met |
| | Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and inspection of a range of audits forwarded to the inspector following the inspection. | |

6.3 Inspection findings

The environment

Inspection of the home identified that in addition to the areas detailed in section 6.2 of the report, the following improvements had been made since the previous care inspection:

- A cracked bath panel had been replaced and rust on a bath chair had been addressed
- A bedroom had been refurbished
- Pull-cords were covered
- Bedroom nameplates were in good repair
- Toilet brushes had been replaced
- Some metal bins had been replaced with plastic bins
- New flooring had been laid in a medicine room
- Most seat pads were in good condition; a small number of seat pads had broken zips
- Bedroom furniture was observed to be in good condition
- Bedroom lights were in working order and light shades were in place
- Handwashing signage was in place

The responsible individual gave assurances that the following would be replaced when required: metal bins with areas of rust; seat pads with broken zips.

Other environmental issues identified during the inspection are included in the premises inspection report dated 3 January 2018.

Observation of the lunch-time meal

The inspector joined residents in the Alexander Suite for lunch. Residents were seated at a number of tables in the open plan dining and living room. Two residents were served their lunch at their own table while seated in the lounge area.

Residents had a choice of meals and portion sizes were observed to be tailored to individual residents. Staff attended to residents in a relaxed and friendly manner, offering a second serving and offering residents a choice of hot or cold drinks.

Residents were observed enjoying their lunch and residents spoken to expressed satisfaction about the food in the home. Staff discretely prompted some residents during the meal and responded promptly to residents' requests. Some residents asked staff for more milk in their tea and for more tea which was provided.

Opportunities to enhance the meal-time experience for residents were discussed with the registered manager following the inspection. These included using tablecloths; providing napkins; providing a range of condiments on the table.

The inspector advised the registered manager to review current best practice guidance for mealtimes in the area of dementia care. This will be reviewed at the next care inspection.

Consultation with residents and their representatives

Residents spoke in positive terms in regard to their relationship with staff and their lifestyle in the home.

Comments from residents included:

- "They look after me well."
- "You can go to them at any time and people do."
- "Oh yes, there is enough staff to help."
- "It's (food) very good."
- "They (activities) are great, I love bowls."
- "We are very happy here."
- "They (staff) are very helpful."
- "There is a nice garden."

Residents' representatives stated that when they visit they are welcomed by staff, that communication with the home is good and that staff are approachable. They said that staff know the residents very well and that staff are quick to act if they have any concerns regarding residents' health.

One residents' representative stated that they had observed staff assisting residents to eat at mealtimes. Residents representatives also spoke said that if they are visiting a mealtimes, staff offer them a meal, enabling them to eat with their relative which was greatly appreciated.

Comments from residents' representatives included:

- "The staff are very attentive."
- "This (the dining/living room) looks nice, it's bright."
- "They play with a ball, a minister comes in...they do artwork, have party days and a quiz. They had a musical day yesterday and they play games."
- "They have a good chef down there. They get a good selection (on the menu)."

Positive views were expressed by residents or residents' representatives in regard to the standard of care delivered in the home, staffing levels, communication, activities or the environment. No complaints or concerns were expressed.

Consultation with staff

Staff spoke in positive terms in regard to staffing levels, communication and team-work, the environment, activities and support from management.

A variation application had been submitted to RQIA since the last inspection. Discussion with staff confirmed that there were no issues in respect of meeting the needs of residents who had needs within the RC-A (past or present addiction) category of care. The variation application was approved following discussion with the registered manager.

No complaints or concerns were expressed.

Comments included:

- "We plant flowers outside in the good weather."
- "The chairs have been revamped and new chairs have been ordered."
- "The care is fantastic and it doesn't feel like the building (décor) is letting us down."
- "It is better (no malodours). It's nicer to come into work and a couple of relatives have commented."
- "A well run and managed home and staff feel proud to be working here."

Areas of good practice

Areas of good practice identified during the inspection included improvements to the décor, communication with residents and their relatives, provision of activities and maintaining good working relationships.

Areas for improvement

One area for improvement was stated for the second time in regard ceasing the wedging of doors in the home by installing suitable hold open devices.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Brian Adam, responsible individual, as part of the inspection process and following the inspection with Catherine Busby, registered manager. 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

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|---|--|
| <p>Area for improvement 1</p> <p>Ref: Regulation 27.(2) (b) (d) (p) (4) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p> | <p>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:</p> <ul style="list-style-type: none"> • A number of bedroom doors and an office door were wedged open <p>Ref: 6.2</p> |
| | <p>Response by registered person detailing the actions taken: All items used to prop doors opened have been removed from the building.</p> |

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



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