



Unannounced Care Inspection Report 5 November 2019



Cranley Lodge

Type of Service: Residential Care Home
Address: 5 Cranley Avenue, Bangor BT19 7BY
Tel no: 02891471122 / 02891478006
Inspector: Bronagh Duggan

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 60 residents within the categories of care as outlined in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Cranley Lodge Responsible Individual: Brian Adam	Registered Manager and date registered: Elaine Thompson 14 September 2018
Person in charge at the time of inspection: Elaine Thompson, manager	Number of registered places: 60 RC-I for 1 identified Resident only
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 45

4.0 Inspection summary

An unannounced care inspection took place on 5 November 2019 from 10.00 hours to 19.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 recruitment, induction, training, supervision and appraisal and the home's environment. Further areas of good practice were also found in regard to care delivery, communication and the culture and ethos in the home.

Three areas requiring improvement were identified in relation to pre-admission assessment information, the dining experience and the completion of monthly monitoring reports.

Residents told us they were happy living in the home and that staff were "nice and kind."

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Elaine Thompson, 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 inspection dated 5 June 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 June 2019. No further actions were required to be taken following the most recent inspection on 5 June 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. We received responses from four relatives, who were either satisfied or very satisfied that the care in the home was safe, effective, compassionate and that the service was well led. Specific comments are included in the report below.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received.

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

- staff duty rotas from 21 October 2019 to 3 November 2019
- one staff recruitment and induction record
- one staff competency and capability assessment

- staff supervision and appraisal schedule
- staff training schedule
- sample of fire safety records
- fire drill records dated 1 and 12 February 2019, and 2 May 2019
- the care records of three residents
- activities schedule
- a sample of audits including staffing levels, twilight staffing levels, residents' dependency levels, environment, catering, and adult safeguarding
- accidents and incidents records from 1 July 2019 to 24 October 2019.
- compliment and complaints records
- minutes of staff meetings dated 12 February 2019, 20 June 2019, 20 August 2019 and 9 September 2019
- annual quality review report from 1 April 2018 to 31 March 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 31 January 2019

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
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of the residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>The registered person should complete and submit a report to RQIA.</p>	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that staffing levels in the home had been reviewed; this included carrying out a number of out of hours visits, the reviewing of resident dependencies and discussions with staff. A report with the findings had been compiled and submitted to RQIA following the last care inspection. A copy of the report was shared during the inspection which detailed management visits and changes with regards to resident occupancy. The manager advised that residents' needs and staffing levels were reviewed on an ongoing basis and adjusted to ensure residents' needs were met.</p> <p>Residents and staff spoken with advised they found the staffing levels in the home satisfactory.</p> <p>This area for improvement has been met.</p>	
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 25.1 Stated: Second time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Management had completed an audit of staffing levels during these hours, as detailed above.</p> <p>This area for improvement is met.</p>	<p>Met</p>
<p>Area for improvement 2 Ref: Standard 20.10 Stated: First time Stated: Second time</p>	<p>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:</p> <ul style="list-style-type: none"> • IPC in regard to hand hygiene and the environment • Catering 	<p>Met</p>

	<ul style="list-style-type: none"> • Accidents and incidents in line with the falls prevention toolkit 	
<p>Area for improvement 3</p> <p>Ref: Standard 29.6</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that fire drills are completed regularly to ensure that all staff participate in these at least once per year; records should include the names of the staff who participated and any learning outcomes and actions taken.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of records maintained in the home showed staff had completed at least one fire drill per year. Records showed the names of staff who participated and any learning outcomes or actions taken. The manager advised that fire drills would continue to be completed on a regular basis.</p> <p>This area for improvement has been met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p>	<p>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.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Three care records reviewed contained risk assessments and care plans with recorded measures in place to minimise risks, including falls.</p> <p>This area for improvement has been met.</p>		

Area for improvement 5 Ref: Standard 6.2 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of the care plans of three residents confirmed care plans now included sufficient detail and were reviewed on a regular basis. This area for improvement is met.	

6.2 Inspection findings

6.3 Is care safe?

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

On arrival to the home we observed a number of residents who were accessing the home's hair salon which was situated on the ground floor. Residents appeared happy and relaxed in the salon with friendly interactions with the hairdresser and manager.

During and after the inspection we received positive feedback from residents' relatives:

- "We are very happy with it here. The staff are very good with them (residents)...We were nervous at the start but we picked a good one (home). You can come at anytime."
- "Staff are very professional and supportive – they have a good approach with the residents...Sometimes I think the staffing can be a bit stretched – not all the time, but on occasions, if someone has to go to hospital."
- "We are very happy with everything. The staff are all very good. We are kept well informed. There are always staff around in the vicinity to help if needed. It feels very homely."
- "My mum is well looked after by a team of great staff. Would recommend this home to anyone in need."
- "I have always found the staff to be very pleasant, but more importantly, very caring and compassionate."

Staffing levels were reviewed as outlined in section 6.1 and found to be satisfactory. No residents or staff raised issues regarding staffing levels in the home. During discussions with staff and management we were told that there was enough staff on duty to provide safe care; the manager also told us that part time staff would work additional hours as needed. Review of the staff duty rota was satisfactory. Staff told us:

- “It’s really really good here...I’ve never seen it short staffed and there is good communication with the manager.”
- “I don’t find anything difficult here. At the minute, staffing is fine and we are currently training new staff – it’s helps residents to get to know them.”

We reviewed the recruitment file for one staff member. This confirmed that all relevant information and checks had been completed to ensure staff were suitable to work with residents.

Staff told us that they had a good induction programme when they commenced work. One staff member spoken with during the inspection was currently completing their induction; they confirmed they were well supported by senior staff and the manager during the process. Staff said they continued to receive good support from the manager and senior staff through the provision of staff meetings, supervision and annual appraisals.

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training including: dementia awareness, continence care and person centred care.

Adult safeguarding training was included within mandatory training records. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Competency and capability assessments were in place for staff in charge of the home in the absence of the manager. A sample competency and capability assessment was reviewed and found to be satisfactory.

The home was comfortably heated, fresh smelling and clean. There was evidence of a dementia friendly environment with visible signage and land marks to aid residents living with dementia to navigate their way around the home. Residents’ bedrooms were personalised with many items of memorabilia displayed. The manager outlined ongoing improvements to the home’s décor, including new bedding and curtains for bedrooms.

We observed good hygiene practices as there was a plentiful supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands before and following practical assistance with residents.

Review of a sample of fire safety records was satisfactory.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and the home’s environment.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The home was warm and welcoming. Most residents were awake, washed and dressed while others were being assisted with personal care needs by staff. All residents were well presented and appropriately dressed. During this time staff were observed coming in and out of the lounge area supporting residents and answering call bells.

The residents we spoke with were positive about their experiences living in the home:

- “Everyone is very nice and very kind. It’s a nice place.”
- “I’m getting on ok, I’m happy enough.”
- “I like it here, they (the staff) are nice.”
- “Staff are good, there is usually always someone about.”

We could see that the residents were getting the right care and that the staff responded to residents in a respectful manner. Staff were able to describe the individual care needs of residents and how these needs were met in the home.

Staff reported that there was good communication between staff for the benefit of residents and there was good team work. The home maintains close liaison with a range of professional staff who visit the home to assess and monitor the needs of those residents referred to them. Visiting professionals included for example; district nurse, general practitioner, social worker, speech and language therapist and podiatrist. Records of these visits were reflected within care records reviewed.

We reviewed three care records. Relevant risk assessments and care plans were completed and reviewed on a regular basis. Records reviewed were updated regularly, a monthly summary was also completed which provided an overview of each resident’s care and current condition. Care reviews were undertaken at regular intervals. However, two of the three records we reviewed lacked sufficient pre-admission assessment information. An area of improvement was made.

Regarding the dining experience we could see that the dining areas were warm, clean and bright. There was a four weekly menu on display which was reviewed seasonally. Residents were provided with a choice of meals and drinks; an alternative would be provided if the resident didn’t like either choice. Drinks and snacks were served during the afternoon period. Residents spoken with confirmed they were happy with the food provided in the home:

- “The food is good, I like it alright.”
- “The food is nice, I can’t complain.”

Staff were visible and available to support residents with dining as required. We did identify areas where the overall quality of the dining experience should be improved; for instance, tables should be appropriately set, with condiments, cutlery and napkins, to provide a more pleasant dining experience for residents. An area of improvement has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the care delivery and communication.

Areas for improvement

Two areas for improvement were identified within this domain in relation to pre-admission assessment information and the dining experience.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 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.

Observation of practice confirmed that staff treated residents with dignity, respect and kindness. Staff presented with good knowledge and understanding of resident's individual needs and how to best promote their individuality and independence.

We saw staff interact with residents in an unhurried manner, which meant residents had the time and space to do things at their own pace. There was good attention to detail, as staff had taken the time to support some residents who liked to wear make-up and jewellery.

All staff were due to complete training in relation to the Mental Capacity Act and decision making. The home had a specific Deprivation of Liberty Safeguards (DoLs) policy. Information on DoLs was available to staff, residents and their relatives. Relevant risk assessments were retained in care records. We saw residents being offered choice throughout the day, including when to get up, what to eat and drink, or how to spend their time.

We saw residents engage in activities, depending on their preference. Some relaxed in the communal lounge area chatting and interacting while others confirmed they liked to listen to the music that was playing in the background. The home is currently recruiting for an activity therapist, so care staff are responsible for facilitating activities in the home. Staff were able to tell us about activities in the home, including arts and crafts, singalongs, dog therapy, puzzles, reminiscence therapy and afternoon movies. It was positive to see that staff took time to engage with individual residents who preferred not to engage in group activities, for instance offering to paint their nails. Residents' spiritual and religious needs were respected and supported with church services occurring within the home at least weekly.

The home retains thank you cards and letters from residents and their families. It was positive to note comments within these including:

- "Grateful thanks for all your hard work."
- "Thank you for all your kindness towards (relative) when he was in your care. Many a time we would have been lost without you."

Additional opportunities for residents and their relatives to provide feedback to the home was confirmed through review of the home's annual quality review report. This included the results of a survey of views from residents, their relatives and staff about the home. An action plan was in place to help quality assure service delivery and help drive ongoing improvements.

Areas of good practice

There were examples of good practice found in relation to the culture and ethos of the home; treating residents with dignity, promoting choice and independence, and listening and responding to feedback from residents and relatives.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the reception area of the home. Discussion with the person in charge, staff, and observations confirmed that the home was operating within its registered categories of care.

The manager outlined the organisational structure of the home and explained that she is supported by senior carers, carers and ancillary team of staff. The manager advised that the responsible individual is in the home on a frequent basis and another member of the senior management team is regularly available for support if needed.

Staff confirmed that the manager was very supportive and easy to approach, and was available to provide advice and guidance when needed. One resident's relative described the manager as being very attentive.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Staff spoken with were aware of the homes whistleblowing procedure and confirmed that they would be confident in reporting any issues or concern to management. Staff told us:

- "I am happy to come to my work and do my best. It's friendly, homely and caring."
- "Elaine (manager) is brilliant, her door is always open."
- "I like working here, I think the residents are very happy."
- "Elaine (manager) is and very hands on and offers to come in."

The home had a complaints policy and procedure in place. Review of complaints records showed details of communications with complainants, the result of any investigations and the action taken. There had been no new complaints recorded since the previous inspection.

Accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. One omission was noted with regard to onward reporting to RQIA, while other relevant bodies had been informed appropriately at the time. The manager was advised to retrospectively submit the notification to RQIA.

It was positive to note that all areas of improvement identified at the previous care inspection on 31 January 2019 had now been met. This included improvements in audits processes, as discussed in section 6.1. We were also satisfied with the audit systems in place to monitor care plans and care reviews.

We were advised that the responsible individual frequently visits the home and speaks with residents, relatives and staff, as well as addressing any issues which may arise; however, no specific written records of these visits were retained. We discussed how the completion of written monthly monitoring reports can benefit the home by ensuring additional management oversight and quality assurance. One new area of improvement was identified in relation to the completion of monthly monitoring reports.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection this related to the completion of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	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 Elaine Thompson, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p> <p>To be completed by: immediate and ongoing</p>	<p>The registered person shall ensure that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted to the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All information regarding new admissions to the home will be obtained, recorded and evidenced in the new resident file prior to admission. This will enable the senior care team to create a robust care plan meeting the assessed needs of the new resident.</p> <p>In the event of emergency admissions, any missing information will be chased up by the manager and documented as soon as possible.</p> <p>Information gathered will be discussed with the senior care team prior to admission and risk assessments completed as necessary.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: immediate and ongoing</p>	<p>The registered person shall ensure that the dining experience of residents is promoted in keeping with best practice standards; this refers to the dining environment as referenced in this report.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Dining experience audits are performed weekly outlining the residents' interaction, enjoyment of meals, condiments offered ensuring that residents are given a choice of meals and drinks available.</p> <p>New tablecloths have been purchased within the Alexandra Suite and are being trialled within the Nightingale Suite.</p> <p>Tables are set with the appropriate cutlery for meals and napkins are offered to residents at all meal times.</p> <p>The manager and responsible person samples the food available and a record of this is available on the Audit Proforma</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the quality of services is monitored and shall complete a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>

To be completed by: immediate and ongoing	Ref: 6.6
	<p>Response by registered person detailing the actions taken: The responsible person visits the home unannounced regularly.</p> <p>The home Care Manager and Director also visits the home unannounced and records this information on a Audit form for the Responsible person to review - these are also included in the report.</p> <p>The purpose of the visits are to oversee the functionality and quality of care being provided for our residents is being met in their time and at their pace.</p> <p>Both the Home Care Manager, Director and Responsible Person communicates with residents, relatives and staff during their visits and addresses any issues required.</p> <p>A monthly monitoring report is compiled evidencing these visits and highlights/summarises all communications made and relevant actions taken were appropriate.</p>

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



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