



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Cranley Lodge (1592)

Date of Inspection: 10 March 2015

Inspector's Name: Bronagh Duggan

Inspection ID: IN016638

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

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1.0 General information

Name of Service:	Cranley Lodge
Address:	5 Cranley Avenue Bangor BT19 7BY 02891471122
Telephone number:	02891471122
E mail address:	cranleylodge@hotmail.co.uk
Registered Organisation/ Registered Provider:	Brian Adam
Registered Manager:	Lisa Dawn Harrison
Person in charge of the home at the time of inspection:	Lisa Dawn Harrison
Categories of care:	RC-DE
Number of registered places:	60
Number of residents accommodated on Day of Inspection:	46
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	Primary Announced Inspection 25 November 2015
Date and time of inspection:	10 March 2015 7:00am – 2:30pm
Name of Inspectors:	Bronagh Duggan and Alice Mc Tavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and one visiting professional
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback.

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection on 27 January 2015 which was carried out following whistleblowing information provided to RQIA. Information provided to RQIA had indicated that a number of residents within Cranley Lodge required nursing care, staffing levels in the home were reduced and there was a lack of equipment in the home for moving and handling purposes.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Cranley Lodge residential care home is situated in a quiet residential area on the outskirts of Bangor close to a local shopping centre and other amenities.

The residential home is owned and operated by Mr Brian Adam. The current registered manager is Mrs Lisa Harrison who has been in the position for six years.

Accommodation for residents is provided over two floors. The Nightingale Suite, located on the ground floor, provides accommodation for twenty-seven residents in single rooms; three bedrooms have ensuite facilities. The Alexandra Suite, located on the first floor, accommodates thirty-four residents in single rooms and two bedrooms have ensuite facilities.

There are large communal lounges, dining areas and adequate bathing and toilet facilities on each floor. Access to the first floor is via a passenger lift and stairs. A general kitchen services both levels.

There is an enclosed courtyard in the centre of the home and a second enclosed garden to one side for use by all residents in the home.

The home is registered to provide care for a maximum of 60 persons under the following categories of care:

Residential care

DE Dementia

7.0 Summary of inspection

This secondary unannounced care inspection of Cranley Lodge was undertaken by Bronagh Duggan and Alice Mc Tavish on 10 March 2015 between the hours of 7:00am – 2:30pm. Mrs Harrison registered manager and Mr Adam registered provider were available during the inspection and for verbal feedback at the conclusion of the inspection.

The focus of this unannounced inspection was to follow up on the progress made following the previous inspection on 27 January 2015 which was carried out in response to whistle blowing information provided to RQIA. The requirements and recommendations made as a result of the previous inspection were examined. There was evidence that the home had addressed most areas as required within the timescales specified. Two requirements have been stated for the second time. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

During the inspection the inspectors met with residents, staff, and one visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. Inspectors also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. Staff informed inspectors the new shift patterns within the home were working better and benefited the residents in the home.

Comments received from residents, staff and the visiting professional are included in section 9.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as generally clean, organised, and adequately heated. Décor and furnishings were found to be of a satisfactory standard. Bathroom equipment including shower chairs, shower heads and flooring were also examined. It was noted the underside of shower chairs were soiled. A recommendation is made that equipment and the surrounding environment is kept clean and hygienic at all times.

A number of additional areas were also examined. These included the health care needs of residents and medications for occasional use. Further details can be found in section 9.0 of the main body of the report.

One new requirement and two recommendations were made as a result of the secondary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, the visiting professional, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 25 November 2015

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Regulation 27. (4) (a)	<p>The registered person shall – have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;</p> <p>Reference to this is made to the fact that recommendations made from the fire safety risk assessment in October 2013 had not been duly actioned by the date of inspection.</p> <p>Ref: 11.9</p>	<p>An up to date written risk assessment and fire management plan was in place. The recommendations made from the fire safety risk assessment in October 2013 have been addressed. The registered manager confirmed that all actions identified from the current fire risk assessment have either been actioned or are currently being progressed.</p>	Compliant

<p>2.</p>	<p>Regulation 14. (6)</p>	<p>On any occasion on which a resident is subject to restraint, the registered person shall record on the residents care plan the circumstances the nature of the restraint.</p> <p>Reference to this is made to the care plan reviewed which showed a pressure mat had been put in place for an identified resident this information however was not included in the residents care plan. Also in relation to the key pad system all appropriate consultation and documentation should be in place regarding its use. This includes the need for individual risk assessments to be carried out which take into consideration the individual needs and preferences of residents in relation to accessing the keypad system and the use of any other restrictive devices. The use of any types of restraint and restrictive practices should be documented in the homes statement of purpose.</p> <p>Ref:10.0</p>	<p>The registered manager confirmed that all appropriate consultation and documentation is in place for the use of restrictive devices and the use of the key pad system. Five care records reviewed included individual risk assessments regarding the use of the key pad system and pressure mats.</p> <p>This requirement has been stated again relating to another area of restrictive practice.</p> <p>See main body of report.</p>	<p>Moving towards compliant</p>
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3.	Regulation 15.1 (e)	<p>The registered person shall not provide accommodation to a resident at the residential care home unless –</p> <p>(e) the home has been registered for the category of care appropriate to the resident's needs.</p> <p>Reference to this is made to any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning trust.</p> <p>Ref: 11.6</p>	<p>The registered manager confirmed that a number of residents assessed as requiring nursing care have had reviews carried out and have since moved on to specific nursing placements. Discussion with staff members confirmed that a number of residents previously in the home have moved on to nursing placements.</p>	Compliant
4	15.(2)	<p>The registered manager should ensure that the assessment of residents needs is kept under regular review and ensure residents changing needs are addressed in a timely manner.</p> <p>Ref: 8.1</p>	<p>The registered manager confirmed that the majority of residents have had an annual care review by the referring trust. A small number of residents are in the process of having care reviews completed.</p> <p>This requirement has been not been restated.</p>	Substantially Compliant

5	20.(1) (a)	<p>The registered manager should ensure that staffing levels within the home are maintained in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref:8.2</p>	<p>The registered manager confirmed staffing levels in the home are maintained at an appropriate level to meet the needs of residents. Staff spoken with during the inspection confirmed there were adequate numbers on duty to meet the needs of residents. A review of the duty rota showed that staffing levels were being maintained at a consistent level.</p>	Compliant
6	13.(2)	<p>The registered manager should ensure that residents are involved in the decisions to rise early in the morning or retire at specific times each night.</p> <p>Ref: 8.3</p>	<p>A review of eleven care records showed that residents preferred rising times were included. On the day of inspection seven residents were up, washed and dressed shortly after the inspector's arrival. A review of the identified residents care records showed that this was in keeping with their personal preferences.</p>	Compliant
7	14.(4)	<p>The registered manager must ensure that all staff supporting the care needs of the identified resident are appropriately trained.</p> <p>Ref:8.6</p>	<p>The registered manager confirmed district nursing have agreed to provide appropriate training for staff. No date for this was confirmed by the day of inspection. This needs to be followed up by the registered manager to ensure a date is set as quickly as possible.</p> <p>This requirement has been restated.</p>	Moving towards compliance

8	19(2)	<p>The registered manager must ensure that the staff duty roster includes a record of the hours worked by the registered manager.</p> <p>Ref: 8.2</p>	<p>The staff duty roster was reviewed; this included the hours worked by the registered manager.</p>	<p>Compliant</p>
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	16.1	<p>The registered manager should ensure that the homes vulnerable adult policy and procedure is revised and is in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Board and Trusts.</p> <p>Staff should then be provided with an update.</p> <p>Ref: 9.0</p>	<p>The policy and procedure on the protection of vulnerable adults has been revised and was found to be in accordance with relevant legislation and regional protocols and local procedures.</p>	Compliant
2.	27.5	<p>The grounds should be kept tidy, safe, suitable for and accessible to all residents. The builder's rubble and other hazardous materials outside the home should be removed to ensure the safety of staff, visitors and residents and prevent vermin.</p> <p>Ref: 9.0</p>	<p>Improvements have been noted in this area. Building materials have been removed, the area is less cluttered.</p>	Compliant
3.	10.1	<p>The registered manager should amend the homes policy on Challenging Behaviour and Restraint to reflect the need to inform that RQIA on each occasion restraint is used.</p> <p>Ref: 10.0</p>	<p>The homes policy on Challenging Behaviour and Restraint has been amended to reflect the need to inform RQIA on each occasion restraint is used.</p>	Compliant

4.	13.1	The registered manager should ensure that a policy regarding the provision of activities and events is developed. Ref: 10.0	A policy regarding the provision of activities has been developed for the home. This was reviewed by the inspector and was found to include relevant information.	Compliant
5.	11.1	The registered manager should ensure the identified resident has a review of their current placement carried out and RQIA should be informed of the outcome. Ref: 11.1	This has been raised by with the residents care manager and a review of the resident's placement is currently taking place.	Compliant
6.	27.8	The registered manager should ensure the removal and replacement of the identified chair from a ground floor bathroom. Ref: 11.8	The chair has been removed and replaced from the identified bathroom.	Compliant
7.	27.1	The registered manager should ensure the flooring in one resident's bedroom and in the hallway to an adjoining bathroom is replaced. Ref: 11.8	The flooring issues have been addressed.	Compliant
8.	N39	The registered manager should ensure the bin for clinical waste in the identified bathroom should have a pedal control and lid for infection control purposes. Ref: 11.8	The bin for clinical waste in the identified bathroom has been replaced.	Compliant

9.	27.8	<p>The registered manager should ensure the bed base in the identified bedroom is replaced; the mattress should also have a thorough clean.</p> <p>Ref: 11.7</p>	<p>The registered manager confirmed all bed bases in the home are to be replaced. The identified mattress was suitably clean.</p>	Compliant
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9.0 ADDITIONAL AREAS EXAMINED

9.1 Health care needs of residents

A review of daily care records evidenced that two requests had been made to contact the General Practitioners (GP) of identified residents concerning changes in their condition. There was no evidence available to suggest that the residents GPs had been contacted, or that the changes in the resident's condition had been followed up. This issue was discussed with the registered manager who stated that the dates in question were particularly busy days and that GPs would be contacted immediately. This would ensure that the delay in contacting GPs would be limited to two days.

Two additional care records were examined. Weight charts showed these two residents had not been weighed since December 2014. This was of concern considering the nutritional status of these residents was under review as both had experienced weight loss. The need to closely monitor resident's health and social care needs and the need to ensure that referrals are followed up were discussed with the registered manager.

The review of one resident's records showed that they had been referred for specialist investigations in 2013. The resident was still waiting for an appointment however it was noted that there had been quite significant changes regarding the resident's condition and again this information had not been shared with the resident's GP.

A requirement is made that the registered manager should ensure that residents receive where necessary, treatment, advice, and other services from health care professionals.

9.2 Medications for occasional administration

A review of care records showed that medicines prescribed for occasional administration to manage behavioural issues were being used regularly for some residents. One record showed that a resident received medication on a frequent basis to manage behavioural issues. The effectiveness of the medication in relation to the identified residents needs was not reflected in the resident's care notes. The need to consider possible triggers for behavioural changes was discussed with the registered manager.

A recommendation is made that, prior to administering medicines prescribed for occasional administration to manage behavioural changes, staff should consider possible triggers including physical, social, emotional and environmental changes.

9.3 Restrictive Practices

In the room of one resident a large chair was observed to be placed against the side of a resident's bed preventing the resident from getting / falling out of bed. A staff member confirmed this practice was used with two residents in the home. The registered manager informed the inspector she was not aware of this practice and would ensure it did not happen again. The use of restraint including restrictive practices was raised during the previous inspection. A requirement relating to the use of restraint is therefore restated.

9.4 Resident's consultation

The inspectors met with 11 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Comments received included:

- "I have all I want here".
- "You get everything you need".

9.5 Relatives/representative consultation

There were no visiting relatives or representatives available to meet with the inspectors.

9.6 Staff consultation

The inspectors spoke with five members of care staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Staff commented positively on the changes made to shift patterns. Staff also informed inspectors that a number of former residents have moved to nursing care and this has had a positive impact on working conditions in the home.

Comments received included:

- "The new shifts are working better, before there was more rushing to get everything done for breakfast".
- "It is better now. A lot of residents have moved on to nursing care this has made a big difference. The changes work well for residents".
- "There is definitely a big improvement; it works at a nicer pace. It suits the residents better. I have no complaints. Things are a lot better".
- "The new shift pattern works better for residents and staff".

9.7 Visiting professionals' consultation

One professional was available to meet with an inspector. The professional stated they found staff in the home helpful and approachable and the care delivered to residents was good.

9.8 Environment

The inspectors viewed a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, and adequately heated. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. Bathroom equipment including shower chairs, shower heads and flooring were also examined. It was noted the underside of shower chairs were found to be soiled. A recommendation is made that equipment and the surrounding environment is kept clean and hygienic at all times.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Harrison as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Cranley Lodge

10 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Lisa Harrison either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14. (6)	<p>On any occasion on which a resident is subject to restraint, the registered person shall record on the residents care plan the circumstances the nature of the restraint.</p> <p>Reference to this is made to the observation of a chair being placed against the side of a resident's bed preventing the resident from getting / falling out of bed. Any such practice should cease immediately. Residents deemed at risk should have a proper risk assessment carried out with alternative strategies considered.</p> <p>Ref: 9.3</p>	Two	This was investigated with staff following the Inspection and this practice is not used within Cranley Lodge unless it is specifically requested by a Resident and this would then be documented in their care plan. All staff have been reminded of this and no further instances of this practice will occur.	From the date of the inspection and ongoing.
2.	14.(4)	<p>The registered manager must ensure that all staff supporting the care needs of the identified resident are appropriately trained.</p> <p>Ref:8.0</p>	Two	It has been extremely difficult to source this training, hence the delay. Only one person has been identified as delivering it and she was extremely difficult to contact. This has however been arranged now for 23.4.15 for all staff.	14 April 2015

3.	13(1) (a)	<p>A requirement is made that the registered manager should ensure that residents receive where necessary, treatment, advice, and other services from health care professionals.</p> <p>Ref:9.1</p>	One	<p>This is always the case within Cranley Lodge. Residents health needs are not neglected and all staff have been reminded of the importance of this.</p>	<p>From the date of the inspection and ongoing.</p>
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Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	30.1	<p>A recommendation is made that prior to administering medicines prescribed for occasional administration to manage behavioural changes staff should consider possible triggers including physical, social, emotional and environmental changes.</p> <p>Ref: 9.2</p>	One	<p>This is always done, as was stated at the Inspection. Staff only administer medication as prescribed by a GP and will only give prn medication where it is deemed absolutely necessary for the individual Resident's safety. This practice is reviewed and all avenues are explored before prn medications are used.</p>	<p>From the date of the inspection and ongoing.</p>
2.	37.1	<p>A recommendation is made that bathroom equipment and the surrounding environment is kept clean and hygienic at all times.</p> <p>Ref: 9.8</p>	One	<p>Domestic staff have been reminded of the importance of this.</p>	<p>From the date of the inspection and ongoing.</p>

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Lisa Harrison
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brian Adam

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	10.4.15
Further information requested from provider			