

# Inspection Report

**Name of Service:** Cranley Lodge

**Provider:** Cranley Lodge

**Date of Inspection:** 10 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Cranley Lodge
<b>Responsible Individual:</b>	Brian Adam
<b>Registered Manager:</b>	Elaine Thompson
<b>Service Profile –</b>  <p>This home is a registered residential care home which provides health and social care for up to 60 residents. The home provides care for residents living with dementia and those in need of general residential care.</p> <p>The home is divided in to two suites over two floors. The Nightingale Suite is located on the ground floor and the Alexandra Suite is located on the first floor. Residents have access to communal bathrooms, lounges, dining rooms and an outdoor area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 10 April 2025, from 9.45 am to 5 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 13 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at a future inspection. Full details, including new areas for improvement identified,

can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Residents described staff as "good" and "lovely". Residents spoken with said that they were happy living in Cranley Lodge. Comments included, "everybody is very nice, the staff work very hard," and "I could not ask for anything better, I love it."

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home, discussion with visiting family members confirmed this.

Residents confirmed that they were able to choose how they spent their day. For example, residents could choose where they wished to have their meal and what daily activity they wished to attend.

There was evidence that there was a range of activities offered to the residents regularly. Residents were observed to be engaging in meaningful activities and interacting with one another and with staff in a relaxed way.

One resident's relative said, "we are very impressed with this place, the staff are very friendly and the family are very happy with the care given."

Staff said that they enjoyed working in Cranley Lodge, staff said; “I love it here,” and “there is good team work here, the staff are all great, especially the manager, she is always teaching and guiding us.”

A professional visiting the home commented, “I have no concerns, the residents are always well looked after.”

Three questionnaires were returned from relatives following the inspection, all respondents confirmed that they were happy with the care provided in Cranley Lodge. Comments included, “she is very happy here, the staff have a lot of respect” and “her needs and worries due to her dementia are always met with great care and understanding.”

There were no replies to the staff online survey.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

A new member of staff confirmed that they had received a comprehensive induction and had completed all mandatory training in preparation for working in the home.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff were observed chatting and joking with residents in the lounge and dining areas. Staff responded to requests for assistance in a caring and compassionate manner.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. For example, during the lunch time meal staff were observed using encouragement and gentle, respectful humour to support a resident to eat their meal.

Staff respected residents’ privacy by their actions such as knocking on doors before entering and discussing residents’ care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company in the lounge. Residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Discussion with the manager and the residents confirmed that a range of activities were offered. Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts and hairdressing. Some artwork completed by the residents was on display in the entrance hall.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of supplementary records showed gaps in post fall observations, this was discussed with the manager during feedback. An area for improvement was identified.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment

The home was mostly clean and tidy, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable. However, it was observed that in some areas of the home a deeper clean was needed. For example, in one kitchenette, the microwave and fridge needed to be cleaned and a number of shower chairs / commodes also needed to be cleaned. An area for improvement was identified.

Review of the home's environment evidenced that some parts of the home were showing signs of wear and tear. For example, the sealant and shower drains in some of the shower rooms needed replacing and cupboard doors in a kitchenette were damaged and in need of replacing. An area for improvement was stated for a second time.

Denture cleaning tablets were not securely stored in some of the bedrooms. This was discussed with the manager, who immediately ensured that these were removed. An area for improvement was identified.

It was noted that there was no lockable storage in the resident's bedrooms, this was discussed with the management team during feedback and assurances were provided that this would be addressed. This will be reviewed at future inspection.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks and legionella checks.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs. Elaine Thompson has been the manager in this home since 14 September 2018.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with her and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited by the responsible individual in accordance with Regulation 29. Enhancement of the current Regulation 29 reports was discussed with the manager and the responsible individual and will be reviewed at a future inspection.

Compliments and thank-your cards were displayed in the entrance hall, one compliment referred to the 'kind loving care' in the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	5*

\* the total number of areas for improvement includes one standard that has been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> 10 April 2025	The Registered Person shall ensure that all areas of the home to which residents have access to are free from hazards to their safety. This area of improvement is with reference to the management of denture cleaning tablets.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> Dental Cleaning Tablets removed from bedrooms and locked away immediately. We are in the process of installing locked cupboards within each bedroom. This will allow items, such as dental cleaning products, or other items with potential hazards to be locked away safely in each resident's bedroom. Staff can then access the items and return them to the safety of the locked cupboard.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27 <b>Stated:</b> Second time <b>To be completed by:</b> 31 May 2025	The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> Areas identified within the inspection report - work has commenced in regards to the maintenance of shower rooms and items within these areas.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time	The registered person shall ensure that all records are kept up to date, legible and accurate. This area for improvement relates to post fall observation records.  Ref: 3.3.2



<b>To be completed by:</b> 30 April 2025	<b>Response by registered person detailing the actions taken:</b> Post falls observations are now recorded in accurate, real time.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2025	The registered person shall ensure that the environment is managed to minimise the risk of infection to residents, staff and visitors. This area for improvement is in relation to the deep cleaning of the kitchenette, shower chairs and commodes.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> Areas identified within the inspection have been addressed and or repaired. On going monitoring of shower room environments. Shower chairs have been repaired or replaced. Commode has been cleaned.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing (28 March 2023)	The registered person shall review the management of medicines prescribed on a "when required" basis to ensure that resident specific care plans directing the use of these medicines are in place and that records include the reason for and outcome of each administration.  Ref: 2.0
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing (28 March 2023)	The registered person shall ensure that handwritten medication administration records include the start date and two staff signatures to indicate that their accuracy has been checked.  Ref: 2.0
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

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





The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews