

Inspection Report

13 May 2024



Cranley Lodge

Type of service: Residential Care Home
Address: 5 Cranley Avenue, Bangor BT19 7BY
Telephone Number: 028 9147 1122 / 028 9147 8006

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Registered Provider: Cranley Lodge	Registered Manager: Mrs Elaine Thompson
Responsible Individual: Mr Brian Adam	Date registered: 14 September 2018
Person in charge at the time of inspection: Mrs 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.	Number of residents accommodated in the residential care home on the day of this inspection: 46
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 60 residents. 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.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2024, from 10 am to 5.20 pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during 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.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner throughout the day.

Residents said that they were happy in the home and commented that the staff were 'great' and 'very helpful.' Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents and their relatives confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents, their relatives and other professionals are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care.

Three new areas for improvement were identified regarding the care plans, the general environment, and infection prevention and control (IPC.)

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team. Addressing the areas for improvement will further enhance the quality of care and services in Cranley Lodge.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Elaine Thompson, manager and Mr Brian Adam, responsible individual at the conclusion of the inspection.

4.0 What people told us about the service

Residents said they were happy living in Cranley Lodge. Residents' comments included, "There is nothing here I can complain about, it is all very good," and "The staff are lovely, I have never had care like it."

Residents' relatives told us, "This place is very clean and the food is excellent," and "This is excellent, I have no concerns, the staff are brilliant."

Staff said, "I have no issues, we have good support," A professional visiting the home told us, "This is a lovely home, the residents are very happy, the manager is very good."

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Five questionnaires were returned from relatives, all respondents confirmed that they were happy with the care provided in Cranley Lodge, Comments included; "Care is excellent, staff are patient, caring and respectful," "My (relative) is well looked after," and "I can approach staff at any time, they give me time to explain and they support me."

There was no additional feedback from the staff following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 Stated: Second time	The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • availability of personal protective equipment • donning and doffing and appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • adherence to the national colour coding scheme <p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 10</p> <p>Stated: First time</p>	<p>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</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p>	<p>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.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

Area for improvement 4 Ref: Standard 23.4 & 23.7 Stated: First time	The registered person shall ensure that all staff receive dysphagia, fire and Mental Capacity Act training, in line with their roles and responsibilities and a written training plan is in place and reviewed annually.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure there is a managed environment that minimises the risk of infection for staff, residents and visitors. This specifically relates to the identified armchairs and carpets within the home.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The manager had a system in place to monitor staff’s professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staff had completed a wide range of mandatory training and a new training program was in place for 2024.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One new member of staff commented, “I felt very welcome when I started, I was well supported.”

Staff told us that the residents’ needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

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. For example, staff were observed spending time in the lounge areas with the residents playing games and chatting.

Resident's spoke positively about the staffing in the home, comments included, "The staff are lovely, they always have time for you."

One residents' relative said "The staff are brilliant, the communication between staff and myself is very good."

Residents, relatives and staff spoken to expressed no concerns regarding staffing arrangements within the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. For example, during the morning, one resident appeared to become distressed, staff adapted their communication in order to support this resident and spent time with them in a reassuring and respectful manner.

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.

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. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff were observed providing additional support to residents who needed help, using gentle encouragement, prompting and humour.

It was observed that during the lunchtime meal, meals that were being transported from the dining room to residents' bedrooms were not appropriately covered. This was discussed with the manager during feedback and assurances were given that moving forward meals would be covered, therefore an area for improvement was not identified at this time.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked regularly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

Residents' needs were assessed 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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of a post falls monitoring tool being used to monitor residents after a fall and appropriate onward referral as a result of the post falls review. All falls were managed consistently and in keeping with best practice.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, this was not reflected in one of the care plans viewed. This was discussed with the manager who provided assurances following the inspection that this had been addressed and all records had been updated. This will be reviewed at the next inspection.

Residents' individual likes and preferences were reflected throughout care records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

It was observed that, in some residents' bedrooms, there was no call bell lead in place for residents to summon assistance if and when required. The manager told us that some residents were unable to use these leads. The manager explained how this was managed and said that staff routinely carried out regular observations to ensure that all residents were safe and well. However, this was not detailed in the residents' care records and there was no formal protocol in place to guide staff in the absence of a suitable system. It was agreed that care plans would be updated to reflect residents wishes and the absence of call bell leads. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review included the resident, the home staff and the resident's next of kin, where appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Residents bedrooms were personalised with photographs and other items or memorabilia.

However, some parts of the home were showing signs of wear and tear. For example, the sealant in one of the shower rooms needed replacing, cupboard doors in a kitchenette were damaged and in need of replacing and surface damage was observed to the floor covering in an identified bedroom. The manager confirmed that plans were in place to address these issues but there was no timeframe for this work to be completed. An area for improvement was identified.

Corridors were clean and free from clutter or hazards, fire doors were unobstructed. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 7 February 2024; actions from this assessment were signed off as having been met.

It was observed that in the communal bathrooms and toilets the pull cords for the call systems were not appropriately covered, the importance of having an appropriate cover on these cords was discussed with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents and observation of practice confirmed that residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day. Staff were observed taking time to stop to chat and joke with the residents throughout the day.

There was a range of activities provided for residents by staff. The range of activities included social, community, cultural, religious, spiritual and creative events. Residents were observed taking part in floor games and art activities and enjoying the pet therapy dogs that were visiting the home.

All relatives spoken to confirmed that they always felt welcome when they visited the home and said that the communication with the staff was excellent.

5.2.5 Management and Governance Arrangements

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. These audits included a review of the various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* the total number of areas for improvement includes two standards which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Elaine Thompson, manager and Mr Brian Adam, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 10 Stated: First time To be completed by: 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: 5.1 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.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 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: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 13 May 2024	The registered person shall ensure that care plans reflect residents’ preferences and abilities with regards to the use of call bell leads in their bedrooms and that all care plans are signed by the resident or if appropriate their representative. Ref: 5.2.2 Response by registered person detailing the actions taken: Care plans are under review and now include the resident's ability to use the call button with additional information added for those who do not have the cognition to use the call button. This area also includes how residents are monitored over night whether, they have the ability to summon help or not.

<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2024</p>	<p>The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Enviornmental issues that were highlighted during the RQIA Inspection have been discussed with the directors and ordered. Other areas hghlighted have been attended to and we are awaiting delivery of some other products as there has been a delay in delivery.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2024</p>	<p>The registered person shall ensure that the pull cords in the communal bathrooms are appropriate covered to minimise the risk of infection.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Emergency pull cords are now covered to minimise the risk of infection</p>

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