



The **Regulation** and  
**Quality Improvement**  
Authority

**Cranley Lodge**  
**RQIA ID: 1592**  
**5 Cranley Avenue**  
**Bangor**  
**BT19 7BY**

**Inspector: Bronagh Duggan**  
**Inspection ID: IN022333**

**Tel: 028 9147 1122**  
**Email: [cranleylodge@hotmail.co.uk](mailto:cranleylodge@hotmail.co.uk)**

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**Unannounced Care Inspection  
of  
Cranley Lodge**

**16 February 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 16 February 2016 from 10.50 to 18.50. On the day of the inspection the home was found to be delivering effective and compassionate care in regard to the standard we inspected; which was assessed as being partially met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Some improvements were identified to improve safety in the home. These include better management of head injuries as raised during the previous inspection and to ensure an identified resident's care plan is updated to reflect in greater detail how to manage eating and swallowing difficulties. We also made a requirement about the reporting of notifiable events to RQIA. Three requirements were stated.

In total five recommendations were made. Two related to the standard we inspected. These included formally gathering the views of residents at least annually for the homes quality review report and making the completed report available for residents and their representatives. We made two recommendations around care plans, firstly to ensure that they are signed by the resident or their representative where appropriate and also to ensure any that any changes or updates made within care plans are clearly and accurately dated. We also made a recommendation that more robust training records should be maintained.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	5

The details of the QIP within this report were discussed with the registered manager Mrs Lisa Harrison as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Mr Brian Adam	<b>Registered Manager:</b> Lisa Harrison
<b>Person in charge of the home at the time of inspection:</b> Lisa Harrison	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 60
<b>Number of residents accommodated on day of inspection:</b> 57	<b>Weekly tariff at time of inspection:</b> £498- 505 per week

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

## 4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection on 16 July 2015 and the returned Quality Improvement Plan.

During the inspection the inspector met with 23 residents individually and in groups, an activities therapist, five care staff and one resident's visitor/representative.

The following records were examined during the inspection: six care records, returned satisfaction surveys, staff training records, previous Annual Quality Review Reports, accident and incident records, complaint's and compliment records, the Residents Guide and the homes Fire Safety Risk Assessment.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 11 February 2016. Findings from the estates inspection led to a serious concerns meeting which was held at RQIA offices on 4 March 2016 where an action plan was put forward by the management of the home to ensure compliance with relevant legislation. This will be followed up during the next estates inspection.

## 5.2 Review of requirements and recommendations from the last care inspection dated 16 July 2016

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14.2(c)	The registered manager must ensure that fall risk assessments are undertaken. Measures in place to minimise the risk must be reflected within care plans.	Met
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that falls risk assessments were undertaken for all residents identified at risk of falls. If a resident has three falls within a month they are referred to their GP for onward referral to the falls clinic. An inspection of care records confirmed that completed falls risk assessments were in place where appropriate.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 14.(4)	The registered manager must ensure that staff complete training in relation to falls awareness and prevention.	Met
	<b>Action taken as confirmed during the inspection:</b> From our inspection of staff training records and discussion with the registered manager we can confirm staff completed training in falls awareness and prevention.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 13.(1) (a)	The registered manager must ensure that medical advice be sought when a resident sustains a knock to the head following a fall.	Not met
	<b>Action taken as confirmed during the inspection:</b> We inspected records of accidents and incidents maintained in the home, we found evidence that medical advice was not always sought following head injuries. This requirement will be stated for the second time.	

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 21</b>	The registered manager should ensure that up to date policies relating to dying and death, continence management and the management of head injuries are developed in keeping with current best practice for use within the home. These policies and procedures should be subject to a systematic three yearly review.	Met
	<b>Action taken as confirmed during the inspection:</b> On the day of the inspection an updated policy relating to continence management was available for inspection. The registered manager confirmed the policies on dying and death and management of head injuries were completed but were due to be typed up. On 19 February 2016 we received the updated copies of the three new policies. These included information relating to best current practice.	

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

In our discussions with the registered manager and staff they confirmed that individual choices, preferences or issues of concern identified by residents are listened to and readily acted on. Staff demonstrated to us that they were aware of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

In our discussions with residents they confirmed that they were happy with the care provided in the home and were involved in decisions about activities and events at the home.

#### Is care effective? (Quality of management)

The home had a policy in place which focused on resident's contribution to the running of the home. Residents are encouraged to provide verbal feedback and share their views with staff members and attend their annual care review. We inspected the home's Resident Guide which included the ethos of the home. Values promoted included dignity, respect, privacy, choice and independence.

In our discussions with the registered manager and staff they confirmed that residents were consulted on a daily basis in regards to menu choices, activities and any other preferences including, for example, outings and engagement with local community events.

Through discussions with staff and residents and observations made we found evidence of residents' involvement with a range of different activities. Residents are also supported to maintain links with the local community through outings and events held in the home. The activities therapist confirmed to us that resident's individual preferences, likes and dislikes are considered when developing activity ideas.

We requested from the registered manager evidence of formally gathering the views and opinions from residents about the running of the home. The registered manager confirmed this information was not available. The registered manager shared with us that a large number of residents may not be able to share their views formally due to their level of capacity. We made a recommendation that residents should be provided with the opportunity to share their views formally if they so wish.

We requested from the registered manager evidence of formally gathering the views and opinions from representatives about the running of the home. We viewed a number of completed questionnaires which had been provided to representatives. Information sought from representatives related to their views regarding cleanliness of the home, food and activities provided, staffing and how to make complaints. We found that the information had been analysed by the registered manager and compiled to make a report up to 2014.

However we noted that although the information had been gathered for 2015 an associated report was not available. We discussed this with the manager who confirmed that she would ensure a report is compiled annually without exception. We made a recommendation that copies of the completed report should be made available for residents and their representatives. We observed suggestion cards situated at the reception area of the home. The registered manager confirmed these were available for representatives and visitors to the home to make suggestions regarding any areas for improvement.

The registered manager and staff confirmed that residents and their representatives would be informed about any planned inspections to the home and would be encouraged to share their views and experiences with the inspectors.

### **Is care compassionate? (Quality of care)**

In our discussions with the registered manager and staff they confirmed that residents' individual needs and preferences were at the centre of care provision in the home.

From our observations of care practices and interactions between residents and staff we found residents were treated with dignity and respect. Residents appeared comfortable and relaxed; interactions were observed to be warm and friendly.

### **Areas for improvement**

We identified two areas for improvement within this standard. These included gathering the views and opinions of residents formally at least once a year and to ensure that the quality review report is made available for residents and representatives. Overall this standard was assessed to be partially met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	2
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## 5.4 Additional areas examined

### 5.4.1 Residents' views

We spoke with 23 residents individually and in groups. In accordance with their capabilities all residents indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some comments from residents included

- “Everyone is very kind, they are all very helpful.”
- “I think it is good here, the food is nice and I like my room.”
- “I like it here alright, I am 91 if I didn't like it I would say.”
- “The food is excellent, really good.”
- “No complaints from me, I have everything I need.”
- “This is a good place, everyone helps everybody here.”

### 5.4.2 Staff views

We spoke with the activities therapist and five care staff. Staff confirmed that they were supported in their respective roles and were provided with the training and resources necessary to undertake their duties.

Some comments included:

- “Staff morale is good, there has been a lot of improvements especially over the last year.”
- “Residents really benefit from going out for walks, being in the garden, and doing pet therapy.”
- “There is good management support.”

### 5.4.3 Visitors/representatives views

We met with one visitor/representative during the period of inspection. They shared with us their experience of the home.

Some comments included:

- “I am very happy with the care provided; staff keep us well informed if there are any changes. We are usually here every day; I have no complaints at all.”

### 5.4.4 Care plans

We inspected six care plans. We found that one of these showed a resident had identified issues around eating and swallowing. Guidance and associated recommendations from the Speech and Language Therapist were available in the residents file however this information was not clearly reflected in the residents care plan. We made a requirement that this information should be clearly stipulated in the residents care plan in sufficient detail to clearly reflect the guidance provided by the Speech and Language Therapist.

From the six care plans inspected we found that only three were signed by either the resident or their representative. Care plans had been signed by the person drawing them up and the registered manager. We made a recommendation that all care plans should be signed by the resident or their representative where appropriate, if the resident or their representative is unable to sign or chooses not to sign this should be recorded.

Also, from our inspection of the six care plans we found that changes made in relation to residents care did not include the date on which the changes had occurred from. We discussed this issue with the registered manager and advised that any changes or updates made within care plans should be clearly and accurately dated. We made a recommendation in this regard.

#### **5.4.5 Accidents and incidents**

We reviewed a selection of accident and incident records from the previous inspection. We noted that between November 2015 and January 2016 there were at least three occasions when RQIA should have been notified about an accident / incident in the home however the relevant information was not forwarded to RQIA. We made a requirement in this regard. We also advised the registered manager to access the updated guidance from RQIA regarding notification of events.

#### **5.4.5 General Environment**

In our inspection of the environment we found the home to be warm, clean and tidy. We noted there had been a number of improvements made to the environment including the painting and redecoration of much of the home. Residents' bedrooms were homely and personalised.

#### **5.4.6 Fire Safety**

An up to date Fire Safety Risk Assessment was in place. The registered manager confirmed recommendations made had been actioned accordingly. We inspected staff training records. We found that although fire safety training was available for staff in April, May and November 2015 there were a significant number of omissions where staff had not completed two fire safety training sessions. We made a recommendation that the registered manager must ensure there is a more robust training record maintained which can easily highlight/track staff members training status.

#### **5.4.7 Complaints and compliments**

We inspected the complaints records maintained in the home. These were managed appropriately. There were no new complaints since the previous inspection. We viewed a number of compliment cards and letters given to the home.

#### **Areas for improvement**

We identified five areas of improvement from the additional areas examined. These included two requirements and three recommendations. The requirements made related to ensuring greater detail within an identified residents care plan regarding eating and swallowing difficulties and to ensure all accidents and incidents within the home are reported to RQIA in keeping with regional guidance.



Recommendations made included the need for residents and or their representatives to sign care plans, to ensure that any changes or updates made within care plans should be clearly and accurately dated. We also recommended the introduction of a more robust recording system to highlight/track staff members training status.

<b>Number of requirements:</b>	2	<b>Number of recommendations:</b>	3
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Lisa Harrison registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

### 6.1 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 (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (1).(a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 18 February 2016	The registered manager must ensure that medical advice be sought when a resident sustains a knock to the head following a fall.  <b>Response by Registered Person(s) detailing the actions taken:</b> All staff have been reminded of this and this is ongoing.
<b>Requirement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> 18 February 2016	The registered manager must ensure all notifiable events are reported to RQIA in keeping with legislation and relevant guidance.  <b>Response by Registered Person(s) detailing the actions taken:</b> Updated guidance reviewed and this is now in place.
<b>Requirement 3</b>  <b>Ref:</b> Regulation 13. (1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 March 2016	The registered manager must ensure that the identified residents care plan is updated to clearly stipulate in sufficient detail the guidance provided by the Speech and Language Therapist relating to eating and swallowing.  <b>Response by Registered Person(s) detailing the actions taken:</b> This has been done and Primary Carers have been refreshed on content of care plans.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 1.6  <b>Stated:</b> First time  <b>To be completed by:</b> 16 May 2016	The registered manager should ensure that residents are provided with the opportunity to share their views formally about the quality of services and facilities provided by the home if they so wish.  <b>Response by Registered Person(s) detailing the actions taken:</b> A plan has been put in place to capture this.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 1.7  <b>Stated:</b> First time  <b>To be completed by:</b> 16 May 2016	The registered manager should ensure that copies of the completed quality review report should be made available for residents and their representatives.  <b>Response by Registered Person(s) detailing the actions taken:</b> The report that had been overlooked has now been completed.

<b>Recommendation 3</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> First time <b>To be completed by:</b> 16 May 2016	The registered manager should ensure that that all care plans are signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign this should be recorded.		
<b>Recommendation 4</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time <b>To be completed by:</b> 16 March 2016	The registered manager should ensure that any changes or updates made within care plans should be clearly and accurately dated.		
<b>Recommendation 5</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time <b>To be completed by:</b> 16 March 2016	The registered manager should ensure a robust training record is maintained which can easily highlight/track staff members training status.		
		<b>Date completed</b>	30.3.16
<b>Registered Manager completing QIP</b>	Lisa Harrison	<b>Date approved</b>	30.3.16
<b>RQIA Inspector assessing response</b>	Bronagh Duggan	<b>Date approved</b>	5/4/16

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