



The Regulation and  
Quality Improvement  
Authority

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

Inspector: Bronagh Duggan  
Inspection ID: IN022332

Tel: 02891471122  
Email: [cranleylodge@hotmail.co.uk](mailto:cranleylodge@hotmail.co.uk)

---

**Unannounced Care Inspection  
of  
Cranley Lodge**

**16 July 2015**

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 July 2015 from 10.50 to 18.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 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	1

The details of the QIP within this report were discussed with the Mrs Lisa Harrison registered manager 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> Mrs Lisa Harrison
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Lisa Harrison	<b>Date Manager Registered:</b> 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> 54	<b>Weekly Tariff at Time of Inspection:</b> £498 - £505

### 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 and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ Process

Prior to inspection we analysed the following records: Notifications of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous inspection.

During the inspection the inspector met with 34 residents individually and in groups. Four care staff and five resident's visitors/ representative.

The following records were examined during the inspection:

- Six care records
- Relevant policies and procedures
- Staff training records
- Accident and incident records
- Compliments and Complaints
- 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 unannounced care inspection dated 10 March 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed this issue had been discussed with staff who were aware of the need to ensure this does not happen again. The registered manager also confirmed staff were aware of the need for proper risk assessment to be completed if a resident was at risk of falling out of bed.</p>	
Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 2</b>  <b>Ref:</b> Regulation 14.(4)	<p>The registered manager must ensure that all staff supporting the care needs of the identified resident are appropriately trained.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We inspected staff training records this demonstrated staff had completed appropriate training.</p>	

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 3</b>  <b>Ref:</b> Regulation 13(1) (a)	A requirement is made that the registered manager should ensure that residents receive where necessary, treatment, advice, and other services from health care professionals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed all information is fully shared at the daily handover to ensure residents receive treatment in a timely manner.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27.5	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed staff assess the situation at all times and consider all possible triggers before administering occasional use medication to manage behavioural changes.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 2</b>  <b>Ref:</b> Standard 37.1	A recommendation is made that bathroom equipment and the surrounding environment is kept clean and hygienic at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We inspected a number of bathrooms upon arrival. These were found to be of a satisfactory standard.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

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

The registered manager confirmed that residents can spend their final days in the home unless there is a documented health care need to prevent this.

In our discussions with staff they confirmed that residents and those identified as important to them are involved in decisions about their treatment and care. Staff confirmed that they work closely with other health care professionals including the residents GP and the district nursing service. Staff also confirmed that any changes in the resident's condition would be monitored closely and reflected in their evaluation care record and documented in their care plan.

In our discussions staff talked about liaising closely with residents families and the need to keep family members informed about any changes in the residents condition. The registered manager confirmed spiritual support is available for residents on a regular basis with visits from local ministers and lay groups.

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

The registered manager confirmed to us there was no active policy in place regarding dying and death but that she was in the process of developing one. The registered manager provided information relating to current best practice which was available in the home. We made a recommendation that a policy regarding dying and death should be developed for immediate use.

We inspected six care records; five of these included reference to resident's wishes in the event of their death. The registered manager confirmed that many residents in the home do not have capacity to express their preferred wishes regarding the arrangements at the time of their death. Bearing this in mind the registered manager confirmed the staff work closely with resident's representatives regarding preferred arrangements.

We inspected staff training records. These confirmed that 14 members of staff had completed training in relation to dealing with bereavement. The registered manager confirmed that the remaining staff would also complete this training.

The registered manager confirmed that the deceased's belongings would be handled with care and respect. Staff members we spoke with were aware of the need to respect resident's personal property and to provide families with all the time they may need following the death of a resident before approaching this issue.

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

In our discussions with the registered manager and staff they confirmed that the needs of the resident are met with a strong focus on dignity and respect. Information is communicated sensitively to family members who are given time and privacy to spend with their loved one.

The registered manager confirmed that following the death of a resident other residents would be informed in a sensitive manner. Staff shared with us an example where one resident in the home sat with a fellow resident in their final days.

Staff confirmed that they and residents are given the opportunity to pay their respects if they so wish. Staff confirmed to us that there is a supportive ethos within the home to help staff deal with dying and death.

We reviewed a sample of compliment cards. These were received from families of deceased residents. The cards contained words of praise and gratitude for the compassion and kindness received during this period of care.

### **Areas for improvement**

We identified one area for improvement. This standard was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	1
--------------------------------	---	-----------------------------------	---

## **5.4 Theme: Residents receive individual continence management and support**

### **Is Care Safe? (Quality of life)**

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. Staff were aware of infection control procedures in the home and confirmed there was always a good supply of products available.

We inspected six care records. Four of these records reflected individualised assessments and plans of care regarding continence management. Two care records stated that the residents were independent in this area. The registered manager confirmed to us that all issues of assessed need in regard to continence are referred to the district nursing service. Records available in the home confirmed this.

We observed adequate supplies of aprons, gloves and hand washing dispensers throughout the home. No malodours were identified.

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

The home had a policy in place regarding the management of continence. We made a recommendation that this should be updated to reflect current best practice. Resident's individual needs are reviewed regularly. Identified issues of assessed need are reported to the district nursing service who would undertake a nursing assessment and develop a care plan to meet identified nursing needs. Ongoing monitoring visits by the district nurse would take place.

Staff completed training in infection control and specific types of continence products in 2015. Staff demonstrated knowledge and understanding of the needs of residents in relation to continence management.

## Is care compassionate? (Quality of care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices indicated that continence care was undertaken in a discreet and private manner.

### Areas for improvement

We identified one area of improvement for this theme; this theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	1 Repeated Area
--------------------------------	---	-----------------------------------	-----------------------

## 5.5 Additional Areas Examined

### 5.5.1 Residents views

We spoke with 34 residents, several in groups and with others individually. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and care provided.

Some of the comments from residents included:

“I am very happy here, they are all very nice”.

“I have all that I need ”.

“I am getting on just fine”.

“I am doing ok, I like it here”.

### 5.5.2 Relatives/ representatives views

We met with five visiting relatives/ representatives who shared their experience of visiting the home.

Comments received included:

“Its first class, the food is really good; the girls are very caring, couldn't be better”.

“It is very good here, I come in at different times and the staff are always welcoming”.

“He/ she is well looked after, I come in and out regularly and speak with staff, it is great”

“I am happy with the care provided”.

“I am very happy, the support has been brilliant, the staff are very knowledgeable and support the whole family”.

### 5.5.3 Visiting professionals

There were no visiting professionals available to meet with us during the inspection.



#### **5.5.4 Staff Views**

We spoke with four care staff and received eight of the 10 questionnaires distributed during the inspection. We can confirm from the information provided that staff were supported in their respective roles and were provided with relevant training and resources to undertake their duties.

Comments received included:

“Everyone is very supportive; there is a great team here”.

“We support residents and their families”.

“The management are very good; we have all that we need”.

#### **5.5.5 Fire safety**

We inspected the homes fire safety risk assessment and training records. These were kept up to date. At the time of the inspection we observed no obvious risks within the environment in terms of fire safety.

#### **5.5.6 Accidents and incidents**

We inspected accident and incident records in the home. We compared these with information included in six care records. From the care records examined we noted that two identified residents with histories of falls did not have fall risk assessments in place. The need to ensure appropriate risk assessments including risk reduction measures were in place for the residents was discussed with the registered manager. We made a requirement in this regard. We made a further requirement that staff should complete training in falls awareness and prevention.

From inspection of the care records we noted two occasions when medical advice was not sought for an identified resident following a head injury. We made a requirement the registered manager must seek medical advice when a resident sustains a knock to the head as a result of a fall. We also made a recommendation that a policy should be developed for use within the home regarding the management of head injuries. The policy should reflect the need to seek medical advice following head injuries in accordance with NICE guidelines 2014.

#### **5.5.7 Compliments and complaints**

We reviewed records of compliments and complaints maintained in the home. All complaints made to the home had been managed appropriately.

#### **5.5.8 General environment**

The home was clean and tidy with no malodours present. We noted that there had been some refurbishment work done since the previous inspection, the décor and furnishings were of a good standard.

## 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 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, 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 within this report do not absolve the registered person/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 person/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>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14.2(c)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 28 August 2015</b></p>	<p>The registered manager must ensure that fall risk assessments are undertaken. Measures in place to minimise the risk must be reflected within care plans.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Falls risk assessments are completed where a Resident has three or more falls in a one month period. The GP is also informed of this. SCA's have been reminded of the importance of recording this in the care plan.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 14.(4)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: 1 October 2015</b></p>	<p>The registered manager must ensure that staff complete training in relation to falls awareness and prevention.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> I am currently trying to arrange training in this area from SE Trust. I hope to have this training delivered by late September 2015, although I am awaiting dates from the Trust so I cannot guarantee the delivery date.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 13.(1) (a)</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by: From the date of the inspection and ongoing.</b></p>	<p>The registered manager must ensure that medical advice must be sought when a resident sustains a knock to the head following a fall.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff are aware of this and have been refreshed on this matter.</p>

<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>10 September 2015</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.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> These policies are currently being written by the Registered Manager and will be in place asap.		
<b>Registered Manager Completing QIP</b>	Lisa Harrison	<b>Date Completed</b>	24.8.15
<b>Registered Person Approving QIP</b>	Brian Adam	<b>Date Approved</b>	24.8.15
<b>RQIA Inspector Assessing Response</b>	Bronagh Duggan	<b>Date Approved</b>	24.8.15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**