

Unannounced Care Inspection Report 16 September 2020



Cranley Lodge

Type of Service: Residential Care Home (RCH)

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Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 60 residents.

3.0 Service details

Organisation/Registered Provider: Cranley Lodge Responsible Individual: Brian Adam	Registered Manager and date registered: Elaine Thompson 14 September 2018
Person in charge at the time of inspection: Elaine Thompson	Number of registered places: 60 The home is registered to provide RC-I for 1 identified Resident only.
Categories of care: Residential Care (RC) DE – Dementia I – Old age not falling within any other category.	Number of residents accommodated in the residential home on the day of this inspection: 40

4.0 Inspection summary

This unannounced care inspection took place on 16 September 2020 from 11.25 to 21.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received intelligence raising concerns regarding care delivery in the home and therefore decided to undertake an inspection.

It is not the remit of RQIA to investigate individual complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- the home's environment
- Infection Prevention and Control (IPC) measures
- staffing
- care delivery
- quality of life
- recording of care

- management and governance arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elaine Thompson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- the care records of five residents
- recruitment and induction records for two staff members
- accidents and incidents records
- monthly monitoring reports dated 11 March, 7 April, 22 June 2020
- a sample of governance records including audits.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection 5 November 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 3.4 Stated: First time	The registered person shall ensure that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted to the home.	Met
	Action taken as confirmed during the inspection: The manager outlined improvements to the pre-admission process. Review of care records confirmed this was in place. We asked the home to ensure that care records also retained the original date of completion of assessments and care plans, for traceability. This area for improvement is met.	
Area for improvement 2 Ref: Standard 12.9 Stated: First time	The registered person shall ensure that the dining experience of residents is promoted in keeping with best practice standards; this refers to the dining environment as referenced in this report.	Met
	Action taken as confirmed during the inspection: We observed the serving of the lunch time meal, afternoon tea and the evening meal in the home. Changes had been made to the dining environment in line with current infection prevention and control guidance. This included the use of wipe able tablecloths, and changes to table settings. Most residents told us they enjoyed their lunch of soup and sandwiches. Afternoon tea of cake	

	<p>and hot drinks was also popular with residents.</p> <p>Some residents told us food was too spicy and they did not appear to enjoy the evening meal of chicken curry; those who declined this or did not finish their portion were offered alternatives by the staff.</p> <p>Discussion with the manager and review of governance records confirmed that resident's feedback and views were listened to and used to plan and adjust the menu in the home on a regular basis.</p> <p>This area of improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the quality of services is monitored and shall complete a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of monthly monitoring reports was satisfactory. Reports were detailed, and clearly included the views of residents and their relatives. Action plans were reviewed and implemented by management in a timely way. This area for improvement has been met.</p>	<p>Met</p>

6.2 Inspection findings

6.2.1 The home's environment

The home was clean and tidy. Residents told us they were warm and comfortable.

Overall, the home was well maintained. Two pieces of equipment were replaced immediately by management when the inspector highlighted areas where they had rusted. One toilet, one chair and one cushion required repair/replacement; an area for improvement has been made. Management also agreed to review the storage/removal of construction equipment in the home's car park.

Prescribed medication for two residents had not been appropriately stored and was found in a communal bathroom; this was immediately removed. An area for improvement has been made.

Some care records had not been safely stored as they had been left in an open cabinet, in an open office. This has been stated as an area for improvement.

6.2.2 Infection Prevention and Control (IPC) measures

There was a sufficient supply of Personal Protective Equipment (PPE) in the home, which staff wore as required. This remains under review by management, to ensure good practice is maintained.

Visitors were asked to wash their hands in the 'Soap Shed' (a custom built hand washing station outside the home) prior to entering the home. Staff practised and encouraged good hand hygiene among the residents. We noted two occasions where hand hygiene could be improved. This was discussed with the manager and an area for improvement made.

Management also agreed to consider how social distancing could be further implemented in the home, while maintaining residents' social and emotional needs. Good arrangements were in place to maintain residents' contact with relatives in line with current covid-19 guidance.

6.2.3 Staffing

Staffing levels, recruitment and training were discussed and reviewed; satisfactory arrangements were in place. We spoke with four members of staff who told us:

- "My job is worthwhile when residents are all singing, happy and content. The care is next to none here."
- "It's such a lovely wee home and residents are spoilt! We do worry about the impact of lockdown. Some residents would like one to one care all day and I would like to have more time with them, but we always make time for wee chats, to do their nails, brush their hair or play a jigsaw puzzle."
- "There's a family atmosphere here and staff work well as a team. New staff were recruited but left as it just wasn't for them. Residents are missing visitors but we are doing our best."
- "The home is very, very busy but I like it and I think the residents are happy."

A poster was provided for staff inviting them to provide feedback to RQIA on-line; there were no responses received following the inspection.

6.2.4 Care delivery

Residents looked well cared for. Staff had taken time to support residents with attending to their personal care, including those residents who liked to wear make-up and jewellery. Residents told us:

- "They (staff) are very good to me here."
- "We couldn't complain."
- "I've just had a walk in the garden, its lovely."
- "Everything is good; I get everything I ask for."
- "Everyone is nice, the staff are nice and the other residents are nice."

Staff engaged with residents in a polite, kind and caring manner. There were friendly and cheerful interactions between residents and staff. Care was offered and provided in a prompt

and discreet manner, for instance supporting residents with their continence or personal care needs.

Discussion with residents and staff and observation of practice on the day confirmed that staff responded to changes in residents' presentation. During the inspection, input from multi-agency professionals such as GP's and district nursing, was sought when required.

'Tell Us' contact cards and questionnaires were supplied to the home for distribution to residents and relatives. Following the inspection, RQIA received feedback from four relatives. No specific feedback was provided but all respondents rated themselves as very satisfied that care in the home was safe, effective and compassionate and that the service was well led.

6.2.5 Quality of Life

There were good opportunities available to maintain and improve residents' quality of life, including their social, leisure, psychological and emotional needs. Musicians from the Ulster Orchestra had played for residents using the outdoor 'stage' area and singers were due to perform an outdoor concert the next day.

During the inspection, residents on the ground floor enjoyed a sing song and games, which one resident described as "brilliant fun!" Upstairs, residents watched, sang along and danced to 'The Sound of Music'. One resident told us, "It takes me back; it's one of those films you can watch again and again."

Tactile/sensory activities were available for residents as textured art work was displayed throughout the home. 'Fiddle gloves' had been donated to the home and some residents found this a relaxing diversion after lunch. Memory boxes were also used with some residents, depending on their needs and interests.

A small number of residents enjoyed walking around the home but appeared disorientated at times, having difficulty locating their rooms. This was discussed with management who agreed to consider a dementia friendly audit of the environment to better facilitate residents' independence in the home.

6.2.6 Recording of care

Care records were individualised and detailed residents' health needs. Residents' mobility, continence and dietary needs were regularly reviewed; there was good evidence of staff monitoring and responding to changes in residents' needs.

Sufficient detail was included for staff on residents' specific personalities and preferences. There was clear evidence of residents' and their representatives' involvement in planning care, and consideration of residents' choice and consent.

An area of good practice was identified through the home's use of internal care reviews. Management also retained good oversight of formal care reviews with residents' relatives and care managers. Arrangements were in place for these reviews to be conducted via zoom, if required.

6.2.7 Management and governance arrangements

Review of governance records was satisfactory.

Staff were positive about the management arrangements in the home:

- “Brian (responsible individual) is here nearly every day. Any issue is dealt with straightaway. He is very good to the residents. Elaine (manager) is always available and on the end of the phone.”
- “Yes, there’s good team work and morale here. (Management) are approachable.”
- “(Management) are all very good and any issues are dealt with quickly.”

Discussion with the manager confirmed their knowledge and understanding of their role and responsibilities in line with the home’s registration and registered categories of care. The home was registered to provide care for one identified resident under the category of RC-I. Discussion with the manager confirmed this was no longer required and the home’s registration has been updated.

We reviewed accidents and incidents records. We identified several records which lacked sufficient traceable evidence to confirm that staff had sought GP input following a resident’s unwitnessed fall. While additional assurances were provided by the manager, this has been stated as an area for improvement.

Areas of good practice

Areas of good practice were identified in relation to staffing, care delivery, quality of life and review of care.

Areas for improvement

Five areas for improvement were identified during the inspection. These were in relation to replacement/repair of identified equipment and furniture, medication storage, secure storage of care records, further promotion of effective hand hygiene and accidents/incident records.

	Regulations	Standards
Total number of areas for improvement	0	5

6.3 Conclusion

The home was clean and tidy. Residents appeared well cared for, and told us they liked living in the home and that staff were kind. Positive feedback was received from staff and relatives. There were robust management and governance systems in place.

Previous areas for improvement had been met. New areas for improvement are detailed in the QIP included at the end of this report.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elaine Thompson, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall ensure that all equipment and furniture in the home is kept safe and suitable for residents' use.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Equipment within the home will be audited regularly and any areas for improvement will be raised to the responsible person and maintenance team for action, repair, disposal and replacement. All findings will be documented for evidence on an audit tool.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall ensure that all medicines are stored securely in line with statutory and manufacturers' requirements.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All medications and creams have been removed from bathrooms and staff are aware that no such medication should be stored at anytime in the home. Audits of bathroom storage units will also be completed regularly to ensure staff adhere to this guidance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Staff manage records in line with good practice and legislative requirements by ensuring they are securely stored.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All senior offices will be locked when the staff are not using the office to ensure that good practice and legislative requirements are followed at all times. Audits will take place and to ensure that staff are following this guidance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in infection control, specifically hand hygiene.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Hand hygiene is monitored daily and staff will ensure that they wash their hands regularly specifically when they are working from</p>

	<p>resident to resident. The manager will also perform audits to ensure that the correct procedures and hand hygiene policies are adhered to</p>
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<p>Area for improvement 5</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Records are maintained for each resident, detailing:</p> <ul style="list-style-type: none"> • Contact between the staff and primary health and social care services regarding the resident • Incidents, accidents or near misses occurring and action taken. <p>Ref: 6.2.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff discussion around incidents and accidents has taken place. They are aware of the flow chart to follow at all times specifically when an unwitnessed fall occurs as the resident may have hit their head. Staff have been advised to contact the GP in such instances and seek advice. All of the information and guidance followed will then be recorded in the residents daily notes and incident forms to evidence good working practices and to ensure the safety of our residents at all times.</p>

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



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