

# Inspection Report

18 May 2023



## Cranley Lodge

**Type of Service: Residential Care Home**  
**Address: 5 Cranley Avenue, Bangor BT19 7BY**  
**Tel no: 028 9147 1122 / 028 9147 8006**

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Assurance, Challenge and Improvement in Health and Social Care

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> Mr Brian Adam	<b>Registered Manager:</b> Mrs Elaine Thompson  <b>Date registered:</b> 14 September 2018
<b>Person in charge at the time of inspection:</b> Mrs Elaine Thompson	<b>Number of registered places:</b> 60  RC-I for 1 identified Resident only.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 40
<b>Brief description of the accommodation/how the service operates:</b> <p>This home is a registered Residential Care Home which provides health and social care for up to 60 residents.</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 18 May 2023, from 9.15 am to 6.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents told us that they were happy in Cranley Lodge and spoke highly of the staff team. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents' relatives told us that the staff were excellent and looked after their loved ones well.

Staff told us that Cranley Lodge was a good place to work, there was a good sense of teamwork and that the manager was approachable and supportive. Specific comments received from residents, their relatives are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other. Staff were knowledgeable with regards to the residents' needs and preferences, for example, staff were aware of specific dietary needs and preferences of each resident in the home.

New areas for improvement were identified in relation to mandatory staff training and furnishings and fitting within the home.

RQIA were sufficiently assured that the delivery of care and service provided in Cranley Lodge was safe and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **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.

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 residents, relatives, staff or the Commissioning Trust.

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 told us that they were happy in Cranley Lodge and described the staff as “nice” and “caring”. Residents’ comments included, “the workers are good,” “the staff are nice here,” and “yes, the staff look after me well.”

We spoke with three residents’ relatives who told us “my (relative) is so well settled here, I am happy, he is well looked after,” and “I feel like the staff care for me as well as my loved one, I feel part of the family, the staff are great.”

Staff told us, “I love working here, there is good teamwork,” and “I love my job, the communication between the staff and the manager is very good.”

One questionnaire was returned from a relative. This relative confirmed that the care was good, the staff were kind, the home was well organised and well led.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment received referred to the “amazing staff in the unit.”

## 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 28 March 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.  <b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (a)	The registered person shall ensure that an up to date risk assessment and fire management plan are in place and any recommendations made by the fire assessor are addressed in a timely manner. Confirmation that the assessment has been completed along with	

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>any remedial works identified by the fire risk assessor should be shared with RQIA on completion.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and has been stated for a second time.</p> <p>Please refer to section 5.2.5 for details.</p>	<b>Not met</b>
<p><b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2021</b></p>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall review the dining experience to ensure it is in keeping with this care standard.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure a system is in place to communicate the changing needs of residents on a modified diet. Records for residents on modified diets must be accurately maintained, up to date and shared with kitchen and care staff. All staff must ensure risks are managed when residents are eating and drinking.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p>	<p>The registered person shall ensure that effective systems are in place to manage the environment and minimise the risk and spread of infection.</p>	

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>This area for improvement specifically relates to environmental cleaning and the management of residents' laundry and toiletries. Staff should have access to adequate equipment to perform hand hygiene in resident's bedrooms.</p> <p><b>Action taken as confirmed during the inspection:</b> As written this area for improvement has been met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</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"> <li>• availability of personal protective equipment</li> <li>• donning and doffing and appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• adherence to the national colour coding scheme</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and has been stated for a second time.</p> <p>Please refer to section 5.2.3 for details.</p>	<b>Partially met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing (28 March 2023)</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><b>Carried forward to the next inspection</b></p>
<p><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></p>	<p><b>Carried forward to the next inspection</b></p>	
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing (28 March 2023)</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><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></p>		



## 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 staffs' professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that all staff were registered with NISCC.

Staff demonstrated excellent knowledge of their roles and responsibilities regarding adult safeguarding, infection control and Deprivation of Liberty Safeguards (DoLS). However, some gaps in mandatory training were identified regarding dysphagia, fire training and the Mental Capacity Act (MCA). This was highlighted to the manager during feedback and an area for improvement was identified.

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 responding to call bells promptly in a caring and compassionate manner. Staff were also observed spending time with residents completing puzzles and chatting with them in the lounge areas.

Staff told us that the residents' needs and wishes were very important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well and that they enjoyed each other's company.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. One staff member commented, "I am new to the home and I feel well supported, all the staff and the manager are very good."

Residents told us, "yes, the staff look after me well," and "it is very relaxing here, the staff are good."

Relatives told us, "staff are great" and "I have no concerns about the staffing in this home."

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift and throughout the day 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.



Staff were observed interacting with residents in a respectful and compassionate manner. Staff were observed to be prompt in responding to call bells throughout the day. Staff were skilled in communicating with residents; they were understanding and sensitive to residents' needs. Staff adapted their communication to suit the needs and preferences of the residents.

Staff were noted to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. For example, one resident in the Nightingale suite appeared to be upset during the day, staff were observed comforting this resident, spending time with them and reassuring them.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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 and individual residents' care plans reflected this.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. Residents care plans and falls risk assessment were update appropriately.

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

The dining experience was an opportunity of residents to socialise, and 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. One resident told us "the food here is 100%, really nice." Another resident told us, "the food is nice here, you get what you want."

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. 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.

Although only one choice of meal was displayed at lunchtime, it was observed that staff offered residents alternative options. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Specific issues with regards to one care record was discussed with the manager who give sufficient assurances that this would be addressed, therefore an area for improvement was not stated at this time.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Records regarding speech and language (SALT) recommendations had been reviewed and updated information was shared with both care and kitchen staff.

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.

There was evidence that residents had an annual review of their care, arranged by their care manager or Trust representative. 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**

Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. One resident commented "my room is clean, I am happy."

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as cleaning stores and sluice rooms were appropriately secured. Staff spoken to showed good knowledge of their roles and responsibilities with regards to any potential risks and hazards to residents and others.

Although the home was generally clean and tidy, chairs in the residents' bedrooms were showing signs of wear and tear, for example, some chairs were stained and in need of deep cleaning, while other chairs were torn and in need of replacing. A carpet in one bedroom was in need of replacing and a downstairs bath was scratched. This was discussed with the manager and the responsible individual during feedback. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. There was evidence of recent fire drills in the home and staff were aware of how to respond to any concerns or risks. The latest fire risk assessment was completed on 7 February 2023 and all actions have been signed off as complete.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

There was evidence that systems and processes were in place to ensure the management of risks associated with the spread of infection. For example, there was ample supply of Personal Protective Equipment (PPE) positioned throughout the home.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However; on the day of the inspection, some staff were wearing gel nail polish. This was discussed with both the staff involved and the manager during feedback for action. An area for improvement was stated for a second time.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they 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.

On the day of the inspection, music was playing in both lounges and a puzzle activity was also taking place. An activities planner was made available to the residents and was on display outside both lounges. Activities on this planner included; quizzes, group games, arts and crafts sessions and a church service.

Staff recognised the importance of maintaining good communication with families. The relatives spoken to confirmed that the communication between the home and families was excellent. One relative told us, "I feel part of the family here, the staff and Elaine are so good."

#### **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 Registered Manager since 14 September 2018.

The service was well led with a clear management structure and a system in place to provide managerial oversight of the delivery of care to residents.

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. Staff commented positively about the manager and described her as supportive and approachable. Staff told us that there was good communication from management and everyone knew what was expected of them.

There was evidence that improvements had been made with regards to the auditing of the quality of care and other services provided to residents. There was evidence of auditing across 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 vulnerable adults.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these concerns quickly and professionally. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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 incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. One relative told us "Elaine really listens to me; she sorts issues out as I raise them."

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. However, these reports remained insufficiently robust in identifying the outcomes of any actions highlighted in the previous month's report. An area for improvement was identified for a second time.

## 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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

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

\* the total number of areas for improvement includes one regulation that has been stated for a second time, 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 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.

<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 29  <b>Stated:</b> Second time  <b>To be completed by:</b> From date of inspection	<p>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.</p> <p>Ref 5.1 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Reports are now reflective regarding actions required to drive the improvements within the home to ensure compliance with regulations and standards. Specifically actions taken are dated and signed off with clear outcomes and achievements</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> From date of inspection	<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"> <li>• availability of personal protective equipment</li> <li>• donning and doffing and appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• adherence to the national colour coding scheme</li> </ul> <p>Ref 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Infection protection - team meetings held to discuss the outcomes and requirements following the recent inspection and all staff are aware of their duty to comply</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time  <b>To be completed by:</b>	<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>Ref 5.1</p>

<p>Immediately and ongoing (28 March 2023)</p>	<p><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></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing (28 March 2023)</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><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></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.4 &amp; 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>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.</p> <p>Ref 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Dysphasia and fire training completed by 09/06/2023 for all staff in the home Mental Capacity Act training all staff completed by 08/06/2023</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure there is a managed environment that minimises the risk of infection for staff, Residents and visitors.</p> <p>This specifically relates to the identified armchairs and carpets within the home.</p> <p>Ref 5.2.3</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Discussions with directors regarding the upgrade of the armchairs and carpets. This area for improvement has commenced and is currently work in progress</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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