

Inspection Report

21 February 2022



Cranley Lodge

Type of Service: Residential Care Home
Address: 5 Cranley Avenue, Bangor, BT19 7BY
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www.rqia.org.uk

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

Organisation/Registered Provider: Cranley Lodge Responsible Individual: Mr Brian Adam	Registered Manager: Mrs Elaine Thompson Date registered: 14/09/2018
Person in charge at the time of inspection: Senior carer	Number of registered places: 60
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 34
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 60 residents. The home is divided over two floors each with its own living and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 21 February 2022, from 9.00 am to 4.30 pm by a care inspector.

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

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Residents said that living in the home was a good experience. Residents unable to clearly voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One area for improvement was identified in relation to the environment. 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 and 'Tell Us' cards 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 the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with fifteen residents during the inspection, either individually or in groups. Residents were positive about their experiences living in the home, and told us they enjoyed the company of the other residents and that the staff looked after them very well. Specific comments included, "I am totally well looked after. I couldn't fault it. You only have to ask and you get. If I wanted to eat on my own, no problem. The meals are brought to my room" and "I have found nothing wrong with it so far. People are busy but everyone has been so pleasant and kind. They give me the impression they want to help. They couldn't do enough for me".

The four staff we spoke with reported they had no concerns about the care being provided in the home. Staff described a caring, family atmosphere in the home, and stated they felt management were supportive and helpful, although at times it was very difficult due to staff shortages due to the pandemic.

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

Five relatives submitted questionnaire responses to RQIA. All five indicated that they were satisfied or very satisfied with the care at Cranley Lodge. No comments were included in the returned questionnaires.

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 16 September 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that all equipment and furniture in the home is kept safe and suitable for residents' use.	Met
	Action taken as confirmed during the inspection: A tour of the premises confirmed that the equipment and furniture is safe and suitable for residents' use.	
Area for improvement 2 Ref: Standard 32.1 Stated: First time	The registered person shall ensure that all medicines are stored securely in line with statutory and manufacturers' requirements.	Met
	Action taken as confirmed during the inspection: Observation of the administration of medicines confirmed that they are stored securely in line with statutory and manufacturers' requirements.	
Area for improvement 3 Ref: Standard 22.5 Stated: First time	Staff manage records in line with good practice and legislative requirements by ensuring they are securely stored.	Met
	Action taken as confirmed during the inspection: Observation of staff practices confirmed that offices are locked when vacated so records are managed in line with good practice.	

Area for improvement 4 Ref: Standard 28.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Observation and discussion with staff confirmed that safe and healthy working practices are promoted through the provision of information, training, supervision and monitoring of staff in infection control, specifically hand hygiene.	
Area for improvement 5 Ref: Standard 8.2 Stated: First time	Records are maintained for each resident, detailing: <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. 	Met
	Action taken as confirmed during the inspection: A review of residents care files contained information on accidents, incidents and contact with primary health and social care services.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota 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.

Staff told us that the needs and wishes of residents and their relatives were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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, several residents enjoyed a lie in and breakfast in bed on the day of inspection. Some residents enjoyed listening to music provided one of the residents, while others preferred to read or watch television.

Staff said there was good team work and that they felt well supported in their role although they could do with an extra pair of hands. "This Covid has been tough for us but fingers crossed things will get better." Staff were satisfied with the level of communication between themselves and management. Staff spoken with said that they were very happy at their work and take pride in their work. They told us that there is regular training and they receive supervision every three months.

Residents confirmed that staff knew them well and knew how best to help them.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records and discussion with the senior staff 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, music was playing, provided by a resident, and the atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable and had a pleasant, unhurried experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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.

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

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review included the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy however it is beginning to show its age so could benefit from a refurbishment programme. Gaps were noticed between the floor and skirting board in the dining areas. Kitchenette areas would require painting. An area for improvement was identified.

Residents' bedrooms were personalised with items that are important to them. Bedrooms and communal areas were suitably furnished; and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available and access to a kitchenette.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

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

Visiting arrangements were managed in line with DoH and IPC guidance.

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 spend time in their bedrooms if they preferred not to use the communal areas.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. Minutes of a residents meetings evidenced that they were involved in for example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff and as said previously, residents had been consulted/helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. A comfortable visiting area had been constructed outside so that relatives could safely be close to their loved ones. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Thompson has been the manager in this home since 2018. 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, approachable and always available for guidance. Staff said the manager works tirelessly to make sure the residents get the very best care.

There was evidence that a robust system of auditing was in place to monitor 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 spoken with said that they knew how to report any concerns and said they were confident that the manager would listen and sort out the concern if she could. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

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. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2021)**.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Brian Adam, Responsible Individual and the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that</p> <ul style="list-style-type: none"> • a refurbishment programme is developed for the home. • repair the gaps between the floor and skirting in the dining areas. • repaint and tidy the Kitchenette areas. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A refurbishment programme has been developed and is on going. The gap between the skirting and the floor in the dining areas have been repaired with new materials The kitchenette areas have been repainted and tidied.</p>



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