

Inspection Report

22 January 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

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1.0 Service information

Organisation/Registered Provider: Cranley Lodge Responsible Individual: Mr Brian Adam	Registered Manager: Mrs Elaine Thompson Date registered: 14 September 2018
Person in charge at the time of inspection: Miss Allyson McBride – senior care assistant	Number of registered places: 60 RC-I for 1 identified Resident only.
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: 30
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 22 January 2023 from 8.30 am to 4.35 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.0.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Cranley Lodge was provided in a compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Cranley Lodge. 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.

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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "I have no concerns. The food is lovely and the staff are very nice" while another resident said, "I think it is pretty good (the home). The staff are brilliant".

Relatives spoken with were complimentary of the care provided in the home.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

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 21 February 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time	The registered person shall ensure that: <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. 	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

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 completed checks to ensure that staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. However, review of staff training records confirmed that not all staff were up to date with all their mandatory training. Following discussion with the manager, they confirmed all outstanding training for staff will be prioritised.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner.

Residents said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff recognised and responded to residents' needs, including those residents who had difficulty in making their wishes or feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

At times some residents may require a secure environment or be required to use equipment that can be considered to be restrictive; such as alarm mats. It was established that safe systems were in place to manage this aspect of care.

Medication was observed on a dining room table which was accessible to residents and not supervised. This was discussed with staff who took the necessary actions to secure the medication. The manager confirmed that medicine administration competencies would be addressed with the identified staff member.

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. It was observed that residents were enjoying their morning and lunchtime meals. The dining experience was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was one choice of meal on offer at lunch time, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents spoke positively in relation to the quality of the meals provided.

It was noted that a menu was not displayed in a suitable format and in a suitable location. Discussion with staff confirmed residents were consulted regarding their meal preferences although no records were retained on menu planning with catering staff. A review of the planned menus evidenced that the choice available to residents was at times repetitive. Menus were rotated over a two week cycle rather than three weeks; staff and residents said if residents did not want what was on the menu an alternative meal would be provided. This was discussed with the manager who agreed to review the dining experience to ensure the above areas are addressed. An area for improvement was identified.

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. Staff told us they would rewrite residents care plans on an annual basis or more frequently if required.

Review of care records highlighted conflicting information regarding speech and language (SALT) recommendations in an identified residents care file. There was limited evidence that care records were consistently reviewed and updated regarding changes in residents' needs. Discussion with staff and review of records evidenced they did not have access to accurate information for residents who required their diet to be modified. There was evidence that one resident was not supervised in keeping with their assessed needs. This had the potential to impact on the safety and wellbeing of the resident. This was discussed with the manager who arranged for the SALT needs for all residents to be shared with care staff and kitchen staff immediately. An area for improvement was identified.

Records were kept of how each resident spent their day and the care and support provided by staff; these records were person centred. It was noted that where care had been provided a daily record was not consistently recorded. This was discussed with the manager who agreed to meet with staff and ensure contemporaneous recording is maintained.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm and comfortable. Many of the residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished.

While communal areas were generally well maintained, there was a number of issues identified relating to the home environment which required immediate attention; including replacement of identified resident equipment and the need to secure tall furniture in residents' bedrooms. This was discussed with the responsible individual following the inspection who provided both verbal and written assurances that these shortfalls would be addressed. A refurbishment plan was also shared with RQIA confirming immediate actions taken.

The home was generally clean and tidy, although some deficits in environmental cleaning and management of laundry were observed. Inappropriate storage of resident's toiletries was noted and not all residents' bedrooms had a full access to disposable hand towels, liquid soap and a waste bin. This was discussed with management who arranged for the deficits identified to be addressed immediately. An area for improvement was identified.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; this related to the inappropriate supervision of cleaning chemicals and the storage of combustible items under two identified stairwells. This was discussed with the manager who ensured that the risks identified were removed immediately. An area for improvement was identified.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. However, there was no evidence that all staff had taken part in a fire drill within the last year. A recent fire risk assessment was not available to assure RQIA that any recommendations made as a result of the assessment had been implemented. This was discussed with the manager who confirmed by email that an up to date fire risk assessment would be arranged and that additional fire drills were scheduled for those staff who had not taken part in a recent drill. An area for improvement was identified.

Laminated posters were displayed at hand hygiene points to remind staff of good hand washing procedures. PPE and hand sanitisers were not readily available throughout the home, while posters regarding the correct method for applying and removing of personal protective equipment (PPE) were not displayed. Some of the PPE in use was not indicated for use in a healthcare setting. Best practice guidance was shared with the manager following the inspection. Assurances were provided by the manager that the use of incorrect PPE would cease immediately.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE, while other staff were not bare below the elbow. The IPC concerns were discussed with the manager who agreed to meet with all staff and address the concerns with them. The manager also planned to contact the IPC team in the South Eastern Health and Social care trust (SEHSCT) with a view to receiving additional supports. An area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the lounge and dining room for meals.

Residents appeared happy and content and were observed listening to music, reading books and watching TV, while others enjoyed a visit from relatives. Resident's faith needs were being met with a service on the morning of the inspection in the lounge.

There was no evidence that planned activities were being delivered for residents. An activity planner was not displayed in the home. Staff told us that they would try to deliver activities when they could but these were not planned or allocated on the staff duty rota. One resident said, "I like quizzes and bingo but we don't have them here". Activities should be planned and delivered in the home to ensure that residents have a meaningful and fulfilled day.

This was discussed with the manager who agreed to review provision of activities in the home. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.

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.

Staff members 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 the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was a system in place to manage complaints. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed audits to quality assure care delivery and service provision within the home. However, these were not robust, particularly in relation to oversight of the environment, IPC and care records. This was discussed with the manager and the responsible individual. A detailed action plan was shared with RQIA following the inspection to address the deficits identified and an area for improvement was identified.

Review of records identified that monthly monitoring reports in accordance with Regulation 29 were insufficiently robust so as to identify deficits and drive necessary improvements within the home. No report was available for December 2022. This was discussed with the responsible individual who gave assurances that the arrangements for the completion of the monthly monitoring reports would be reviewed. An area for improvement was identified.

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
Total number of Areas for Improvement	3	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Elaine Thompson, Registered Manager, and Mr Brian Adam, Responsible Individual, 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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</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 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.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff completed specific training in IPC, Hand Hygien, donning and doffing of PPE equipment. Staff are aware of who to report to in the event there is an issue with equipment or the storage and use of items.</p> <p>Fire drills on going and Fire Warden Training arranged for 19/04/2023. Fire Assessment completed and certificate issued - no major areas for concern. All identified areas actioned. Fire extinguishers been inspected and upgraded.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>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 any remedial works identified by the fire risk assessor should be shared with RQIA on completion.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Fire risk assessment completed on 07/02/2023, no major concerns. Area requiring actions completed.</p> <p>Fire management register in situ</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: from the 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>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Monitoring visits are up to date as at end of February 2023</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: from the 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>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Dining experience reviewed and encapsulates the residents assessed needs and specific desires. Member of staff re medication has completed refresher training and discussions held to ensure the correct procedure is followed at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: from the 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>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All residents assessed needs are shared with the care team and kitchen staff to ensure that meals provided are meeting individual needs. This is updated regularly and in accordance with any changes in resident's SALT guidance. Each morning a nominated member of staff looks after any one to one residents for all meal times. All staff are aware and have access to SALT guidance. Training completed for Thickening Agent - all staff.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</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>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>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>Environmental cleaning is monitored and any substandard practice addressed.</p> <p>Residents' laundry is also managed in an efficient, effective way to ensure the risk of infection is mimimised.</p> <p>IPC Training completed for all staff on 28/02/2023. All staff following guidance in the use of correct use of PPE for all areas to safeguard residents and staff.</p> <p>All bedrooms have access to hand soap, hand towels and bins to dispose of these items. Access available for all staff, residents and visitors to avail of washing their hands at any time.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: from the 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"> • availability of personal protective equipment • donning and doffing and appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • adherence to the national colour coding scheme <p>Ref: 5.2.3</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>Dani stations installed throughout the home to house correct aprons and gloves.</p> <p>Staff IPC training delivered on 28/02/2023 and covered donning and doffing of PPE.</p> <p>Hand Hygiene covering the 5 moments in situ.</p> <p>All staff are aware of the colour coding system and following same</p>

<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Audit process reviewed and updated to ensure they are effective.</p>

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