

# Unannounced Care Inspection Report 23 August 2017



## Cranley Lodge

**Type of Service: Residential Care Home**  
**Address: 5 Cranley Avenue, Bangor, BT19 7BY**  
**Tel No: 028 9147 1122**  
**Inspector: Kylie Connor**

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 60 beds that provides care for residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cranley Lodge  <b>Responsible Individual:</b> Mr Brian Adam	<b>Registered Manager:</b> June Onyekwelu
<b>Person in charge at the time of inspection:</b> June Onyekwelu	<b>Date manager registered:</b> June Onyekwelu – application not submitted
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 60

### 4.0 Inspection summary

An unannounced care inspection took place on 23 August 2017 from 09:30 to 17:00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to staff induction, training and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified in regard to recruitment procedures and recruitment records, the environment, care records, audits and the annual quality review report.

Residents and representatives said that the standard of care and quality of food was very good and that staff communicated effectively with residents and their representatives. Representatives said that the environment, including some furniture, fixtures and fittings, require improvement.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	6

Details of the Quality Improvement Plan (QIP) were discussed with June Onyekwelu, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 February 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, written and verbal communication with the home. The registered manager was on leave and a manager had been appointed for a temporary period of time.

During the inspection the inspector met with the manager, three residents, two care staff and one resident's representative.

A lay assessor, Alan Craig, was present during the inspection and comments from residents spoken to are included within this report. The lay assessor spoke with eight residents, completing five questionnaires.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Following the inspection, five questionnaires were returned within the requested timescale. A total of ten questionnaires were received and reviewed as part of this inspection.

The following records were examined during the inspection:

- Staff duty rota
- Audits of the home's environment
- Induction programme for new staff
- Staff training schedule/records
- Three staff recruitment files
- Three residents' care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Five returned questionnaires completed by the lay assessor with residents
- Programme of activities.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and one area was partially 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 the most recent inspection date 17 May 2017**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

**6.2 Review of areas for improvement from the last care inspection dated 14 February 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27.(2) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure the following environmental issues are addressed:</p> <ul style="list-style-type: none"> <li>Improve or replace the badly damaged chairs, side tables, bedside cabinets and coffee tables situated throughout the home</li> <li>Improve the flooring in the identified bathroom</li> <li>Externally: improve the bin area, smoking area and car park</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Compliance was confirmed following discussion with the manager, an inspection of the environment and following the inspection, review of written confirmation from the manager that work to the bathroom floor had been completed.</p>		

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16.(1) <b>Stated:</b> First time	The registered provider must ensure a care plan is completed for the identified resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following an inspection of three care files and discussion with the manager.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> Second time	The registered provider must ensure all notifiable events are reported to RQIA in keeping with legislation and relevant guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following discussion with the manager and review of a sample of accident and incident records.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered provider should complete an audit focusing on the internal and external environment and identify areas for improvement and action same.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Partial compliance was confirmed following inspection of the environment and review of the audit process in place. Concerns were discussed with the manager regarding the timescales taken to action identified areas in the audit and the omission of the environmental issues identified during the inspection. This is stated for the second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28.5 <b>Stated:</b> First time	The registered provider should ensure a risk assessment is completed for all free standing furniture located throughout the home and any findings actioned accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The risk assessment was not available during the inspection. Following the inspection, the manager advised the inspector that an audit had been completed and all free-standing furniture had been secured to the wall.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time	The registered provider should ensure the falls risk assessment for the identified resident is reviewed and up dated accordingly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following review of the returned QIP and a review of three care records.	

### Areas for improvement

One area for improvement was stated for the second time in regard to the completion of an environmental audit and action taken to address the findings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager advised of the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Staff stated that they had been working additional shifts during a recent recruitment process. The manager and staff reported that new care and ancillary staff were due to commence employment imminently. Residents and a representative spoken with raised no issues regarding staffing levels. One returned questionnaire from a resident's representative commented that at mealtimes residents "would benefit from an extra pair of hand to help residents eat their meal". This was discussed with the manager who provided assurances that adequate staff were on duty to meet residents' needs at mealtimes.

A review of the duty rota confirmed that it largely reflected the staff working within the home. There was evidence to demonstrate the rota was being updated, however, it had not been updated to reflect that one non-care member of staff had been off on leave. The manager advised the inspector that this would be updated immediately.

Review of completed and partly completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of a returned staff views questionnaire confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

Discussion with the manager and review of three staff personnel files confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Whilst all personnel files had two or three references in place, two files did not have a reference from the most recent employer and the records did not document the reason why; the application form in one of these files did not have a full employment history recorded, therefore if there were gaps in employment, these had not been explored. An area for improvement was made and action was required to ensure compliance with the standards in regard to recruitment procedures and records retained.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with stated that they were registered with the Northern Ireland Social Care Council (NISCC).

The manager stated that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incident notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager advised that there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts, pressure alarm mats and management of smoking materials. The manager advised that such restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, and disposable towels available wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Supplies of alcohol hand gels were available at the entrance of the home for visitors.



Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. With the exception of one communal toilet, notices prompting good hand hygiene were displayed throughout the home, in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The residents' bedrooms were found to be personalised with photographs, memorabilia and personal items, communal areas had colourful pictures displayed and the home was clean. Whilst residents did not complain about the temperature in the home, staff did comment that the home can get very hot. It was good to note that a number of windows had been opened throughout the home to allow fresh air to circulate and a fan had been provided in a staff office.

An inspection of areas within the home identified that whilst there were some positives, the overall standard of decoration and maintenance of the environment, including furniture, fixtures and fittings was an area that required greater priority.

A number of areas within the internal environment were in need of immediate action to safeguard residents, visitors and staff. Environmental issues identified related to infection prevention and control hazards, to the dignity and privacy of residents being met and to fire safety. Immediate and sustained actions were needed to raise the overall standard of the environment to an acceptable level and to maintain it.

The following environmental issues were identified during the inspection. Two areas for improvement were made and action is required to comply with the legislation.

- A number of bedrooms had a malodour
- A number of bedroom doors and an office door were wedged open
- The temperature in the home was 24.44 degrees Celsius. The recommended temperature range should be between 19 to 22 degrees Celsius
- The surface of double fire doors situated at the entrance to one suite were damaged
- One vertical blind did not have a safety catch fitted to secure the looped pull-cord to the wall in order to prevent strangulation
- A number of showers did not have a shower curtain in place
- One shower had not been fitted flush to the wall
- A number of curtains were not hung using all of the curtain rings and were therefore sagging in places
- Alcohol gels were not available throughout the home for use by staff and visitors.

Following the inspection, the manager advised that the following environmental issues identified during the inspection had been addressed. Whilst these issues are not included on the QIP, they will be inspected during the next care inspection.

- A bath panel was cracked and the enamel base of a bath chair was rusted
- One bedroom with a malodour was due to be refurbished
- A number of pull-cords were discoloured and were not suitable to enable infection prevention and control measures to be undertaken
- The glass in one bedroom nameplate was broken
- A number of toilet brushes were discoloured and in a poor condition

- A metal bin situated in a toilet was rusted and the floor around it was discoloured
- One shower did not have a drain cover in place
- The flooring in a medicine room was uneven
- The covers of a number of seat pads were torn
- A drawer handle on a tall-boy was not in place
- Two bedroom ceiling lights were not working
- Two ceiling lights did not have a shade
- One communal toilet did not have handwashing signage displayed appropriately.

Staff and residents spoken with during the inspection made the following comments:

- “It can get very, very hot in here” (staff)
- “It’s (the standard of care) good, we work round the clock to ensure they get everything they need” (staff)
- “I had supervision three or four months ago” (staff)
- “Being able to get out to the garden more would be good” (resident).

The latter comment in relation to garden access was discussed with the manager who advised that there are arrangements in place but that these were not recorded in care plans. An area for improvement was identified and action was required to ensure compliance with the standards to record in care plans the arrangements in place for residents in the upstairs suite to access the garden.

Ten completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from staff and a resident’s representative were as follows:

- “Need domestics for both floors, however I believe this is being dealt with” (staff)
- “The environment does not reflect on the excellent care given by staff. Dining room and lounge areas are shabby, worn and not clean because they are not maintained. Chairs are not comfortable with mis-matched cushions” (resident’s representative)
- “Recently morning tea at 11:00 has been cancelled” (resident’s representative).

Following the inspection, the latter two comments were discussed with the manager and parts included on the QIP. The manager explained that residents get a good breakfast, are offered a cold drink at 11:00 and can have tea or coffee anytime; since this change the manager stated that she had noticed that residents are now, “eating better at lunchtime.”

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction and training.

### **Areas for improvement**

Four areas for improvement were identified in regard to recruitment procedures and associated records, the environment and arrangements for residents’ access to the garden.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records evidenced that these were largely maintained in line with the legislation and standards. One care record included an up to date assessment of needs. Two care records had a partly completed assessment of needs. All three care records had a life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The inspector advised the manager that care plans should refer to risk assessments completed.

Two care records did not contain a photograph of the resident. None of the three care records reviewed contained a copy of the last trust care review report. During a telephone conversation following the inspection, the manager stated that a director of the home had a system in place to manage and follow up on trust care reviews and had been doing so.

The manager advised that a new care record audit system had been introduced to improve the governance arrangements. However, the findings had not been collated nor an action plan developed to support effective action to address gaps. The manager was unable to confirm if every resident had a completed care plan in place. Following the inspection, the manager advised the inspector that following an audit of all care records, six care plans needed to be completed. Two areas for improvement were identified and action was required to ensure compliance with the standards in regard to the completion of care plans as the assessment of needs is carried out and provision of a photograph of residents in care records.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff reflected that a person centred approach underpinned practice every day in their care and support of residents.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff advised that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff and a resident’s representative spoken with during the inspection made the following comments:

- “Yes, there is an annual care review” (representative)
- “If there is any issue they contact us and contact the GP” (representative)
- “We write everything in the communication book” (staff).

Ten completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident’s representative was as follows:

- “There is no forum for families of residents to meet and share views. Staff are very good to communicate medical issues to family.”

This was discussed with the manager and is referred to in section 6.6.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation communication between residents, staff and other key stakeholders.

**Areas for improvement**

Two areas for improvement were identified in regard to ensuring that a photograph of the resident is in their care records and that a care plan is drawn up as an assessment of needs is carried out.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager stated that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Discussion with staff, residents and a representative confirmed that residents’ spiritual and cultural needs were met within the home.

The manager, residents and a representative stated that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and

respect. Staff were aware of the importance of promoting residents' rights, independence and dignity.

The manager and staff reported that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative stated that their views and opinions were taken into account in all matters affecting them. Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, bi-annual satisfaction questionnaires and care reviews. The inspector advised that the need and interest in establishing a forum for residents' representatives could be considered.

Residents were consulted with bi-annually about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection the manager facilitated a 'knit and natter' activity in both suites. Residents and staff spoke of a range of activities including painting, keep-fit and ball activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff, residents and a representative spoken with during the inspection made the following comments:

- "The food is super. It's top of the range" (resident)
- "There is generally music (activities). We are just like one big happy family" (resident)
- "We encourage their independence" (staff)
- "I think that there is enough activities that goes on. An activity co-ordinator comes in a few times a week, 11:00 to 16:00 and does group and individual activities" (staff)
- "They have an events co-ordinator, old time music, a regular church service, chair aerobics. Sometimes small numbers go out and special events" (representative)
- "They (staff) are very patient and they know all the residents" (representative).

Ten completed questionnaires were returned to RQIA from residents, staff and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from staff, a resident and a resident's representative were as follows:

- "I feel all our residents get the best care and all staff try very hard to meet our residents needs and treat them with respect and dignity" (staff)
- "We have a lovely Sunday service here" (resident)
- "The staff in Cranley Lodge do their best to care for all the residents. They are treated with care and compassion" (resident's representative)
- "Outside area could be utilised more. Activity therapist is now part-time. My (relative) and other residents would benefit from more stimulation and activities" (representative).

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and**

The manager outlined the management arrangements and governance systems in place within the home. Areas for improvement were identified in regard to recruitment procedures, management of care records and the management of environmental issues to support good practice and effective leadership. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information available in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records evidenced that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events evidenced that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place, including bi-annual satisfaction surveys, a complaint audit, individual care record audits and accident/incident audit. The findings from the individual care record audit had not been collated to support the management of an effective response as referred to in section 6.5 of the report. The environmental audit was not comprehensive nor was it up to date and some findings had not been actioned in a timely manner to drive continuous quality improvement. One area for improvement was identified and action was required to comply with the standards in regard to audits used in the home.

An annual quality review report was not available for review. One area for improvement was identified and action was required to comply with the regulations in regard to completion of an annual quality review report.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, oral hygiene training.

Learning from complaints, incidents and feedback was integrated into practice.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager advised that the registered provider and/or a director of the home were present in the home on a daily basis and that both were involved in the day to day management and running of the home.

The manager advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that whilst the registered provider largely responded to regulatory matters in a timely manner, improvements are needed. One area for improvement on the previous QIP was stated for a second time and a second area for improvement was only fully completed following the inspection.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager stated that staff could also access line management to raise concerns and that management would offer support to staff.

Discussion with staff in one suite stated that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. A number of residents in another suite expressed the view that there were some issues in regard to staff relations. The manager stated that this issue had not been raised with her before and gave assurances that she would follow this up.

Staff spoken with during the inspection made the following comments:

- "They (the manager and senior care assistants) are all approachable. She (the manager) would be on the floor" (staff)
- "June is a very good manager" (staff).

Ten completed questionnaires were returned to RQIA from residents, staff and residents' representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Residents and a resident's representative commented:

- "Generally speaking, it's quite good" (resident)
- "I don't know if it's well managed, but it's alright" (resident)
- "My only complaint to management has been the 'shabby' décor in main lounge etc. The bed linen also could do with being updated" (representative).

The issues raised in the latter comment are included in an area for improvement in regard to the environment.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

Two areas were identified for improvement in regard to the effectiveness of audits used in the home and completion of an annual quality review report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1



## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with June Onyekwelu, 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 care 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 to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27.(2) (b) (d) (p) (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2017</p>	<p>The registered person shall ensure that all environmental issues identified in the report and QIP are included in the home's environmental audit and are actioned. The following issues identified should be addressed:</p> <ul style="list-style-type: none"> <li>• A number of bedroom doors and an office door were wedged open</li> <li>• The temperature in the home was 24.44 degrees Celsius. The recommended temperature range should be between 19 to 22 degrees Celsius</li> <li>• The surface of double fire doors situated at the entrance to one suite were damaged</li> <li>• One vertical blind did not have a safety catch fitted to secure the looped pull-cord to the wall in order to prevent strangulation</li> <li>• A number of showers did not have a shower curtain in place</li> <li>• One shower had not been fitted flush to the wall</li> <li>• A number of curtains were not hung using all of the curtain rings and were therefore sagging in places</li> <li>• Alcohol gels were not available throughout the home for use by staff and visitors</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All identified environmental issues have been completed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2017</p>	<p>The registered person shall ensure that the home is free from offensive odours.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Air fresheners are located around each unit. A memo has been sent out to Domestic staff to clean bathrooms and certain bedrooms daily and check again before end of shift.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 17 (1) (2) (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2017</p>	<p>The registered provider shall ensure that an annual quality review report is completed regarding the quality of care and other service provision which includes consultation with residents and their representatives.</p> <p>Ref 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This will be completed by the Directors of Cranley Lodge.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 November 2017</p>	<p>The registered provider should complete an audit focusing on the internal and external environment and identify areas for improvement and action same.</p> <p>Ref 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A revised maintenance audit has been completed 01/11/17. This is to be completed by the Maintenance officer in the first week of the month.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2017</p>	<p>The registered person shall ensure that the recruitment procedure is adhered to and personnel records are full and complete. The two identified personnel records should have the following: a full employment history; any gaps in employment are noted and explanations recorded; an explanation where a written reference has not been obtained from the present or most recent employer.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The application form has been amended to include space to identify any gaps of employment. A new staff checklist has been completed to evidence details of references, Access NI, NISCC, ID check, employment gaps, health declaration and immigration status.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 October 2017</p>	<p>The registered person shall ensure that arrangements to access the garden for residents who reside in the Alexander Suite are reviewed and a care plan developed.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A memo has been sent out to the Senior Care Assistants to include in the care plan of all Residents in Alexandra Suite that they have available access to the garden.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2017</p>	<p>The registered person shall ensure that a photograph of the resident is placed in their care record.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> A photograph of each resident is included in their care file. This action is complete.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2017</p>	<p>The registered person shall ensure that an individual comprehensive care plan is drawn up as the assessment of the residents needs is carried out as detailed in Standard 6 of the DHSSPS Minimum Standards.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> A memo has been sent out to Senior Care Assistants to complete the care plan as part of the pre-admission process of the resident.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2017</p>	<p>The registered person shall ensure that audits used in the home are reviewed to support and promote the delivery of safe, quality and effective care services.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> All audits are reviewed monthly or as and when required to support and support the delivery of safe, quality and effective care services.</p>

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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