



Unannounced Care Inspection Report

31 January 2019



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

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 provider 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 places that provides care and accommodation for residents living with a dementia. One place is approved for an individual under old age.

3.0 Service details

Organisation/Registered Provider: Cranley Lodge	Registered Manager: Elaine Thompson
Responsible Individual: Brian Adam	
Person in charge at the time of inspection: Elaine Thompson, Registered Manager	Date manager registered: 14 September 2018

4.0 Inspection summary

An unannounced inspection took place on 31 January 2019 from 11.30 to 17.10.

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 sought to assess progress with issues raised during the last care inspection undertaken on 3 and 6 July 2018.

Evidence of good practice was found in relation to communication between residents, staff and other interested parties.

Areas requiring improvement were identified in regard to a comprehensive review of staffing, completion of audits, fire drills, needs assessments and risk assessments and care plans.

Residents and a representative said that they were happy with the standard of care, communication with staff and the home's environment.

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
Total number of areas for improvement	1	*5

*The total number of areas for improvement include five which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elaine Thompson, registered manager and Brian Adam, responsible individual, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 and 6 July 2018.

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, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, the responsible individual, 12 residents, three care staff and one resident's visitor/representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. Three questionnaires were returned but these did not indicate if they had been completed by residents or residents' representatives. A poster was provided for staff detailing how they could complete an electronic questionnaire. Thirteen electronic questionnaires were completed by staff.

The following records were examined during the inspection:

- a sample of competency and capability assessments
- fire safety checks
- annual Quality Review report dated March 2018
- a sample of audits
- three residents care records
- activity programme
- complaint records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met and not 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 dated 16 January 2019

The most recent inspection of the home was an unannounced medicines management inspection. Once returned to RQIA, the completed QIP will be reviewed and approved by the pharmacist inspector.

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

6.2 Review of areas for improvement from the last care inspection dated 3 and 6 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20. - (3) Stated: First time	The registered person shall ensure that competency and capability assessments are completed with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of a sample of records. The inspector advised that the scope of the assessment could be improved and following the inspection the registered manager confirmed that this was in hand.	
Area for improvement 2 Ref: Regulation 27. - (3) (d) Stated: First time	The registered person shall ensure that fire safety checks are completed consistently in regard to fire-fighting equipment, fire alarm systems and emergency lighting. Consideration should be given to improving the template and/or system in place to ensure that omissions of checks are prevented.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following a review of records of fire safety checks.	

Area for improvement 3 Ref: Regulation 17. - (1) Stated: First time	<p>The registered person shall ensure that an annual quality review report is completed.</p> <p>Action taken as confirmed during the inspection: Compliance was confirmed following review of the homes annual quality report for the period April 2017- March 2018.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.1 Stated: First time	<p>The registered person shall ensure that staffing levels between the hours of 19.00 to 23.00 are reviewed, taking into account resident dependency levels, the size and layout of the home to ensure that the assessed needs of residents are met.</p> <p>Action taken as confirmed during the inspection: Whilst the registered manager advised that she had reviewed staffing levels there was no recorded evidence of this process. Whilst the registered manager, responsible individual and staff advised that a number of residents with high dependency needs were no longer living in the home, staff reported that they still found some shifts so busy at times that it impacted on the time they had to undertake recording. Review of responses from 13 staff were shared with the registered manager and the responsible individual and an area for improvement has been made under regulation. The registered manager reported that the review of staffing would be extended over the 24 hour period and be carried out for a suitable duration to ascertain a comprehensive picture, taking into account for example, staff roles, residents' needs, resident dependency levels, resident numbers, the environment, the fire safety risk assessment; a report will be provided with an analysis of the findings, recommendations, action taken and monitoring and review arrangements.</p> <p>This area for improvement has not been met and will therefore be stated for a second time.</p>	Not met

Area for improvement 2 Ref: Standard 20.10 Stated: First time	<p>The registered person shall ensure that working practices are systematically audited and/or audit templates are reviewed and improved to ensure that they are consistent with the home's policies and procedures and best practice and action is taken when necessary, including:</p> <ul style="list-style-type: none"> • IPC in regard to hand hygiene and the environment • Catering • Accidents and incidents in line with the falls prevention toolkit • Residents' care records • Complaints <p>Action taken as confirmed during the inspection: Whilst audits were available for review in regard to care records and complaints, audits for other areas identified had not been completed.</p> <p>This area for improvement has not been met and will therefore be stated for a second time.</p>	Partially met
Area for improvement 3 Ref: Standard 29.6 Stated: First time	<p>The registered person shall ensure that fire drills are completed regularly to ensure that all staff participate in one at least once per year; records should include the names of the staff who participated and any learning outcomes and actions taken.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that there had been no fire drills undertaken since the previous care inspection. Following the inspection the registered manager reported that a fire drill had been undertaken with both day and night staff.</p> <p>This area for improvement has not been met and will therefore be stated for a second time.</p>	Not met

Area for improvement 4 Ref: Standard 5.2 Stated: First time	<p>The registered person shall ensure that all residents' needs assessments are fully completed and appropriately signed and that risk assessments fully reflect the range of needs and risks identified.</p> <p>Action taken as confirmed during the inspection: Review of three residents' care records evidenced that two of the three falls risk assessments in place had been updated to reflect current needs. In one care record, a risk of absence from the home had not been risk assessed whilst action had been taken to reduce the risk. The registered manager gave assurances to address this immediately. Following the inspection, the registered manager reported that this had been addressed. Assessments had not been undertaken to identify and manage pain where residents were not able to communicate pain; following the inspection the registered manager reported that this was being addressed.</p> <p>This area for improvement has not been met and will therefore be stated for a second time.</p>	Partially met
Area for improvement 5 Ref: Standard 6.2 Stated: First time	<p>The registered person shall ensure that the information in care plans are specific, with adequate detail to guide and support staff in their response to, for example, support with personal care, management of distressed reactions and are reviewed and updated on a regular basis or as changes occurred.</p> <p>Action taken as confirmed during the inspection: Three care records were reviewed; in one care record, a plan for the management of distressed reactions did not provide sufficient detail to describe the distressed reaction and detail the actions to be taken by staff. Whilst a second care record included a care plan for the management of absence from the home, it had not been updated to reflect actions that had been taken to improve the management of the risk. A third care record did not include a care plan for the management of a known distressed reaction. Following the inspection, the registered manager reported that these records had been updated.</p> <p>This area for improvement has not been met and will therefore be stated for a second time.</p>	Not met

Area for improvement 6 Ref: Standard 25.7 Stated: First time	<p>The registered person shall ensure that time is scheduled at the beginning of each shift for the senior to provide a handover to care staff regarding the residents and other areas of accountability.</p>	Met
	<p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff and the registered manager.</p>	
Area for improvement 7 Ref: Standard 12.1 Stated: First time	<p>The registered person shall ensure that the dietary needs and choices for residents who have a pureed diet are met consistently; that there is continuity in the standard of meals prepared in the kitchen including the preparation of meals for residents who have a range of modified textures.</p> <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff, the registered manager and the responsible individual.</p>	Met

Area for improvement 9 Ref: Standard 7.4 Stated: First time	The registered person shall ensure that written consents or permissions are in place in regard to: <ul style="list-style-type: none"> • night checks • access to care records by for example professionals and RQIA • photography 	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and review of one care record.	
Area for improvement 10 Ref: Standard 17.10 Stated: First time	The registered person shall ensure that records are kept of all complaints and these include the investigation process, communication with the complainant's, the result of investigations and the action taken.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager, responsible individual and review of the complaint records.	

6.3 Inspection findings

6.3.1 Consultation with residents and relatives

Residents spoken with reported that they were satisfied with the standard of care in the home and that they liked the food. The majority of residents indicated that they were satisfied with activities. One resident commented that there should be more activities. This was shared with the registered manager who confirmed following the inspection that a new activities co-ordinator had been recruited.

Comments received from residents included:

- “It’s (the food) good. They (staff) help you. They are good company.”
- “We (residents) get on okay. I like here. I’ve made friends. Most of them are very thoughtful. They (staff) are very friendly.”
- “I’ve talked to her (the registered manager) at times.”
- “It’s friendly. And we are all happy.”
- “The staff are very pleasant and kind.”

Comments received from a relative included:

- “It’s a well-run home. They are very kind to people.”
- “Staff are excellent. They are always around and we can visit anytime.”

Three questionnaires were returned following the inspection. Respondents did not identify if they were a resident or a relative; they indicated that they were very satisfied with the domain of safe care and were either very satisfied or satisfied with the domains of effective care, compassionate care and a well-led service.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Returned staff questionnaires and consultation with staff

Staff spoken with during the inspection reported that the registered manager was supportive, offered to assist on the floor at busy times and that staff found her approachable.

Whilst one of the three staff spoken with during the inspection raised a concern about the impact on work when shifts are busier than normal, all three staff spoken with indicated that staffing levels were in the main okay at present. This is recorded in section 6.2 of this report.

Staff spoken with made the following comments:

- It's (the food) definitely improved."
- "We always update the list for the kitchen."
- "Elaine (the registered manager) is very approachable to talk to."
- "The food is good with good portions and choice."
- "If it's a quiet day we will bring out games."

On the day of the inspection a staff member was observed assisting a number of residents complete a jigsaw. Staff were advised to record the activities that they undertake with residents. The registered manager reported that a recording template would be put in place. Staff spoke of a range of musical activities that take place, of pet therapy and of church services.

Thirteen staff completed questionnaires following the inspection and all raised concerns in regard to staffing levels.

Staff responses were as follows:

Is care safe?

Four staff were very unsatisfied

Five staff were unsatisfied

Three staff were undecided

One staff was satisfied

Is care effective?

One staff was very unsatisfied

One staff was unsatisfied

Three staff were undecided

Eight staff were satisfied

Is care compassionate?

One staff was very unsatisfied
 Four staff were unsatisfied
 One staff was undecided
 Five staff were satisfied
 Two staff were very satisfied

Is the service well-led?

One staff was very unsatisfied
 Four staff were unsatisfied
 Four staff were undecided
 Four staff were satisfied

The following are a selection of comments from the staff questionnaires:

- ‘the staffing levels mean that we can't give the residents 100% as there's not enough to share the load. We're trying our best but can't give them what we want to give them. Something needs to give. We need more support from the owners. The manager is going so far then she can't get anywhere.’
- ‘Place is understaffed. Too much is asked from care assistants. Manager means well but more funding is needed from higher management. Staff morale v. low.’
- ‘Shortage of staff especially nightshift is a real concern.....In regards to nightshift a twilight shift is sorely needed for the ground floor and an extra member of staff for the 1st floor. Management have been approached regarding this but as yet there has been no improvement.’

These comments were shared with the registered manager and with the responsible individual for follow-up. Both reported that they believed that staff in their comments detailed above are not referring to the current situation in the home in respect of resident occupancy and dependency levels, but to those of several months ago. The registered manager gave assurances that discussion would take place with all staff during supervision in regard to the issues raised and that a robust comprehensive analysis of staffing will take place. To undertake this review, the registered manager advised that she will spend more of her working time in the home in the late afternoon and evenings during the next few weeks.

Assurances were given by the responsible individual that the findings and recommendations made by the registered manager's review into staffing will be implemented. The registered individual also advised that he had undertaken a number of unannounced visits to the home outside of normal working hours and actions had been taken as a result. An area for improvement was made under regulation.

Areas for improvement

An area for improvement was identified in regard to staffing.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elaine Thompson, registered manager and Brian Adam, responsible individual, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 31 March 2019	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of the residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>The registered person should complete and submit a report to RQIA as detailed in this report.</p> <p>Ref: 6.3.2</p> <p>Response by registered person detailing the actions taken: Full and thorough report submitted to Inspector, Kylie Connor on 20/03/2019 via email. This report outlined intense audits of twilight shifts, day shifts, staff monitoring and resident dependencies.</p> <p>The audit period highlighted that current staffing levels for both day shifts and night shifts are accurate, meeting our residents needs.</p> <p>All staff suitably qualified and competent to fulfill their roles effectively, meeting the residents needs in their time and at their pace.</p> <p>Our resident's health and welfare is the core of our ethos ensuring that they receive an excellent standard of person centred care at all times.</p>
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard 25.1 Stated: Second time To be completed by: 31 March 2019	<p>The registered person shall ensure that staffing levels between the hours of 19.00 to 23.00 are reviewed, taking into account resident dependency levels, the size and layout of the home to ensure that the assessed needs of residents are met. (See further detail in this report)</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Audit reported submitted to the inspector, Kylie Connor outlined the findings of the intense audits which covered 19.00 - 23.00.</p> <p>Residents assessed needs were met. Dependency levels had changed in the home as six residents over an eight day period had moved onto other settings such as, Nursing Care and Down Hospital. Current residents within the home are low dependency and all staffing levels meet their assessed needs.</p> <p>Staffing levels are accurate and no changes are required.</p>
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	<p>On going monitoring of resident's dependencies. If and when resident's needs and or dependency change the registered manager will analyse the changes, report concerns to the relevant professional team and ensure staffing levels meet the residents needs and welfare.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>Stated: Second time</p> <p>To be completed by: 22 February 2019</p>	<p>The registered person shall ensure that working practices are systematically audited and/or audit templates are reviewed and improved to ensure that they are consistent with the home's policies and procedures and best practice and action is taken when necessary, including:</p> <ul style="list-style-type: none"> • IPC in regard to hand hygiene and the environment • Catering • Accidents and incidents in line with the falls prevention toolkit <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: IPC - Hand hygiene and the environment - templates and completed audits have been recorded. Environmental Audit - Templates in situ and audits recorded - On going monitoring.</p> <p>Catering - Catering audits are now in situ and samples of food audited recorded. Recipe Book in situ - chefs/cooks are following the same recipes. On going monitoring.</p> <p>Accidents and incidents - In line with the falls prevention tool kit. Falls are reported to the GP for Falls Prevention Team Referral. GP guidance followed, all actions and outcomes are clearly recorded in the daily notes. Any changes are disseminated to all staff as and when required.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29.6</p> <p>Stated: Second time</p> <p>To be completed by: 12 February 2019</p>	<p>The registered person shall ensure that fire drills are completed regularly to ensure that all staff participate in one at least once per year; records should include the names of the staff who participated and any learning outcomes and actions taken.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Fire drills have been completed - 01/02/2019 and again on 12/02/2019. All residents, staff both day and nights participated. Fire drills are scheduled bi-annually, recorded and audited. Training needs identified and areas for action will then be highlighted to the relevant personnel.</p>

Area for improvement 4 Ref: Standard 5.2 Stated: Second time To be completed by: 10 February 2019	<p>The registered person shall ensure that all residents' needs assessments are fully completed and appropriately signed and that risk assessments fully reflect the range of needs and risks identified.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Residents needs assessments are fully completed and signed by the appropriate staff, next of kin or named individual. Resident File Audits are completed and recorded to ascertain good practice and any areas for action are highlighted to the senior/primary carer for action. On going monitoring.</p> <p>Risk assessments have been identified and completed for residents needs and risks.</p>
Area for improvement 5 Ref: Standard 6.2 Stated: Second time To be completed by: 28 February 2019	<p>The registered person shall ensure that the information in care plans are specific, with adequate detail to guide and support staff in their response to, for example, support with personal care, management of distressed reactions and are reviewed and updated on a regular basis or as changes occurred.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken:</p> <p>Care plans are specific to residents individual assessed needs and behaviours. Actions to support staff when delivering personal care are recorded which also encompasses and any distressed situations and actions to follow. Triggers for behaviour, if known, are recorded and all staff are fully informed.</p> <p>Care plans are reviewed 2 monthly or, if and when the need arises for earlier intervention e.g. residents needs have changed.</p>

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