



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment and ID: Cranley Lodge (1592)
Date of Inspection: 25 November 2014
Inspector's Name: Bronagh Duggan
Inspection ID: IN016674

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Cranley Lodge (1592)
Address:	5 Cranley Avenue Bangor BT19 7BY
Telephone Number:	028 9147 1122
Email Address:	cranleylodge@hotmail.co.uk
Registered Organisation/ Registered Provider:	Cranley Lodge
Registered Manager:	RP01813 - Lisa Dawn Harrison
Person in Charge of the Home at the Time of Inspection:	Mrs Lisa Harrison
Categories of Care:	RD-DE
Number of Registered Places:	60
Number of Residents Accommodated on Day of Inspection:	59
Scale of Charges (Per Week):	Trust Rates
Date and Type of Previous Inspection:	6 February 2014 Secondary Unannounced Care Inspection
Date and Time of Inspection:	25 November 2014 10.50am – 7.40pm
Name of Inspector:	Bronagh Duggan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	22 Individually, 20 in groups
Staff	7
Relatives	4
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	10	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not Applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to Become Compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not Compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 – Moving Towards Compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Cranley Lodge Residential Care home is situated in a residential housing estate in Bangor within a short distance of the town centre.

The residential home is owned and operated by Mr Brian Adam. The current registered manager is Mrs Lisa Harrison.

Accommodation for residents is provided in single rooms in a spacious double storey building. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on both floors of the home.

The home also provides for catering and laundry services a number of communal sanitary facilities are available throughout the home.

The home has a secure garden out the back which residents have been involved in upgrading.

The home is registered to provide care for a maximum of 60 persons under the following categories of care:

Residential Care

DE Dementia

8.0 Summary of Inspection

This primary unannounced care inspection of Cranley Lodge was undertaken by Bronagh Duggan on 25 November 2014 between the hours of 10:50am – 7:40pm. Mr Adam registered provider and Mrs Harrison registered manager were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the identified issues had been addressed with the exception of two recommendations relating to the homes policy on the protection of vulnerable adults and the general maintenance of the grounds around the home. The registered manager informed the inspector the homes policy on the protection of vulnerable adults had been reviewed and up dated accordingly, a review of the policy showed that changes were still required. This recommendation has been reiterated for the third time, the registered manager should pay particular attention to regional protocols and local procedures issued by Health and Social Care Board and Trusts in relation to reporting and investigating allegations of abuse. The detail of the actions taken by Mrs Harrison can be viewed in the section following this summary. The issue of maintenance around the grounds of the home has been reiterated for the second time.

Prior to the inspection, on 25 November 2014 Mrs Harrison registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Harrison in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. A recommendation was made that the homes policy on Challenging Behaviour and Restraint is amended to reflect the need to inform that RQIA on each occasion restraint is used. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A requirement is made that all appropriate consultation and documentation should be in place regarding the use of restraint or restrictive devices. This includes the need for individual risk assessments to be carried out which take into consideration the individual needs and preferences of residents in relation to accessing the keypad system and the use of any restrictive devices. The use of any types of restraint and restrictive practices should be documented in the homes statement of purpose.

The evidence gathered through the inspection process concluded that Cranley Lodge was substantially compliant with this standard.

8.2 Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. A recommendation was made that a policy regarding the provision of activities and events in developed. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator on a fulltime basis. A selection of materials and resources were available for use during activity sessions.

Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Cranley Lodge is overall compliant with this standard.

8.3 Resident, Representatives, and Staff Consultation

During the course of the inspection the inspector met with residents, representatives, and staff. Questionnaires were distributed to be completed by staff.

In discussions with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident informed the inspector that they were unhappy in their placement and wanted to move this was discussed with the registered manager, a review of the residents records showed that the issue had previously been raised but the matter had not been resolved. A recommendation is made that the identified resident should have a review of their current placement carried out and RQIA should be informed of the outcome. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

No questionnaires were completed and returned by staff. A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.5 Care Reviews

A review of one resident's records showed that they had recently been assessed as requiring nursing care; Cranley Lodge is registered as a residential care home and does not provide nursing care. This issue was raised with the registered manager who informed the inspector that this issue is currently being reviewed by the care management team. A requirement is made that the home must only accommodate residents within the categories of care that the home is registered for.

8.6 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to generally be of a satisfactory standard however a number of environmental issues were observed on the day of inspection which were shared with the registered manager. Four recommendations were made including the removal and replacement of an identified chair from a ground floor bathroom.

The flooring in one resident's bedroom and in the hallway to an adjoining bathroom was ripped and observed to be in poor condition this needs to be replaced. A bin for clinical waste in the identified bathroom should have a pedal control and lid for infection control purposes. Also a recommendation is made that the bed base in the identified bedroom should be replaced as this was found to be frayed and worn with a strong odour present, the mattress should also have a thorough clean.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, and information in relation to resident dependency levels, guardianship, finances, and fire safety. Further details can be found in section 11.0 of the main body of the report.

Three requirements and seven recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 6 February 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 18 (2) (N)	<p>Where activities are provided by or on behalf of the home including training, occupation and recreation, there are arrangements to ensure that –</p> <p>(1) Activities are planned and provided with regard to the needs of the residents</p> <p>(2) Residents are consulted about the planned programme of activities</p> <p>A suitable activities co-ordinator should be recruited to arrange and deliver activities that meet the residents therapeutic needs, see recommendation 3 also.</p>	<p>A full time activities therapist has been recruited and commenced employment in September 2014. The activities therapist has commenced a programme of activities within the home taking into consideration feedback from residents regarding their personal interests which are to be included in the programme of activities. The programme shall be developed further in the coming weeks and months.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16.1 16.2 16.3	<p>The registered manager should ensure that the homes vulnerable adult policy and procedure is revised and is in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Board and Trusts.</p> <p>Staff should then be provided with an update.</p>	<p>The registered manager informed the inspector the homes vulnerable adult policy and procedure had been revised in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Board and Trusts.</p> <p>This recommendation has been reiterated, the registered manager should pay particular attention to regional protocols and local procedures issued by Health and Social Care Board and Trusts in relation to reporting and investigating allegations of abuse.</p>	Not Compliant
2	19.6	The registered manager should make further efforts to enable residents, or where appropriate their representatives, to be involved in the recruitment process.	The registered manager has sought information from representatives in the homes quality reports to gather potential questions to be asked at interview stage.	Compliant
3	13.1 13.2 13.5	The responsible person should make efforts to recruit a qualified activities co-ordinator and develop a therapeutic programme that meets the needs of all residents, including those with dementia and the male residents.	An activities co coordinator has been recruited and commenced employment with the home in September 2014. The activities coordinator has commenced the development of a therapeutic activities programme.	Compliant
4	35.7	The absent hand gel dispensers should be replaced as soon as possible with non-alcoholic alternatives that cannot be opened and ingested by residents.	Hand gel dispensers were available throughout the home on the day of inspection.	Compliant

5	27.5	<p>The grounds should be kept tidy, safe, suitable for and accessible to all residents. The builder's rubble and other hazardous materials outside the home should be removed to ensure the safety of staff, visitors and residents and prevent vermin.</p>	<p>A considerable amount of rubble and other hazardous materials were viewed on the grounds of the home.</p> <p>This recommendation has been reiterated.</p>	<p>Not Compliant</p>
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10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Staff all know each Resident individually. Their usual conduct and behaviour will be recorded in their care plan and staff review these care plans monthly (or more often if necessary). Where necessary staff will discuss individual Residents at team meetings, for example, if an agreed approach is found to work for that individual person. All responses or recorded interventions are designed to promote positive outcomes for Residents.	Compliant

Inspection Findings:	
<p>The home had a Challenging Behaviour and Restraint policy dated 2013 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. A recommendation was made that the policy should detail that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values of dignity, respect and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour Training on 4 November 2014.</p> <p>A review of four residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	<p>Substantially Compliant</p>

Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Staff are given training yearly on Challenging Behaviour and Dementia and therefore have a good knowledge and understanding of the various reasons why behaviour may change or be unusual and they are then able to recognise this and assess reasons why this is occurring. Staff are aware of their roles in contacting the appropriate professionals, making the appropriate referrals etc and in recording all the necessary information.	Compliant
Inspection Findings:	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour and the programme of care/treatment to be provided.</p> <p>A review of the records and discussions with visitors confirmed that they had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>This will always be recorded in the care plan which the NOK signs initially and then as and when updated.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Three of the four care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Substantially Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>This would be discussed with the appropriate persons, for example Care Management or POAT and this would be detailed in the care plan along with review dates etc.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of Challenging Behaviour (2013) policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident’s care plan, as necessary.</p> <p>A review of one behaviour management programme identified that it had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident’s care plan and there was evidence that it was kept under review.</p>	Compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Although we have none in place currently, this would occur if the need arose.</p>	Not applicable
<p>Inspection Findings: A review of staff training records evidenced that staff had received training in Managing Challenging Behaviour in November 2014. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Any such incident would be managed with the support of the multi-disciplinary team and with the full knowledge of NOK. I can't think of a specific example of where this has been done but we would of course do this in such a circumstance.</p>	Compliant
<p>Inspection Findings: The registered manager confirmed that no incidents had occurred outside the scope of a residents care plan. The registered manager and staff confirmed during discussions that if any incident was managed outside the scope of a resident’s care plan, this would be recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this would be followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment We do not use restraint within Cranley Lodge.</p>	<p>Not applicable</p>
<p>Inspection Findings: A keypad system was observed on the entrance door on both floors within Cranley Lodge. The use of the key pad systems were discussed with the registered manager who informed the inspector they were in place to ensure residents safety. A review of four residents care plans showed that the use of the key pad system was not stipulated. Further to this a review of one residents care records showed that a pressure mat had been put in place for an identified resident this information however was not included in the residents care plan, there was no evidence available to show that the resident had consented to the use of the pressure mat. The issue of pressure mats generally was discussed with the registered manager who informed the inspector there were nine pressure mats in use in the home. The registered manager stated consents were in place regarding the use of these. The inspector viewed appropriate consents within a sample three care records. A requirement is made that all appropriate consultation and documentation should be in place regarding the use of restraint or restrictive devices. This includes the need for individual risk assessments to be carried out which take into consideration the individual needs and preferences of residents in relation to accessing the keypad system and the use of any restrictive devices. The use of any types of restraint and restrictive practices should be documented in the homes statement of purpose.</p>	<p>Moving towards compliance</p>

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
<p>**We started a new, full time activities therapist on 15.9.14 so all responses to this section are based upon plans and early development.**</p> <p>The activity therapist assesses each individual and gains some knowledge of them as an individual person and then works to assist them to engage in activities which are meaningful and generate positive outcomes for them as a person.</p>	Provider to complete
Inspection Findings:	
<p>Discussion with the activities therapist and review of records available showed that a programme of activities was being developed in consultation with residents; evidence was available that resident's personal needs and interests were used to contribute to the programme.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>A recommendation was made that a policy regarding the provision of activities and events in developed.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Substantially Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Cranley cater well to spiritual needs, offering an inter-denominational service every Sunday and other monthly church visitors, such as a visit from a member of Belfast City Mission for a praise service monthly.</p> <p>All activities are designed to be enjoyable, purposeful, age and culturally appropriate. For example, at present our new activity therapist is working with male and some female residents (who have identified this as an interest to them) to tidy up the garden, plant new flowers and generally make it a more inviting and purposeful space.</p> <p>Throughout the year we have many community visitors in the Home and also try to take Residents out on bus trips to the local area.</p> <p>Activities focus on healthy living, promoting movement, walks and exercise.</p> <p>Our activity therapist works closely with staff to ensure he is aware of Residents changing needs and the ways in which he needs to adapt his activities to allow for this.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Examination of the programme of activities identified that social activities are organised each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Although our current activity therapist is new in post, it would be in future planning that he would hold informal Residents meetings, taking opinions and suggestions from all Residents, thus informing his future planning for the activities programme.</p>	Provider to complete
<p>Inspection Findings: Discussion with the activities coordinator, review of records available, and discussion with residents including those who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p>	Compliant
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment There is a large notice board on each unit showing the activities focus for that day, for example arts and crafts or gardening day. A chalk board at the Home entrance also gives specific details of the activities taking place that day.</p>	Compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display on large notice boards on both floors of the home. These locations were considered appropriate as the areas were easily accessible to residents and their representatives. Discussions with residents and representatives confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs this included a daily format made up of large print and pictures of activities.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment It is the aim of our activity therapist that activities should be accessible to all Residents regardless of disability or cognitive function. This is done through targeting activities at individuals own capabilities and the activity therapist will use aids where necessary and receive help and support from staff as required.</p>	Compliant
<p>Inspection Findings: The home employs an activity co coordinator for 37.5 hours each week. The activity coordinator, care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and craft materials, music cd's, board games and reminiscence materials.</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Our activity therapist creates a structured yet flexible programme. Activities are designed with Residents concentration spans and individual abilities in mind and can be adapted throughout the day based upon needs/level of interest/any other relevant factors.</p>	Compliant
<p>Inspection Findings: The activity co coordinator, care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment The activity therapist is a full time staff member within the Home. He has been recruited, vetted and approved by the Registered Manager and Registered Provider. Where he brings outside persons in to provide activities he is present at all times and oversees the activity, assessing it's suitability and reporting back to the Registered Manager on any issues or concerns.	Compliant
Inspection Findings: The registered manager confirmed that the full time activities coordinator is employed to provide a range of activities in the home. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver activities within the home.	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The activity therapist employed by Cranley has regular ongoing contact with all care staff and there is an open line of communication whereby staff tell him of any issues he needs to be aware of and he in turn can tell them anything they need to be aware of.</p> <p>Where the activity therapist brings outside persons in to provide activities he welcomes them to the Home, discusses any specific issues which may be a factor that day and is present at all times and oversees the activity, assessing it's suitability and reporting back to the Registered Manager on any issues or concerns.</p>	Compliant
<p>Inspection Findings:</p> <p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Although our activity therapist has only been in post since 15.9.14, we have discussed the recording that needs to be undertaken as part of the role. He is fully aware of this and will be completing all necessary records.</p>	Moving towards compliance
<p>Inspection Findings:</p> <p>Discussion with the activities coordinator and review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment This has always been a policy within Cranley and this will be ongoing.	Compliant
Inspection Findings: A review of the programme of activities identified that it was currently under review for further development. The registered manager and activity coordinator confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents Consultation

The inspector met with 22 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities most residents indicated/expressed that they were content with their life in the home, with the facilities and services provided and their relationship with staff. One resident informed the inspector that they were unhappy in their placement and wanted to move out of the home this was discussed with the registered manager, a review of the residents records showed that the issue had previously been raised but the matter had not been resolved. A recommendation is made that the identified resident should have a review of their current placement carried out and RQIA should be informed of the outcome.

Comments received included:

“I get all that I need, I have no complaints”

“They are very good here, they have to work very hard”

“I’m doing ok”

“Staff are helpful, it is ok”

“I have all that I need”

11.2 Relatives/Representative Consultation

Four relatives who met with the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

“I am kept well informed, he/she is very happy here”.

“I have no complaints he/she is warm and comfortable and has everything he/she needs”.

“It is very good, staff are very helpful, there are great activities available”

“I have no complaints he/she seems to have all they need”.

11.3 Staff Consultation/Questionnaires

The inspector spoke with five care staff and the activities coordinator during the inspection, questionnaires were also distributed for staff to complete and return. No completed questionnaires were returned to RQIA. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident’s behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting Professionals Consultation

There were no visiting professionals available in the home on the day of inspection.

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

A review of one resident's records showed that they had recently been assessed as requiring nursing care; Cranley Lodge is registered as a residential care home and does not provide nursing care. This issue was raised with the registered manager who informed the inspector that this issue is currently being reviewed by the care management team. A requirement is made that the home must only accommodate residents within the categories of care that the home is registered for.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to generally be of a satisfactory standard however a number of environmental issues were observed on the day of inspection which were shared with the registered manager. Four recommendations were made regarding the environment including the removal and replacement of an identified chair from a ground floor bathroom. The flooring in one resident's bedroom and in the hallway to an adjoining bathroom was ripped and observed to be in poor condition this needs to be replaced. A bin for clinical waste in the identified bathroom should have a pedal control and lid for infection control purposes.

Also a recommendation is made that the bed base in the identified bedroom should be replaced as this was found to be frayed and worn with a strong odour present, the mattress should also have a thorough clean.

11.8 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 2 October 2013 which was due for renewal. The registered provider and registered manager informed the inspector a fire safety risk assessment had been completed the day before the inspection on 24 November 2014 but that the home was waiting for the final document.

A review of the fire safety risk assessment in place showed that the previous recommendations had not been duly actioned over the preceding year. A requirement has been made that the fire safety risk assessment should be actioned when necessary.

A review of the fire safety records evidenced that fire training, had been provided to staff on 22 and 29 October 2014. The records also identified that an evacuation had been undertaken on 14 March 2014 and that different fire alarms are tested weekly with records retained. All fire exits were unobstructed and fire doors were closed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Lisa Harrison, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Primary Unannounced Care Inspection

Cranley Lodge (1592)

25 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Lisa Harrison either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 27. (4) (a)	<p>The registered person shall – have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;</p> <p>Reference to this is made to the fact that recommendations made from the fire safety risk assessment in October 2013 had not been duly actioned by the date of inspection.</p> <p>Ref: 11.9</p>	One	A Fire Risk Assessment was carried out on 24.11.14.	Immediately from the date of inspection.

2.	Regulation 14. (6)	<p>On any occasion on which a resident is subject to restraint, the registered person shall record on the residents care plan the circumstances the nature of the restraint.</p> <p>Reference to this is made to the care plan reviewed which showed a pressure mat had been put in place for an identified resident this information however was not included in the residents care plan. Also in relation to the key pad system all appropriate consultation and documentation should be in place regarding its use. This includes the need for individual risk assessments to be carried out which take into consideration the individual needs and preferences of residents in relation to accessing the keypad system and the use of any other restrictive devices. The use of any types of restraint and restrictive practices should be documented in the homes statement of purpose.</p> <p>Ref:10.0</p>	One	<p>This is stated in the policy and would be done.</p> <p>The oversight where a Resident had a pressure mat and it was not stated in the care plan has now been rectified.</p> <p>A risk assessment is now in place for every Resident ref. use of keypad system and the outcome recorded in their care plan.</p> <p>The Homes Statement of Purpose has been updated.</p>	20 February 2015
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3.	Regulation 15.1 (e)	<p>The registered person shall not provide accommodation to a resident at the residential care home unless –</p> <p>(e) the home has been registered for the category of care appropriate to the resident's needs.</p> <p>Reference to this is made to any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning trust.</p> <p>Ref: 11.6</p>	One	<p>The Resident referred to here was moved onto Nursing care within 28 days following the Inspection.</p> <p>All other Residents in this position have now been reviewed by the placing Trust and work is ongoing.</p>	20 February 2015
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Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	16.1	<p>The registered manager should ensure that the homes vulnerable adult policy and procedure is revised and is in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Board and Trusts.</p> <p>Staff should then be provided with an update.</p> <p>Ref: 9.0</p>	Three	<p>This has now been re-written and a copy supplied to Bronagh Duggan and Linda Thompson in RQIA.</p> <p>Staff have been informed and told to read the new policy.</p>	30 January 2015
2.	27.5	<p>The grounds should be kept tidy, safe, suitable for and accessible to all residents. The builder's rubble and other hazardous materials outside the home should be removed to ensure the safety of staff, visitors and residents and prevent vermin.</p> <p>Ref: 9.0</p>	Two	Work in this area ia ongoing.	20 February 2015
3.	10.1	<p>The registered manager should amend the homes policy on Challenging Behaviour and Restraint to reflect the need to inform that RQIA on each occasion restraint is used.</p> <p>Ref: 10.0</p>	One	This has been done.	20 February 2015

4.	13.1	The registered manager should ensure that a policy regarding the provision of activities and events is developed. Ref: 10.0	One	This policy is currently being created and will be in place by 27.2.15.	27 February 2015
5.	11.1	The registered manager should ensure the identified resident has a review of their current placement carried out and RQIA should be informed of the outcome. Ref: 11.1	One	Care Manager has spoken with Inspector Bronagh Duggan about the identified Resident and work on this is ongoing with Care Management intervention.	From the date of inspection
6.	27.8	The registered manager should ensure the removal and replacement of the identified chair from a ground floor bathroom. Ref: 11.8	One	This was rectified immediately.	18 January 2015
7	27.1	The registered manager should ensure the flooring in one resident's bedroom and in the hallway to an adjoining bathroom is replaced. Ref: 11.8	One	Th bedroom flooring has been replaced and the hall/bathroom flooring will be replaced by 20.2.15.	20 February 2015
8.	N39	The registered manager should ensure the bin for clinical waste in the identified bathroom should have a pedal control and lid for infection control purposes. Ref: 11.8	One	This was rectified immediately.	18 January 2015

9.	27.8	<p>The registered manager should ensure the bed base in the identified bedroom is replaced; the mattress should also have a thorough clean.</p> <p>Ref: 11.7</p>	One	Action plan in place to replace majority of beds.	From the day of inspection
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Lisa Harrsion
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brian Adam

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	18.2.15
Further information requested from provider			