

Inspection Report

Name of Service: Cranley Lodge

Provider: Cranley Lodge

Date of Inspection: 6 July 2026

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Cranley Lodge
Responsible Person:	Mr Brian Adam
Registered Manager:	Mrs Elaine Thompson
Service Profile – This home is a registered residential care home which provides health and social care for up to 60 residents. The home provides care for residents living with dementia and those in need of general residential care. The home is divided in to two suites over two floors. The Nightingale Suite is located on the ground floor and the Alexandra Suite is located on the first floor. Residents have access to communal bathrooms, lounges, dining rooms and an outdoor area.	

2.0 Inspection summary

An unannounced inspection took place on 6 July 2026, between 9.30 am and 4.15 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with said that they were happy living in Cranley Lodge. Comments included, "I am very happy here, it is like a hotel," and "It is lovely, they are all very good."

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

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork within the home and that they enjoyed working in Cranley Lodge.

A visitor in the home said, "I am happy with the care and the manager is very good." A professional visiting the home commented, "the families are generally happy, there is always plenty of staff on duty."

One questionnaire was returned from a professional who visited the home, the respondent confirmed that there was a high standard of care in the home and that staff were always friendly.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs; their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company, residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

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

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Where a resident was at risk of falling, measures to minimise this risk of falls were put in place to safeguard the resident.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning activity confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

Residents' bedrooms were personalised with items important to the resident. There were a number of communal areas accessible to residents across the home. Residents were observed seated comfortably in communal areas or their bedrooms if this was their preferred choice.

It was positive to see that the areas identified in the last inspection had been addressed. However, further improvements were required to the maintenance and cleanliness of some areas of the home. There were signs of wear and tear to some walls, furniture and resident equipment throughout the home; for example; occasional tables were chipped and in need of replacing, some chairs were ripped and skirting boards were cracked. Bedside cabinets needed a deeper clean, arm rests of toilet seats were ripped and could not be effectively cleaned and the sinks in residents' bedrooms also needed a deeper clean. Details including photographic evidence was shared with the management team and two areas for improvement were identified.

Denture cleaning tablets were not securely stored, these were removed by the inspector and given to staff for safe storage. An area for improvement was stated for a second time.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks. However, two fire doors were found to be propped open. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Elaine Thompson has been the manager in this home since 14 September 2018.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with her and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited by the responsible individual in accordance with Regulation 29. Further enhancement of the current Regulation 29 reports in relation to environmental checks was discussed with the manager and the responsible individual and will be reviewed at a future inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes one that has been stated for a second time one which has been carried forward for review at the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 9 September 2025	The registered person shall ensure that all prescribed medicines, including insulin and other medicines administered by other healthcare professionals are included on personal medication records. Ref: 3.3.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 2 Ref: Regulation 14 (2) Stated: Second time To be completed by: 7 July 2026	The registered person shall ensure that all areas of the home to which residents have access to are free from hazards to their safety. This area of improvement is with reference to the management of denture cleaning tablets. Ref: 2.0 & 3.3.4 Response by registered person detailing the actions taken: All next of kin have been advised to ensure denture cleaning tablets are given to the senior on duty for safe keeping in their locked clinical room. Signs throughout the home to remind NOK along with audits of bedrooms to ensure these items are not being brought into the home.
Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 31 August 2026	The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed and submit an action plan to RQIA outlining the planned refurbishments to the home. These should include projected timeframes for the works to take place. Ref: 3.3.4 Response by registered person detailing the actions taken: All areas identified during the inspection have been actioned. Maintenance is on going.
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 7 July 2026	The registered person shall ensure that the environment is managed to minimise the risk of infection to residents, staff and visitors. Ref: 3.3.4 Response by registered person detailing the actions taken: Audits of the home environment are in place to monitor areas and minimise the risk of infections to residents and staff including reports to be completed daily by the domestic cleaning staff. On going monitoring and spot checks in place

Area for improvement 3 Ref: Standard 29 Stated: First time To be completed by: 7 July 2026	The registered person shall ensure that fire doors throughout the home are not propped open. Ref: 3.3.4 Response by registered person detailing the actions taken: We have installed magnets throughout the home. Staff education in regards to propping doors open with items. Some residents continue to put items under their door and staff are removing these items to find them back in place a short time later. On going monitoring of this
--	--

Please ensure this document is completed in full and returned via the Web Portal



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews