

# Unannounced Premises Inspection Report 3 January 2018



## Cranley Lodge

**Type of service: Residential Care Home**  
**Address: 5 Cranley Avenue, Bangor, BT19 7BY**  
**Tel No: 028 9147 1122**  
**Inspector: Gavin Doherty**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cranley Lodge  <b>Responsible Individual:</b> Mr Brian Adam	<b>Registered Manager:</b> Mrs Catherine Busby
<b>Person in charge at the time of inspection:</b> Mr Brian Adam	<b>Date manager registered:</b> 17 January 2017
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 60

### 4.0 Inspection summary

An unannounced inspection took place on 3 January 2018 from 10.00 to 12:30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

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

Evidence of good practice was found in relation to ongoing planned preventative maintenance within the home and improved levels of decoration and personalisation within the residents' bedrooms.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Brian Adam, responsible individual, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 August 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the service
- the establishment related incidents reported to RQIA since the last premises inspection

The following records were examined during the inspection:

- service records and in-house log books relating to the maintenance and upkeep of the building and engineering services
- legionellae risk assessment
- fire risk assessment

During the inspection the inspector met with Mr Brian Adam, responsible individual for the premises.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 6 September 2017

The most recent inspection of the service was an unannounced care inspection. The areas for improvement made as a result of this inspection will be assessed by the care inspector at their next inspection.

## 6.2 Review of areas for improvement from the last premises inspection on 12 May 2015

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27 <b>Stated:</b> Second time	The legionella risk assessment should be expanded to include a description of the water system to clarify and support the assessment outcome. The assessment and action plan should be updated to take account of any new information arising from this. It is also recommended that the frequency of flushing little used outlets be reviewed taking account of the guidance in the code of practice document HSG274 Part 2.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new risk assessment was undertaken on 14 April 2016. Suitable checks and records appear to be being maintained.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The operation of all bedroom doors should be checked to ensure that they effectively self-close to provide an effective fire seal.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr Adam confirmed that work had been undertaken to the bedroom doors. However several doors still failed to effectively self-close when released. This recommendation has been restated in the Quality Improvement Plan.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The record system relating to the test and maintenance of the emergency lights should be amended to ensure that the monthly function test is also suitably recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this was in place at the time of inspection.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	In relation to the maintenance of the thermostatic mixing valves the records should be expanded to provide confirmation that the post maintenance set temperature for each valve is in line with good practice (refer to Health Guidance Note 'Safe' hot water and surface temperatures) and that, where fitted, the fail-safe arrangement has been checked for correct operation. The record system should also provide for the periodic check of safe water temperatures at resident accessible outlets to ensure the satisfactory ongoing performance of the thermostatic mixing valves.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that this was in place at the time of inspection.	

**6.3 Inspection findings**

**6.4 Is care safe?**  
**Avoiding and preventing harm to patients and clients from the care, treatment and support that are intended to help them.**

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the premises mechanical and electrical installations and engineering services was also presented for review during this premises inspection.

These measures support the delivery of safe care.

**Areas of good practice**

Records presented indicate good attention to the upkeep of the premises engineering services and installations.

A risk assessment relating to the control of legionella bacteria in the premises hot and cold water systems is in place. There appear to be adequate procedures in place to maintain these systems.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes



account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was undertaken by an assessor holding professional body registration for fire risk assessors.

**Areas for improvement**

1. The electrically powered shower installed in the premises Hairdressing Room has no thermostatic protection to prevent scalding if the mains pressure fluctuates. As the showers provided at each sink are fitted with thermostatic mixing valves, these showers should be used and the electric shower removed.
2. It was noted during the course of the inspection that several top hung window openings on the first floor had not been suitably restricted to a safe point of opening. It is essential that a survey of all window opening is undertaken and that all window openings are controlled to a safe point of opening of no more than 100mm. It is also essential that these restrictors cannot be overridden by residents by securing with suitable tamper proof screws. Further guidance on this matter may be obtained from the following link: <http://www.hse.gov.uk/pubns/hsis5.pdf>
3. It was noted during the course of the inspection that several fire doors were being propped or wedged open. This practice compromises fire safety compartmentation within the premises and must not continue. Should there be a requirement for any fire door to be held open for operational purposes, then a suitable hold open device, linked to the premises fire detection system should be installed.
4. During the course of the inspection several mobile hoists were noted. However, there were no records available for the servicing or thorough examination of these items of lifting equipment. Mr Adam stated that these hoists are not currently used within the home. It is therefore essential that these hoists are removed from the premises, or that they are serviced and thoroughly examined by a competent engineer to ensure they remain safe to use within the home.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	4	0

**6.5 Is care effective?**

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

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Residents are involved where appropriate in decisions around the upkeep of the establishment. This supports the delivery of effective care.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintenance regimes and premises upkeep.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

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

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Residents are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

## Areas of good practice

The areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Residents are consulted about decisions around décor and their private accommodation where appropriate.

## Areas for improvement

1. During the inspection several issues relating to the building fabric were identified. These issues should be addressed in a timely manner:
  - a. Several toilet cisterns had missing lids which should be replaced
  - b. Corridor flooring at bedroom 9 and adjacent bathroom and toilet was in poor condition and should be repaired or replaced
  - c. The store room in the staff accommodation block should be rationalised and decluttered to reduce the fire risk.

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

### 6.7 Is the service well led?

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

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.



The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of medicine incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mr 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 nursing 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) <b>Stated:</b> First time <b>To be completed by:</b> 28 March 2018	The registered person shall remove the electrically powered shower from the Hairdressing Room.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> The electrical powered shower has been disconnected to the mains.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) <b>Stated:</b> First time <b>To be completed by:</b> 28 February 2018	The registered person shall ensure that a survey of all window opening is undertaken and that all window openings are controlled to a safe point of opening of no more than 100mm. It is also essential that these restrictors cannot be overridden by residents by securing with suitable tamper proof screws.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> This action has been completed.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) <b>Stated:</b> First time <b>To be completed by:</b> Immediate & Ongoing	The registered person shall ensure that no fire doors are propped or wedged open at any time.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> All items for propping doors have been removed.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall ensure that all mobile hoists are removed from the premises, or that they are serviced and thoroughly examined by a competent engineer to ensure they remain safe to use within the home.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Mobile hoists have been removed from the home.</p>
<p><b>Action required to ensure compliance with the</b> Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).</p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall ensure that the operation of all bedroom doors is checked to ensure that they effectively self-close and provide an effective fire seal.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All self closing devices have been repaired and in correct working order.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 March 2018</p>	<p>The registered person shall ensure that the following issues relating to the building are addressed in a timely manner:</p> <ol style="list-style-type: none"> <li>1. Several toilet cisterns had missing lids which should be replaced</li> <li>2. Corridor flooring at bedroom 9 and adjacent bathroom and toilet was in poor condition and should be repaired or replaced</li> <li>3. The store room in the staff accommodation block should be rationalised and decluttered to reduce the fire risk.</li> </ol> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The staff accommodation has been reconfigured to reduce clutter and appropriate storage of items.</p> <p>The missing lids on the toilet cisterns have been ordered to replace. New flooring has been ordered to replace existing floor.</p>

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



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