



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Forest Lodge
Establishment ID No:	1506
Date of Inspection	13 May 2014
Inspector's Name:	Bronagh Duggan
Inspection No:	17308

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Forest Lodge
Address:	1 Little Forest Portadown Craigavon BT63 5DX
Telephone Number:	028 3833 0620
E mail Address:	forestlodge@praxiscare.org.uk
Registered Organisation/ Registered Provider:	Praxis Care Group / Challenge Mrs Irene Sloan
Registered Manager:	Mrs Sharon Livingstone
Person in Charge of the home at the time of Inspection:	Mrs Sharon Livingstone
Categories of Care:	RC-LD ,RC-LD(E)
Number of Registered Places:	13
Number of Residents Accommodated on Day of Inspection:	12
Scale of Charges (per week):	£1088 per week
Date and type of previous inspection:	18 December 2013 Primary announced inspection
Date and time of inspection:	13 May 2014 10:10am - 2:30pm 4:15pm - 5:20pm
Name of Inspector:	Bronagh Duggan

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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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 (2008)

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

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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 the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 9 – Health and Social Care

The inspector has 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.

PROFILE OF SERVICE

As from 13 March 2014 Forest Lodge has adopted single registration for what was formerly three separate smaller units consisting of Forest Lodge, Little Forest and 57 Killycomaine Road. The three units are based in close proximity to each other on the outskirts of Portadown town centre.

The facility combining the three small units provides accommodation for a total of 13 persons with a Learning Disability, Category LD.

Praxis Care Group is the Registered Organisation and Mrs Irene Sloane is the Responsible Person. The Registered Manager is Mrs Sharon Livingstone who is based within the main Forest Lodge building and supported by a team of care and support staff. A support worker is allocated to Little Forest and 57 Killycomaine Road (the two smaller units) who receive support from the team leader in Forest Lodge.

Due to the recentness of the change in registration status for the home this report will include the follow up on the Quality Improvement Plans (QIP's) for the three original units. Reports published after this initial transition phase will simply refer to the three units under the single name of Forest Lodge.

SUMMARY

A secondary unannounced care inspection was undertaken at Forest Lodge Residential Home on 13 May 2014 during the hours of 10:10am – 5:20pm by Bronagh Duggan inspector and reflects the position in the home at the time of the inspection.

The inspector was greeted by the registered manager Mrs Sharon Livingstone who was readily available for discussion and clarification during the inspection. Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

As from 13 March 2014 Forest Lodge has adopted single registration for what was formerly three separate smaller units consisting of Forest Lodge, Little Forest and 57 Killycomaine Road. A review of the statement of purpose identified that it has not been updated to reflect the changes in registration status and the amalgamation of the three units. This was discussed with the registered manager and a requirement has been made to review and update the statement of purpose.

The inspector viewed the three facilities which were generally found to be clean, tidy and fresh smelling. Some renovation work was being undertaken in the living room at 57 Killycomaine Road. This information was shared with RQIA estates department. The inspector met with residents and staff, reviewed documentation, sat in on a staff handover and observed care practices. There were no relatives or visiting professionals to the facility during the inspection. The inspector observed staff interacting appropriately with residents and good relations were evident between staff and residents.

The inspector examined the previous QIP's for the then three units and found that the home / homes had responded positively to the recommendations made. One recommendation relating to a screened window in the bathroom at 57 Killycomaine Road has still to be

achieved, the inspector is satisfied steps have been taken to meet this recommendation. This recommendation has been stated for the second time.

Standard 9 Health and Social care

In relation to this standard three resident files were reviewed; these were found to include the relevant details of the residents General Practitioner, dentist and optometrist. Staff were knowledgeable in relation to individual resident's needs and their general health and social care needs were being monitored. It was identified that one of the residents was currently being treated for an infection. However, a review of the resident's progress notes identified that staff are not recording the progress / changes in the resident's medical condition on a daily basis. This was discussed with the registered manager and a recommendation was made.

The review also identified that the care records detailed how often residents should attend health screening, dental and other health and social care services appointments. However, there is no system in place to ensure that the residents are seen within these timescales. This was discussed with the registered manager and a recommendation has been made that a system is put in place which highlights when review appointments are due in relation to dental, optometry and other services the resident may receive.

Overall the inspector found the home to be substantially compliant with this standard.

As a result of this inspection, one requirement and three recommendations, one of which has been stated for the second time have been made, these are detailed within the body of the report and the associated Quality Improvement Plan (QIP).

The inspector wishes to acknowledge the full cooperation of the registered manager, the residents, and the staff throughout the duration of the inspection. The inspector would like to thank all those involved for their time, and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES**Little Forest****17 & 18 December 2013****Primary announced inspection**

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	16.1	The Protection of Vulnerable Adults policy should be amended to reflect the immediacy of action required in the case of untoward circumstances. Also the out of hour's referral procedure should be included in the policy.	A review of the protection of vulnerable adults policy evidenced that it included reference to the immediacy of action required in the case of untoward circumstances. The out of hour's referral procedure was also included in the policy. This recommendation has been addressed.	Compliant
2	10.1	It was recommended that a capacity assessment be completed for one resident as discussed with manager.	A capacity assessment has been completed; the residents care plan has been altered to reflect this. This recommendation has been addressed.	Compliant
3	29.5	It was recommended that weekly fire checks be completed when required as during the inspection it was found that on at least three occasions the checks were not completed.	Records of weekly fire safety checks were reviewed; these were found to be completed on a regular basis. This recommendation has been addressed.	Compliant
4	1.3	It was recommended that an outdoor shelter is provided for smoking as requested by a resident.	The registered manager informed the inspector that the resident has stopped smoking and no longer requires the shelter. This recommendation has been addressed.	Not applicable

Forest Lodge
17 & 18 December 2013
Primary announced inspection

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 10.6 of inspection dated 14 April 2013.	<p><u>Monthly monitoring visits made on behalf of the registered provider</u></p> <p>It is recommended that the management of any accidents / incidents of challenging behaviour are reviewed at the monthly unannounced visits to ensure these have been managed appropriately, any lessons learned, the placement remains appropriate and that measures are in place to minimise any risk or upset to residents living in the home.</p> <p>Action plans to address issues should be recorded by the designated person acting on behalf of the registered provider.</p> <p>(Examination of the past monthly visits shows reference to accidents / incidents. However there was no information recorded in regard to satisfaction with how these including challenging behaviours were managed.)</p>	<p>Monthly monitoring reports were reviewed these were found to include the relevant information in relation to accidents / incidents of challenging behaviour, management, and lessons learnt.</p> <p>This recommendation has been addressed.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
2	Standard 16.1	<p><u>POVA Policy</u></p> <p>It is recommended that the timescale of one day for reporting a vulnerable abuse incident is amended in the home's policy as referral should be made to the trust designated officer immediately when an incident is reported.</p> <p>Include the referral process for reporting "out of hours" within the home's procedure.</p>	<p>The homes policy on the protection of vulnerable adults has been updated to reflect the immediate action required when an incident is reported.</p> <p>The "out of hours" contact information and referral process is now included in the policy.</p> <p>This recommendation has been addressed.</p>	Compliant
3	Additional matters (Fire safety)	<p><u>PEEPS</u></p> <p>Undertake personal emergency evacuation plans for each resident and retain a record of same within a convenient area known by all staff.</p>	<p>Personal emergency evacuation plans were available for each resident; these were viewed during the inspection.</p> <p>This recommendation has been addressed.</p>	Compliant

57 Killycomain Road
 Secondary unannounced inspection
 20 March 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	27.1	It is recommended some form of glass screening of the bathroom window is provided.	Records were available in the home which identified that the staff have been communicating with contractors regarding the window screening. The home is currently waiting on quotes for same. This recommendation has not been addressed and is stated for the second time.	Moving towards compliance
2	9.3 and 9.5	The registered manager should ensure any action or follow up to a resident's medical appointment is recorded.	Records reviewed included information relating to action and follow up from residents medical appointments. This recommendation has been addressed. A further recommendation in relation to the system in place to ensure residents have access to regular reviews / check-ups with health care professionals has been made.	Compliant
3	27.1	The registered manager should ensure the chest of drawers in an identified resident's bedroom is replaced.	The chest of drawers have been replaced, these were inspected in the identified bedroom. This recommendation has been addressed.	Compliant
4	28.3	The registered manager should ensure the pull cords in the bathroom are replaced.	New pull cords were evident in the bathroom. This recommendation has been addressed.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of three care files identified that details of the residents General Practitioner, optometrist and dentist were included and it was identified that they were local to the home.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Staff spoken with demonstrated knowledge of the differing health and social care needs of residents. Discussion with staff focused on the management of on-going medical conditions, and staff were aware of and actively involved in the promotion of healthy lifestyle choices for residents.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings: The three care files reviewed included relevant and up to date information relating to the health and welfare of residents. Specific information was available in the files which related to residents medical appointments and follow up action required. One resident was noted to have been experiencing an infection. This information was shared during the handover with new staff coming on duty. Inspection of this residents daily notes evidenced that the original diagnosis and treatment plan was documented however there was little reference made to the residents progress or changes of the condition or associated symptoms during the treatment period. A recommendation has been made that resident's notes should clearly reflect the progress / changes in any medical condition during the course of treatment and include any follow up action required in all instances.	Substantially compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings: If appropriate residents representatives are provided with feedback from health and social care appointments depending on the individuals circumstances and if the resident consents for this information to be shared.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings: The three care records which were reviewed detailed how often residents should attend health screening, dental and other health and social care services appointments. However, it was identified during discussion with the registered manager and a review of the information that there was no system in place to ensure residents were seen within the identified timescales. A recommendation has been made to implement a system which highlights when six monthly or annual check-ups are due in relation to dental screening, optometry and other services the resident may receive. This will ensure that resident's health and social care needs are being monitored on a regular basis.	Substantially compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings: Residents personal equipment and appliances are maintained with records retained confirming this. There are a small number of residents who wear spectacles. A review of the practice identified that residents are encouraged to maintain these with support from staff.	Compliant

ADDITIONAL AREAS EXAMINED

Residents Views

The inspector spoke to five residents individually. Discussion focused on life at Forest Lodge and the care provided. One resident who recently moved to Forest Lodge gave their views and confirmed that they were happy to be at Forest Lodge and found the staff caring and helpful. Feedback from the other residents was positive in relation to the care provided; all stated that they had the opportunity to regularly participate in activities they enjoy.

Environment

Due to the change in registration at Forest Lodge the inspection consisted of viewing the three properties. These were generally found to be clean, tidy and fresh smelling. Resident's bedrooms were noted to be personalised and reflected residents individual preferences.

Some renovation work was going on at 57 Killycomaine Road with the result that access to the living room area was restricted. This information has been shared with the relevant RQIA estates inspector. A recommendation made during the previous inspection in relation to the provision of screening for the bathroom window at 57 Killycomaine Road has not yet been addressed and has been stated for the second time.

Observation of Care Practices

Staff were observed interacting appropriately with residents. Staff interactions with residents were observed to be caring; respectful, polite and supportive. Residents were observed to be well dressed with good attention to personal appearance observed.

Statement of Purpose

Due to the recent change in the registration of Forest Lodge in relation to the amalgamation with the two other Praxis homes namely Little Forest and 57 Killycomaine Road a requirement has been made that the statement of purpose is fully reviewed to take account of this change. A copy of the new statement of purpose should be forwarded to RQIA at the earliest opportunity.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sharon Livingstone, 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

Secondary Unannounced Care Inspection

Forest Lodge

13 May 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 Sharon Livingstone registered manager 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 6 (a)	<p>The statement of purpose must be reviewed and updated to reflect the most recent change in the registration status of the home.</p> <p>The revised statement of purpose must be submitted to RQIA.</p>	One	The new statement of purpose has been updated and will be submitted when returning quality improvement plan .	When returning the Quality Improvement Plan

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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.	9.3	Resident's notes should clearly reflect the progress / changes in any medical condition during the course of treatment and include any follow up action required in all instances.	One	All staff have been reminded about recording changes / progress of any medical condition during the course of treatment and follow up action is completed.	From the day of inspection.
2.	9.5	There should be a system in place to ensure residents have access to regular reviews / check-ups with health care professionals.	One	All residents have their regular appointments with health care professionals this has always been recorded in daily notes and monthly synopsis records however the recording documents have been updated to state when next appointment is due i.e dentist six monthly and dates recorded in diary to reflect these..	15 July 2014
3.	27.1	It is recommended some form of glass screening of the bathroom window is provided.	Two	This has been completed and glass in bathroom window has been replaced.	15 July 2014

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	Sharon Livingstone
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Willie McAllister on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	9 July 2014
Further information requested from provider			