

Primary Announced Care Inspection

Service and Establishment ID:	Forest Lodge (1506)
Date of Inspection:	20 January 2015
Inspector's Name:	Laura O'Hanlon
Inspection No:	IN017307

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1.0 General information

Name of home:	Forest Lodge
Address:	1 Little Forest Portadown Craigavon BT63 5DX
Telephone number:	028 3833 0620
Email 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:	11
Scale of charges (per week):	As per Trust rates
Date and type of previous inspection:	13 May 2014 Secondary Unannounced
Date and time of inspection:	20 January 2015: 10am – 4.45pm
Name of Inspector:	Laura O'Hanlon

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 is required.

This is a report of a primary announced 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 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	8
Staff	6
Relatives	0
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	8	6

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 the following DHSSPS Residential Care Homes Minimum Standards:

- **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
- **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

A view of the management of resident's 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

Since March 2014 Forest Lodge has adopted a single registration status 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.

Praxis Care Group is the Registered Organisation and Mrs Irene Sloan 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.

8.0 Summary of Inspection

This primary announced care inspection of Forest Lodge was undertaken by Laura O'Hanlon on 20 January 2015 between the hours of 10am and 4.45pm. Mrs Sharon Livingstone was 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 one requirement and three recommendations have been addressed within the required timescales. The detail of the actions taken by Mrs Sharon Livingstone registered manager can be viewed in the section following this summary.

Prior to the inspection in September 2014, Sharon Livingstone, registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Sharon Livingstone in the self-assessment were not altered in any way by RQIA.

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

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy in place which reflected human rights legislation. A recommendation has been made to review the policy to include best practice guidance in relation to restraint and seclusion, the need for RQIA to be informed when physical restraint is used and the process for referring and engaging the support of a multi-disciplinary team and other professionals in managing behaviours which challenge staff.

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. Comprehensive detail was noted.

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. 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 review of a sample of records evidenced that residents or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Forest Lodge was compliant with this standard.

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 has been made to develop a policy and procedure relating to the provision of activities and to ensure that the statement of purpose references activity provision.

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.

Activities are undertaken by care staff. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Forest Lodge is compliant with this standard.

Resident and staff consultation

During the course of the inspection the inspector met with eight residents and six staff. Questionnaires were also completed and returned by six 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. 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 and staff are included in section 11.0 of the main body of the report.

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.

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 be of a satisfactory standard.

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

Three requirements and three recommendations were made as a result of the primary announced 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, registered manager 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 13 May 2014

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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>	The statement of purpose was available in the home on the day of the inspection and has been updated to incorporate the changed registration status of the home.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	A review of residents notes confirmed that detail was recorded in relation to changes in medical treatment / progress and follow up action was noted.	Compliant
2	9.5	There should be a system in place to ensure residents have access to regular reviews / check-ups with health care professionals.	A review of resident's files reflected that an annual health check system is in place for appointments with health care professionals.	Compliant
3	27.1	It is recommended some form of glass screening of the bathroom window is provided.	A tour of the environment confirmed that this bathroom window has been replaced with a frosted glass window.	Compliant

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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment The Southern Trust social work team have met with staff prior to new residents moving in to provide an through detailed information on how to meet resident needs and to gain an understanding of how to respond appropriately to resident behaviours and means of communication. There are up to date care plans and risk assessments to follow and the responses and interventions of staff are person centred to try and achieve positive outcomes for residents. Staff attend Praxis training on understanding behaviour which challenges, service user awareness and model of behaviour management on person centred planning which assists staff to develop a working knowledge and understanding to respond to residents' behaviour.	Compliant
Inspection Findings: The home had a policy in place named Management of Behaviours which challenge staff dated April 2013. A review of the policy identified that it reflected the Human Rights Act (1998) but did not refer to the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). A recommendation has been made to address this. The policy included the need for HSC Trust involvement in managing behaviours which challenge staff. It did not detail that RQIA must be notified on each occasion when physical restraint is used. A recommendation has been in this regard. Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records identified that 17 out of 18 care staff had received training in the management	Substantially compliant

<p>of behaviours which challenge staff within the last 12 months.</p> <p>A review of three 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. Good detail was noted. Risk assessments were up to date and appropriately completed.</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>A review of the returned staff questionnaires identified that staff are supported in their work and undertake mandatory training.</p>	
<p>Criterion Assessed:</p> <p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Support workers on duty when a resident behaviour is uncharacteristic and causes concern staff will try to communicate at a level of resident to try and understand reason for behaviour. Staff report the matter to the manager or team leader in charge. Team leaders and support workers have the experience of reporting concerns onto social workers, GP, Doctor on Call, Out of Hours GP or Out of Hours social work team, liaising with Consultant Psychiatrists and families. This is to ensure resident gets the best help possible as safety and wellbeing is paramount to the resident.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The policy in place named Management of Behaviours which challenge staff dated April 2013 included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary 	<p>Compliant</p>

<ul style="list-style-type: none"> • Reporting to senior staff, the HSC trust, and relatives. • Agreed and recorded response(s) to be made by staff. <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>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records confirmed that relatives had been informed appropriately.</p>	
<p>Criterion Assessed:</p> <p>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>Yes when a consistent approach or response is required from staff this is detailed in resident's care plan and resident signs to give consent and representative is informed of the approach or response to be used. This would only happen if agreed with statutory multi disciplinary team and in the best interests for resident.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
we have experience of working with specific behaviour management programme this was completed by Trust Psychology department and completed in partnership with resident to ensure he felt empowered and that this would help him and staff manage behaviour.	Compliant
Inspection Findings:	
<p>A review of the policy on Management of Behaviours which challenge staff, identified that it did not detail the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary. A recommendation has been in this regard.</p> <p>A review of two behaviour management programmes identified that they 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>	Substantially compliant
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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
It is very important when a management programme is in place for any resident that staff have necessary training and support. Trust social worker and behavioural team have met with staff to discuss management programme for individual service users to provide a forum for staff to ask questions and seek clarification from Trust on working with the behaviour management programme.	Compliant
Inspection Findings:	
<p>A review of staff training records identified that 17 out of 18 care staff had received training in management of behaviours which challenge staff within the last 12 months.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided,</p>	Compliant

supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme/s in place.	
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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If there is an untoward event/incident outside of the care plan we record this on a form which is forwarded to RQIA, Trust social worker/keyworker, behaviour team if relevant and if necessary followed up by a multi disciplinary review of care plan and services suggested to meet needs as appropriate. These reports are audited by Assistant Director.	Compliant
Inspection Findings:	
A review of the accident and incident records from September 2014 to the date of this inspection and discussions with staff identified that residents' representatives, HSC Trust personnel and RQIA had been appropriately notified. A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. The registered manager confirmed that where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant
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.	COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>All staff are trained in calming and diffusing strategies to managing behaviour, divert attention if appropriate, staff have had training on recovery model of behaviour management only as a last resort if they are posing a serious harm to themselves or others then restraint is used staff have had this training completed. Records are kept of all instances where restraint is used.</p>	Compliant
Inspection Findings:	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that RQIA, HSC Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident's care plan.</p> <p>Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	Compliant

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
	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: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of activities and events takes both individual likes and preferences into account and is based on their identified needs and interest of resident. Some may wish to go see a football game whilst others would like to go to cinema. Timetable of activities and events is important to inform residents what activities are available to them.	Compliant
Inspection Findings:	
A recommendation has been made to ensure that the home develops a policy on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. 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. A recommendation has been made to update the Statement of Purpose to include information pertaining to activity provision within the home.	Substantially compliant
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.	COMPLIANCE LEVEL

Provider's Self-Assessment	
The activities we offer are enjoyable, purposeful, age and culturally appropriate and takes into account resident spiritual needs. It promotes healthy living and is flexible to resident changing needs and inclusion in community events. For example one resident enjoys going to MENCAP events on advocacy and policy changing another enjoys special olympic bowls, pub outings, concert outings, 1:1 activities offered rather than group activities when appropriate. Church outings offered if they wish to attend which is facilitated. Residents attended Disability Pride in Belfast which promoted disability in the community. Staff promote healthy lifestyle with offering regular walks with residents.	Substantially compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised on a daily basis. Activities mainly are in the form of outings which are decided by the residents. 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.	Compliant
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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents are given the opportunity to contribute to suggestions and be involved in the development of activities. There are resident meetings, general discussions and meetings to set up activity programmes in partnership with residents.	Substantially compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident's meetings and individual discussions with staff.	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment We have a programme of activities which is displayed in a suitable format in the dining room so that residents know what is scheduled and in their individual personal files.	Compliant
Inspection Findings: On the day of the inspection the programme of activities was on display in the dining room and within the individual care files. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents 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.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment The residents are within the home enabled to participate in programmes with the support from staff some attend link club and college courses with staff attending also to help them with activity. All activities within the community are supported by staff.	Compliant
Inspection Findings: Activities are provided by designated care staff for a specific length of time as determined by the residents. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, computer consoles and DVD's. The registered manager confirmed that activities are financed from the home's comfort fund.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The timetable is set in a person centred way to meet individual needs. At resident meetings activities are discussed and agreed. Some residents prefer individual activities while others prefer groups. The timetable of each activity and daily timetable takes into consideration the needs and abilities of residents participating.	Compliant
Inspection Findings:	
The care staff, registered manager 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.	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	
we currently do not have any person contracted in to do so by the home.	Not applicable
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable
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.	COMPLIANCE LEVEL

Provider's Self-Assessment	
We currently do not have a person contracted in to do activities in the home.	Not applicable
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable
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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
There is a record kept of all activities that take place, the person leading the activity and names of those who participate.	Compliant
Inspection Findings:	
A 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. There was evidence that appropriate consents were in place in regard to photography and other forms of media.	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	
The programme of activity is reviewed regularly and least twice yearly to ensure it meets resident's changing needs and wishes.	Substantially compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 6 January 2015. The records also identified that the programme had been reviewed at least twice yearly.	Compliant

<p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>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.</p>	
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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
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with eight residents either individually or as part of a group. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I love it, there is something different on every day."
- "Great place here."
- "The staff take me to church."
- "Staff would help me out."
- "Staff listen to my wishes."

11.2 Relatives/representative consultation

No relatives visited the home during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with six staff of different grades and six staff completed and returned questionnaires. A review of the completed questionnaires and 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.

Comments received included:

- "Top quality care is provided."
- "Staff are treated well here, residents always get what they want and the residents determine the outings or activities."
- "Five star care is provided."
- "Mandatory training is up to date."

11.4 Visiting professionals' consultation

No professionals visited the home during the 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 indicated 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.

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.

11.8 Environment

The inspector viewed the home accompanied by Sharon Livingstone and alone 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 throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

Discussion with the registered manager confirmed that there is currently one resident who is subject to a Guardianship Order. This Guardianship Order is due for review in May 2015.

11.10 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 confirmed that the home's most recent fire safety risk assessment was dated 11 October 2013. The registered manager confirmed that any recommendations raised have been appropriately actioned. A requirement has been stated to ensure that an updated fire safety risk assessment is carried out as a matter of urgency.

A review of the fire safety records evidenced that fire training had been provided once to 12 out of 18 staff in 2014, with six staff having no fire safety training in 2014. A requirement has been stated to ensure this is addressed. This matter was referred to the home's estates inspector for review.

The records identified that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. The records also identified that an evacuation had been undertaken on 12 January 2015. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Sharon Livingstone. Sharon Livingstone confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by registered provider

A review of the last six monthly visits confirmed that they were unannounced, undertaken monthly and a written record was available in the home. However four of these visits were not signed by the person who completed them. A requirement is stated to ensure that this is actioned from the date of this inspection.

12.0 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:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Primary Announced Care Inspection

Forest Lodge

20 January 2015

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 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	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> <ul style="list-style-type: none"> The registered person shall ensure that an up to date fire risk assessment is completed. <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	The fire risk assessment has been completed by Hugh Maxwell Praxis Care on 5/2/15.	Immediate and ongoing
2	27 (4) (e)	<p>The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.</p> <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	All staff have attended Fire Training provided by Trust on 24/2/15.	27 February 2015
3	29 (3) (c)	<p>The registered person shall ensure that monthly written reports on the conduct of the home are signed by the person completing the report.</p> <p>Ref: Section 11.12 (Additional Areas Examined)</p>	One	AD has been informed they must sign the Monthly Visit reports.	As from the date of this inspection

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	21.1	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) • The need for RQIA to be informed of each occasion when restraint is used • The process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan. <p>Ref: Section 10, Criterion 10.1 & 10.4</p>	One	<p>The relevant policy will be reviewed by 31 March 2015 to include:</p> <ul style="list-style-type: none"> - DHSSPS Guidance on Restraint & Seclusion in Health and Personal Social Services (2005) - The need for RQIA to be informed of each occasion when restraint is used - The process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan. 	31 March 2015
2	21.1	<p>It is recommended that the registered person should develop a policy in the home on resident's involvement in activities and events.</p> <p>Ref: Section 10, Criterion 13.1</p>	One	This is ongoing and will be completed by 31 st March 15.	31 March 2015
3	13.1	<p>It is recommended that the registered person should review the Statement of Purpose to include information pertaining to activity provision within the home.</p>	One	Statement of purpose has been updated and has included activity provision within the home.	31 March 2015

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 and email to care.team@rqia.org.uk

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	Laura O'Hanlon	03 March 2015
Further information requested from provider			