



**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN020512
Establishment ID No:	1506
Name of Establishment:	Forest Lodge Residential Care Home - 57 Killycomain Road, Portadown Premises
Date of Inspection:	19 September 2014
Inspector's Name:	K. Monaghan

1.0 GENERAL INFORMATION

Name of Home:	Forest Lodge Residential Care Home 57 Killycomain Road, Portadown Premises
Address:	57 Killycomain Road Portadown BT63 5BX
Telephone Number:	028 3833 0620
Registered Responsible Person:	Mrs. Irene Elizabeth Sloan, Director of Care Praxis Care Group / Challenge
Registered Manager:	Mrs. Sharon Livingstone
Person in Charge of the Home at the time of Inspection:	Mrs. Sharon Livingstone, Registered Manager
Other person(s) present during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care:	RC-LD, RC-LD(E)
Conditions of Registration:	Forest Lodge (6 places), registration incorporating 2 Little Forest (3 places) & 57 Killycomain Road (4 places)
Number of Residents:	4
Date and time of inspection:	19 September 2014
Date of previous Estates inspection:	21 May 2012
Name of Inspector:	K. Monaghan

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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. 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 consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, 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
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

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

4.0 METHODS/PROCESS

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

- Discussions with Mrs. Sharon Livingstone, Registered Manager
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

5.0 CONSULTATION PROCESS

During the course of the inspection the Inspector spoke to Mrs. Sharon Livingstone, Registered Manager.

6.0 INSPECTION FOCUS

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

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This inspection focused on the premises at 57 Killycomain Road, Portadown.

7.0 PROFILE OF SERVICE

The premises at 57 Killycomain Road, Portadown is one of two small homes included within the registration of Forest Lodge Residential Care Home. It is situated within walking distance of Forest Lodge. Challenge (A Programme of Care within the Praxis Care Group) is the provider and Mrs. Irene Elizabeth Sloan, Director of Care is the Registered Responsible Individual.

The Organisation has a range of policies and procedures that are adopted in all three homes. A Team Leader based in the main home Forest Lodge assumes responsibility for the small homes in the absence of the Manager and can be contacted by the project workers based in each home.

The home is situated on the outskirts of Portadown and is registered to provide care for four people with Learning Disability, Categories LD and LD (E).

The accommodation and facilities include four bedrooms, one sitting room, a kitchen/dining area, a laundry, toilet/washing facilities, staff accommodation and offices. There are small gardens to the front and rear of the home.

There are no community services provided by the home.

8.0 SUMMARY

Following this Estates Inspection of 57 Killycomain Road, Portadown on 19 September 2014, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in seven requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance of Mrs. Sharon Livingstone, Registered Manager, throughout the inspection.

9.0 INSPECTION FINDINGS

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012:

The previous Estates inspection to this home was carried out on 21 May 2012. The following issues should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 21 May 2012:

Standard 27 – Premises and grounds			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.1	Regulation 27(2)(b)(d)	Previous QIP Item 1 Remedial works should be carried out to improve the sealing/grouting at the shower in the first floor shower room.	This issue had been addressed.
Standard 28 - Safe and healthy working practices			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.2	Regulation 14(2)(a)(c)	Previous QIP Item 2 The treads to the stairs should be checked and resecured as required. Particular attention should be given to the second for the bottom tread in this regard.	This issue had been addressed.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 28 - Safe and healthy working practices Continued			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.3	Regulation 14(2)(a)(c)	<p>Previous QIP Item 3</p> <p>The temperature of the hot water at the shower should be reduced to 41°C maximum. The method of controlling the maximum hot water at the bath and at the shower should be clarified. The electric shower should be replaced with one that shuts off if the water pressure drops or the temperature exceeds 41°C. The maximum hot water temperature at the bath should be controlled to 44°C with a fail-safe TMV 3 thermostatic mixer. Reference should be made to the advice contained in the Health Guidance 'Safe Hot Water and Surface Temperatures' issued by NHS Estates.</p>	<p>Satisfactory blended hot (42.3°C) and cold (17.4 °C) temperatures were recorded at the bath in the first floor bathroom. A sample hot water temperature of 47.2°C was also recorded at the new shower unit in the first floor shower room. This shower unit should be adjusted and closely monitored to ensure that the maximum hot water temperature does not exceed 41°C. Confirmation in relation to the thermostatic mixer at the bath (DO8 Type 3 fail-safe specification) was received by RQIA as part of the follow up to the previous Estates inspection to the home that was carried out on 21 May 2012. Reference should be made to item 2 in the attached Quality Improvement Plan.</p>

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 28 - Safe and healthy working practices Continued			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.4	Regulation 14(2)(a)(c)	Previous QIP Item 4 Specific written risk assessments should be developed in relation to the stairs, and hot surfaces.	<p>A risk assessment had been carried out in relation to the stairs on 23 June 2012. The stair treads had been repaired, a new carpet had been fitted and handrails had been fitted to each side of the stairs. The risk assessment should be kept under review.</p> <p>A risk assessment had been carried out in relation to hot surfaces on 12 June 2012 and the radiators had been fitted with guards. This is to be commended.</p>

9.0 INSPECTOR'S FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 28 - Safe and healthy working practices Continued			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.5		<p>Previous QIP Item 5</p> <p>A current satisfactory periodic inspection and test certificate for the general electrical installation should be obtained for the home. The issues identified for action in the report for the risk assessment for the prevention or control of legionella should be followed up and signed off.</p>	<p>A current inspection and test report confirming satisfactory condition of the fixed wiring installation was presented for review during this Estates inspection.</p> <p>There were controls in place in relation to the prevention or control of legionella bacteria in the water system. The current risk assessment in relation to legionella bacteria was not presented for review during this Estates inspection. A copy of the current risk assessment for the prevention or control of legionella bacteria in the water systems should be forwarded to RQIA. Reference should be made to item 4 in the attached Quality Improvement Plan.</p>

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 28 - Safe and healthy working practices Continued			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.6		Previous QIP Item 6 The Wardrobes in the bedrooms should be fixed to the walls. The window restrictors throughout the home should be checked and adjusted as required to ensure that the window openings do not exceed 100mm maximum.	<p>The wardrobes in the bedrooms had been fixed to the walls in two of the upper floor bedrooms. The wardrobes in bedroom 4 should be fixed to the walls.</p> <p>Controls had been fitted to the window openings. The window opening on the stair landing however required a further control in addition to the small clip. This should be fitted. Reference should be made to item 3 in the attached Quality Improvement Plan.</p>
9.1.7		Previous QIP Item 7 Confirmation should be provided in relation to the completion of the issues identified for attention in the report for the legionella monitoring visit to the home that was carried out on 31 October 2011. The risk assessment for the prevention or control of legionella bacteria in the water systems should also be reviewed, updated and actioned as required.	<p>RQIA received confirmation in relation to these issues as part of the follow up to the previous Estates inspection to the home on 21 May 2012. Reference should also be made to section 9.1.5 above.</p>

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 28 - Safe and healthy working practices Continued			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.8		Previous QIP Item 8 It is recommended that the flooring in the bathroom should be replaced. Particular attention should be given to the slip resistant requirements for the new floor covering.	A new floor covering had been fitted in the bathroom
9.1.9		Previous QIP Item 9 It is recommended that the height of the carbon monoxide detector should be checked to ensure that it has been fitted in accordance with the manufacturer's recommendations.	Mrs. Livingstone confirmed that the carbon monoxide detector was reviewed and it was decided that as the oil fired heating boiler was located outside, this detector was not needed. The detector was subsequently removed.
9.1.10		Previous QIP Item 10 The staff who have not attended a fire training session within the last six months should attend a session of fire safety training.	Fire safety training was provided on 11 February 2014. Mrs. Livingstone confirmed that a further session had been arranged for November 2014 and all staff had completed fire safety e-learning this year.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 30 – Fire safety			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.11		Previous QIP Item 11 Emergency lighting should be provided along the escape routes on the ground and first floors	New emergency lighting had been installed in the home. This is to be commended.
9.1.12		Previous QIP Item 12 A practical fire safety training session that includes the use of firefighting equipment should be provided for all staff who work in the home.	Mrs. Livingstone confirmed that fire training on the use of first aid firefighting equipment had been provided for staff the previous year. This was not however part of the ongoing routine fire safety training for staff. This should be reviewed so that the ongoing routine fire safety training includes the use of first aid firefighting equipment. Reference should be made to item 6 in the attached Quality Improvement Plan.

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 30 – Fire safety Continued			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.13		<p>Previous QIP Item 13</p> <p>The waking staff cover should remain in place until the issues in connection with the recent fire incidents have been fully resolved.</p> <p>A full review of the fire risk assessment for the home should also be carried out. This review should include a specific focus on the recent fire incidents in the home and the particular additional control measures that should be in place to ensure that the fire risk is maintained as low as is reasonable practicable. These should include replacing existing mattresses with Ignition source 0 & 7 mattresses.</p>	<p>Mrs. Livingstone confirmed that the issues in relation to the previous fire incidents had been resolved.</p> <p>A fire risk assessment was completed on 29 May 2012 and the issues identified for attention had been addressed and signed off. The most recent fire risk assessment was completed on 11 October 2013 with a 'Tolerable Risk' outcome. Mrs. Livingstone confirmed that the issues identified for attention had been addressed but the action plan had not been signed off. This action plan should be signed off by the Registered Manager. Confirmation in relation to ignition source 0 and 7 mattresses was provided to RQIA as part of the follow up to the previous Estates inspection.</p>

9.0 INSPECTION FINDINGS CONTINUED

9.1 Recommendations and requirements for the previous Estates inspection on 21 May 2012 continued:

Standard 30 – Fire safety Continued			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.14		<p>Previous QIP Item 14 The following issues should be addressed in relation to the fire safety protection measures in the premises:</p> <ul style="list-style-type: none"> The issues identified for attention in the action plan for the fire risk assessment that was carried out on 27 June 2011 should be addressed and signed off. Thumb turns should be provided on the inside of the bedroom door locks. The latch on the laundry door should be adjusted to hold the door in place when closed. The emergency fire plan should be available on the premises. This should also be reviewed to ensure that it remains current A low heat emitting enclosed type light fitting should be provided in the small store under the stairs. The items of storage in this cupboard should also be reviewed to ensure that this does not include flammable liquids. 	<ul style="list-style-type: none"> Reference should be made to item 9.1.13 above with regard to the fire risk assessments Thumb turn locks had been provided to the bedroom doors. The door to the laundry was not checked during this Estates inspection. Confirmation regarding the adjustment of the laundry door was however received by RQIA as part of the follow up to the previous Estates inspection on 21 May 2014 The emergency fire plan is based on total evacuation of the home on the activation of the fire alarm or the outbreak of a fire An enclosed type light fitting had been installed in the small store under the stairs and this store is not used for the storage of flammable liquids.
9.1.15	The above issues where appropriate are detailed in the relevant sections of the Quality Improvement Plan.		

9.0 INSPECTION FINDINGS CONTINUED

9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 The boundary fence to one side of the rear garden was not in a good condition. The gutters needed to be cleared and flushed clean and repairs were required to the steps and kerbing at the front of the home. These issues should be addressed. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.2 The ground floor sleepover room should be redecorated. Reference should be made to item 1 in the Quality Improvement Plan.
- 9.2.3 The above issues where appropriate are detailed in the section of the Quality Improvement Plan entitled 'Standard 27 – Premises and Grounds.'

9.3 **Standard 28 – Safe and healthy working practices** – *The home is maintained in a safe manner*

- 9.3.1 The records for the ongoing routine maintenance of the thermostatic mixers were not presented for review during this Estates inspection. These records should be followed up and retained in the home available for review during future inspections. Reference should be made to item 4 in the Quality Improvement Plan.
- 9.3.2 A new floor covering had recently been provided in the lounge. This floor was however uneven in one section. The flooring in the sleepover room on the ground floor was also uneven at the entrance. These floors should be made good. Paint should not be stored in the sleepover room. The night latch on the door to the ground floor toilet should be removed as it is no longer required. Reference should be made to item 5 in the Quality Improvement Plan.
- 9.3.3 The above issues are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 28 - Safe and healthy working practices'.

9.0 INSPECTION FINDINGS CONTINUED

9.4 **Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

- 9.4.1 It is good to report that since the previous Estates inspection, new emergency lighting had been installed in the premises. New linked smoke alarms had also been installed throughout the premises. This is to be commended. A number of issues were identified for attention during this Estates inspection in relation to this standard as follows:
- 9.4.2 There was a procedure in place for the ongoing weekly testing of the smoke alarms. A record for these checks was presented for review during this Estates inspection. This indicated that the most recent test was carried out on 16 September 2014. A current inspection and service report for the smoke alarms was not however presented for review during this Estates inspection. A copy of the current inspection and service certificate for the smoke alarms should be forwarded to RQIA. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.4.3 It is good to report that fire drills were carried out in December 2013, February 2014, May 2014 and September 2014. This is to be commended. The record for the September 2014 fire drill did not include the completed questionnaire. This should be reviewed, completed and actioned if required. Reference should be made to item 7 in the Quality Improvement Plan.
- 9.4.4 The above issues are detailed as appropriate in the section of the attached Quality Improvement Plan entitled 'Standard 29: Fire safety'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Sharon Livingstone, Registered Manager, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

Announced Estates Inspection

**Forest Lodge Residential Care Home - 57 Killycomain Road, Portadown Premises,
RQIA ID 1506**

19 September 2014

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	✓	–	✓	K. Monaghan	10 December 2014

NOTES:

The details of the quality improvement plan were discussed with Mrs. Sharon Livingstone, Registered Manager, as part of the inspection process.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

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

Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The boundary fence to one side of the rear garden should be made good. The gutters should to be cleared and flushed clean. Repairs should also be carried out to the steps and kerbing at the front of the home. The ground floor sleepover room should be redecorated. Reference should be made to paragraphs 9.2.1 and 9.2.2 in the Report.	3 Months	Boundary Fence - quotes are being sought to replace fence. Gutters have been arranged to be cleared week beginning 17/11/14. Repairs of steps and kerbing - quotes being sought to replace same. Ground floor sleepover room will be redecorated.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 14(2)(a) 14(2)(c)	The new shower unit in the first floor shower room should be adjusted and closely monitored to ensure that the maximum hot water temperature does not exceed 41°C. Reference should be made to paragraph 9.1.3 in the Report.	Ongoing	Plumber has been requested to adjust thermostat to ensure hot water does not reach dangerous levels.
3.	Regulations 14(2)(a) 14(2)(c)	The wardrobes in bedroom 4 should be fixed to the walls. A further control in addition to the small clip should be fitted to the window opening on the stair landing. Reference should be made to paragraph 9.1.6 in the Report.	Ongoing	Wardrobes will be secured to wall. A secure hinge will be fitted to window on stair case.

Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	A copy of the current risk assessment for the prevention or control of legionella bacteria in the water systems should be forwarded to RQIA. The records for the ongoing routine maintenance of the thermostatic mixers should be followed up and retained in the home available for review during future inspections. Reference should be made to paragraphs 9.1.5 and 9.3.1 in the Report.	2 Months	A copy of the legionella risk assessment once reviewed will be forwarded on to RQIA. Maintenance of Thermostatic mixing valves will be completed and certificates forwarded on.
5.	Regulations 14(2)(a) 14(2)(c) 27(2)(b)	The new floor covering in the lounge should be made good. The flooring in the sleepover room on the ground floor should also be made good. Paint should not be stored in the sleepover room. The night latch on the door to the ground floor toilet should be removed as it is no longer required. Reference should be made to paragraph 9.3.2 in the Report.	2 Months & Ongoing	The ground floor floor and sleepover room will be replaced and made good. Night lock from toilet will be removed. Paint has been removed from sleepover bedroom.

Standard 29 – Fire safety

The following requirement s should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 27(4)(e)	The ongoing routine fire safety training should include the use of first aid firefighting equipment. Plan. Reference should be made to paragraph 9.1.12 in the Report.	Ongoing	Fire training will include fire fighting equipment. Manager will inform the Trust about this.
7.	Regulations 27(4)(d)(iv) 27(4)(f)	A copy of the current inspection and service certificate for the smoke alarms should be forwarded to RQIA. The record for the September 2014 fire drill should be reviewed, completed and actioned if required. Reference should be made to paragraphs 9.4.2 and 9.4.3 in the Report.	2 Months	Norway fire security have been asked for a service inspection certificate. Record of fire drill is now fully completed.