

# Inspection Report

## 12 & 13 January 2022



## Forest Lodge

**Type of Service: Residential Care Home**  
**Address: 1 Little Forest, Portadown,  
Craigavon, BT63 5DX**  
**Tel no: 028 3833 0620**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Praxis Care Group / Challenge  <b>Responsible Individual</b> Mr Greer Wilson	<b>Registered Manager:</b> Mrs Sharon Livingstone  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mrs Sharon Livingstone, manager	<b>Number of registered places:</b> 13
<b>Categories of care:</b> LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential care Home which provides health and social care care for up to 12 residents. The home is divided over three separate houses: Forest Lodge, Little Forest and No.57 Killycomain Road.	

## 2.0 Inspection summary

An unannounced onsite inspection took place on 12 January 2022, from 11am to 5.05pm and was completed remotely on 13 January 2022 from 9am to 11am, by a care inspector.

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

Residents said that living in the home was a good experience, as they liked the staff, who were friendly and nice.

Two new areas requiring improvement were identified in relation to the secure storage of medication and the wedging open of fire doors.

RQIA were assured that the delivery of care and service provided in the home was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Forest Lodge.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### 3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection on 12 January 2022 and via video call on 14 January 2022.

### 4.0 What people told us about the service

Eight residents told us that they liked the staff in the home, and that they felt looked after. Residents told us how they usually liked to spend their days, and how staff were helping them with other activities so that they wouldn't become bored. However; residents also told us they were 'fed up' of COVID restrictions and wanted to be able to return to their usual routines and activities.

Seven staff said that it was a good home, and that staff worked well together to keep residents safe, healthy and happy; "we make sure they live like a king and queen, like a hotel!" Staff also expressed frustration and concern for the ongoing impact of COVID restrictions on residents' mental health, although also acknowledged that the organisation was adhering to regional guidance.

No additional feedback was received from residents, their relatives or staff following the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 March 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.6 <b>Stated:</b> First time	<p>The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents.</p> <p>A signed copy of the agreements should be retained in the residents' files.</p>	<b>Carried forward to the next inspection</b>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.7 <b>Stated:</b> First time	<p>The registered person shall ensure that the records of personal property belonging to each resident are updated and checked at least quarterly. The records are to be signed by the staff member undertaking the checks and countersigned by a senior member of staff.</p>	<b>Carried forward to the next inspection</b>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> Second time	<p>The registered person shall submit an action plan with timescales confirming what actions are taken in response to the recommendations made at the fire safety risk assessment, dated 28 May 2019.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>          There was evidence that this area for improvement had been met.</p>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically that staff are bare below the elbow when on duty. Please refer to the following link for details:  <a href="https://www.niinfectioncontrolmanual.net/hand-hygiene">https://www.niinfectioncontrolmanual.net/hand-hygiene</a></p> <p><b>Action taken as confirmed during the inspection:</b>  The majority of staff were wearing short sleeves and no jewellery. However; not all staff were fully adhering to IPC best practice in relation to hand hygiene. This included a small number of staff who were wearing nail polish. This area for improvement is therefore not met and is stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the premises both internally and externally are kept in good state of repair and are decorated to a standard acceptable for the residents  The registered person shall also submit a time bound refurbishment plan to RQIA which includes but is not limited to those environmental deficits highlighted within this report.</p> <p><b>Action taken as confirmed during the inspection:</b>  There was evidence that sufficient improvements had been made to meet this area for improvement.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall evaluate staff knowledge and understanding of procedures regarding Adult Safeguarding and whistle blowing; a written record of this evaluation should be retained.</p> <p><b>Action taken as confirmed during the inspection:</b>  There was evidence that this area for improvement had been met.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staffing arrangements take into account the size and layout of the home, the statement of purpose and fire safety requirements; this relates specifically to ensuring the presence of wake in staff at night within the following buildings: Forest Lodge, Little Forest and No.57 Killycomain Road</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement had been met.</p>		
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust governance arrangements are implemented and maintained which ensure consistent and effective oversight by the manager and/or person in charge within all resident areas.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement had been met.</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment efforts were ongoing, to increase both permanent and bank staff.

There were systems in place to ensure staff were trained and supported to do their job.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some residents had enjoyed a lie in and had a late breakfast, or asked staff to join them in the garden for a chat. Residents were comfortable approaching staff and we observed relaxed and friendly interactions throughout the inspection.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff told us that the residents' needs and wishes were very important to them: "We make sure the home is well run and we are always professional, but very caring. It is their (the residents) home. What they need is always first and foremost."

Staff described that although they could be very busy, there had been overall improvement in staffing arrangements since the previous care inspection.

This included more consistent staffing, which benefitted the residents. Staff told us that there was good support and communication from the management team, who were described as approachable and supportive. The manager regularly visited each individual house on a more regular basis, which had further improved staff morale and the sense of team work in the home.

No concerns about staffing were raised by residents. Residents confirmed they liked the staff; "I like having someone to talk to."

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Advice was given to ensure that all duty rotas included staff's full name.

## 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff demonstrated respect, understanding and sensitivity to residents' needs throughout the inspection. For instance, staff were able to skilfully comfort, reassure and redirect residents presenting with low mood or agitation.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff confirmed that changes to resident's mobility, including the risk of falling, were well managed. There was evidence of timely and appropriate onward referral when required. For example, residents were referred to their GP, Occupational Therapy or for physiotherapy depending on their needs.

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

Meals were a pleasant and unhurried experience for the residents. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs;

and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records.

Care records were maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. A significant volume of information was retained in care records. Discussion with the management team confirmed there were plans to archive and streamline care records, to further improve their accessibility.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean and tidy. There were clear improvements to the overall maintenance of the home, including repainting and redecoration where required. It was positive to note that management oversight of the home's environment was more robust than the previous inspection and there was strong evidence that any environmental issues were now being addressed in a timely way.

Residents' bedrooms were personalised with items important to the resident. Residents told us that staff helped them to keep their bedrooms clean and tidy.

Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Staff advised that there was no internet access in No.57 Killycomain Road. This meant residents could not easily access services such as Netflix or video calling. Staff could not access online training or online care records while on shift in this home. This was discussed with the management team for action and review.

Effective health and safety measures include secure storage arrangements. One medicine trolley was found to be unlocked with the key readily accessible. This was rectified during the inspection and an area for improvement identified.

Fire safety measures, including staff training and fire drills, were in place and managed to ensure residents, staff and visitors to the home were safe. However; two fire doors were wedged open, making them ineffective in a case of fire. This was addressed on the day, and an area for improvement was identified.



There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. The manager had implemented regular monitoring and audit of staff use of PPE and hand hygiene and records were kept. However; as referenced in section 5.1, a small number of staff were not fully adhering to IPC best practice in relation to hand hygiene. The majority of staff were wearing short sleeved tops and no jewellery. A small number of staff were wearing nail polish. This was discussed with the management team and this area of improvement is now stated for a second time.

#### **5.2.4 Quality of Life for Patients**

Discussion with residents confirmed that they were able to choose how they spent their day and that staff supported them to do the things they enjoyed. It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

One resident told us how they were looking forward to celebrating their birthday and getting new DVDs. The resident also proudly showed the flower planter he had built and painted, which was now displayed in the garden. Other residents were enjoying Valentine's themed colouring in, watching soaps on the television, spending time in their bedrooms, watching films or using the communal gardens.

Due to a COVID outbreak in the home, residents were unable to attend their usual activities outside the home. Residents told us they usually liked how they spent their time, and missed activities such as attending day care opportunities, bowling, golf, gardening, going to the cinema and attending Church services.

Staff were offering alternative 'in house' activities, and demonstrated good knowledge and understanding of residents' frustrations. Staff described how they tried to encourage residents to maintain a meaningful structure to their day, but that the residents' interest and motivation could vary. Management were fully aware of these concerns. There was clear evidence of regular consultation with residents and staff to review and improve the activities provision in the home, in line with residents' interests and current DOH and PHA guidance.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Staff said “Sharon has a heart of gold and treats the residents and staff like family.”

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Residents told us that they would talk to staff if they had any worries or fears, and that they felt staff listened to and helped them when needed.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. This included good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes’ Minimum Standards (August 2021)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	5*

\*The total number of areas for improvement includes one standard that has been stated for a second time, and two standards which are carried forward for review at the next inspection.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically that staff are bare below the elbow when on duty. Please refer to the following link for details:  <a href="https://www.niinfectioncontrolmanual.net/hand-hygiene">https://www.niinfectioncontrolmanual.net/hand-hygiene</a></p> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            This was discussed at the Management team meeting held on 19<sup>th</sup> January 2022. Particularly, it was agreed that the management team would monitor this and ensure staff compliance with the same when on shift; that is that they are bare below their elbows when supporting the people we support. This will be added to topics on forthcoming staff meeting agendas and will be discussed and documented in individual supervision where this is required. A re-visit of the infection control information relating to this would be completed at forthcoming staff meetings.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32.1 & 32.2  <b>Stated:</b> First time  <b>To be completed by:</b> from the date of inspection	<p>Medicines and the keys to the medicines cupboards and trolleys are safely and securely stored at all times.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The individual staff member responsible for this was subjected to completing a new medication competency assessment with a member of the management team. In addition, at the management team meeting held on 19<sup>th</sup> January 2022; it was agreed that this would be noted on topics discussed at forthcoming staff meetings and that reinforcement of the same would be completed at further medication competency assessment reviews.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b>	<p>The registered person must ensure that fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire. This is specifically in relation to the wedging open of fire doors.</p> <p>Ref: 5.2.3</p>

from the date of inspection	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Immediately following this all door wedges were physically disposed of to prevent any recurrence. In addition, the issue regarding wedging doors was discussed at the Management Team Meeting held on 19<sup>th</sup> January 2022; action agreed that all members of the management team would monitor this and immediately rectify where this is apparent, though it is anticipated this will not be the case.</p> <p>This will be subsequently discussed and remain as an agenda topic on all further staff meetings and any further instances of door wedging would be noted in supervision with individual staff and senior management would be made aware of same. Any further breaches concerning health and safety - particularly fire related - would be dealt with by the management/senior management team.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents.</p> <p>A signed copy of the agreements should be retained in the residents' files.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 6.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 8.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that the records of personal property belonging to each resident are updated and checked at least quarterly. The records are to be signed by the staff member undertaking the checks and countersigned by a senior member of staff.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 6.1</p>

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



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