

# Unannounced Care Inspection Report

## 2 March 2017



## Forest Lodge

**Type of Service:** Residential Care Home  
**Address:** 1 Little Forest, Portadown BT63 5DX  
**Tel No:** 028 3833 0620  
**Inspector:** Laura O'Hanlon

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Forest Lodge took place on 2 March 2017 from 10.20 to 15.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

One area for improvement was identified in regard to fire safety.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sharon Livingstone, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 February 2017.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group/Challenge	<b>Registered manager:</b> Sharon Livingstone
<b>Person in charge of the home at the time of inspection:</b> Sharon Livingstone	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 13

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- The previous inspection report
- The returned quality improvement plan
- The notifications of accidents and incidents

During the inspection the inspector met with six residents, one relative, one visiting professional, six members of the care staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- One staff competency and capability assessment
- Staff training schedule/records
- Three residents' care files
- The home's Statement of Purpose

- Minutes of recent staff meetings
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 22 February 2017

The most recent inspection of the home was an announced premises inspection. This report was issued to the home on 7 March 2017. This QIP will be followed up by the estates inspector at the next premises inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 10 May 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 May 2016	The registered person must ensure that an assessment of need is completed for one identified resident and a care plan is devised to meet the assessed needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of care records confirmed that an assessment of need and a care plan was completed for one identified resident.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2016	The registered person must ensure that all staff members undertake the required mandatory training in order to fulfil their roles and responsibilities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of mandatory training records confirmed that this was maintained on an up to date basis.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 27.8 <b>Stated:</b> First time <b>To be completed by:</b> 10 June 2016	<p>The registered person should ensure that an audit of the environment is completed in relation to the broken storage facilities and devise an action plan to ensure they are repaired or replaced. In addition to this, the audit should identify any areas that require redecoration.</p> <p><b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager confirmed that an audit of the environment was undertaken. An inspection of the environment confirmed that new storage facilities were in place and a programme of redecoration was underway.</p>	Met
<b>Recommendation 2</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 10 August 2016	<p>The registered person should ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of the policy on adult safeguarding policy confirmed that it reflected the current regional guidance.</p>	
<b>Recommendation 3</b> <b>Ref:</b> Standard 8.6 <b>Stated:</b> First time <b>To be completed by:</b> 17 May 2016	<p>The registered person should ensure that the care records contain a recent photograph of the resident.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of care records confirmed that two out of three care records contained a recent photograph.</p>	Met

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives, a visiting professional and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff reported that whilst the staffing levels were maintained there was a reliance on the use of agency staff. The registered manager advised that following a recent recruitment drive, new staff were successfully recruited.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

A copy of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably keypad entry at the front door, alarmed bedroom doors at night, locked wardrobes and kitchen areas. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Care records contained an individualised restrictive practice register for each resident which also included a review date.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Whilst some notices promoting good hand hygiene were displayed throughout the home, discussion took place with the registered manager to consider increasing these. The registered manager agreed to action this.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. There was significant improvement in the overall environment particularly within Forest Lodge. A number of new storage facilities had been purchased for the residents. The registered manager confirmed that she completes weekly checks on the condition of the environment.

Discussion with the registered manager and an inspection of the environment confirmed that there were issues identified in one bedroom. The registered manager confirmed these were raised during a recent premises inspection and an action plan was in place to address these issues.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. During the inspection a number of fire doors were noted to be wedged open. A requirement was made to ensure that this practice is ceased with immediate effect. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated 8 February 2016 and all recommendations were noted to be appropriately addressed. The registered manager confirmed that a review of this assessment was scheduled for 19 March 2017.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 6 February 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

### Areas for improvement

One area for improvement was identified in relation to fire safety.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>0</b>
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents, one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

One comment made by a visiting professional during the inspection was:

- “This is a comfortable home with welcoming staff. There is detailed communication and Sharon and the team leaders are always available. Everything is carried through and it’s a joy to watch. The staff are good at supporting families and I am relieved when patients are placed here.”

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and one representative confirmed that residents’ spiritual and cultural needs were met within the home. The registered manager confirmed that three residents are supported to attend their place of worship each week. A review of care records and discussion with residents, one representative and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. One such example was the preparation for care management review form which was completed by the residents. This document was in easy read format with pictorial prompts.

The registered manager, residents and one representative spoken with confirmed that consent was sought in relation to care and treatment. The care records contained evidence of multiple consents which were signed by the resident or their family. Discussion with residents, one representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, one representative and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents’ meetings, and care management reviews.

Discussion with staff, residents, and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Care records contained individual daily activity plans. On the day of the inspection some residents attended day care whilst others were supported on a bus outing.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family members are welcome to visit the home at any time.

One comment made by a family member was:

- “I think it’s absolutely great. (Resident) is very happy, they are well looked after and well fed. They have a good social life and always gets out. There is good communication among the staff.”

Comments made by staff during the inspection included:

- “I love my work, there is good staff morale and all the staff are approachable. The manager is very understanding and very supportive. There is good communication. The care here is fantastic; this is the best move I made. The staff are very supportive.”
- “Sharon is brilliant, approachable and if I raised any issues they would be addressed. The residents are provided with good care and they are encouraged to go out. I like the staff that work here.”
- “There is adequate staff on duty in the home. Sharon is very supportive and would never leave you on your own. There is good support and good team morale. The staff are good at supporting each other and everyone works well together. The care of the residents is fantastic and their needs are met in all areas.
- “There is a very relaxed atmosphere and good understanding of each resident’s personality and behaviour. The care is first class, the residents are well looked after with their personal care and meals. There is good staff morale, we all know each other and depend on each other.”

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Livingstone, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### **5.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### **5.3 Actions to be taken by the registered provider**

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2017	The registered provider must ensure that the practice of propping doors open is ceased with immediate effect. In addition the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.
	<b>Response by registered provider detailing the actions taken:</b> The Southern Trust have ordered self closing devises which activitate on Fire Alarm sounds. In mean time in consultation with Fire Service they are happy with controls in place with living room door and living room door open for obsevation purposes due to ratio of staff on floor. Doors are closed if staff leave biulding and prior to retiring to bed at night all internal doors are closed and this is signed on handover sheet.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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