

Unannounced Care Inspection Report

10 May 2016



Forest Lodge

Address: 1 Little Forest, Portadown, BT63 5DX

Tel No: 028 3833 0620

Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Forest Lodge took place on 10 May 2016 from 10:00 to 16:00.

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

Is care safe?

A recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice. A second recommendation was made to ensure that an audit of the environment is undertaken 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 in the home.

A requirement was made to ensure that all staff members undertake the required mandatory training in order to fulfil their roles and responsibilities.

Is care effective?

A requirement was made to ensure that an assessment of need is completed for one identified resident and a care plan is devised to meet the assessed needs.

A recommendation was made to ensure residents care records contain a recent photograph in accordance with the minimum standards.

Is care compassionate?

There were no areas for improvement identified. 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 to taking into account the views of residents.

Is the service well led?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 3 |

Details of the 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 care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

| | |
|--|--|
| Registered organisation/registered person: Praxis Care Group/Challenge | Registered manager: Sharon Livingstone |
| Person in charge of the home at the time of inspection: Sharon Livingstone | Date manager registered: 1 April 2005 |
| Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years | Number of registered places: 13 |
| Weekly tariffs at time of inspection: £1138.00 | Number of residents accommodated at the time of inspection: 12 |

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

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

Seven resident views, three representative views and nine staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 9 May 2016
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 October 2015

The most recent inspection of Forest Lodge was an unannounced care inspection. The completed QIP was returned and was approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 28 October 2015

| Last care inspection recommendations | | Validation of compliance |
|--|---|--------------------------|
| Recommendation 1 Ref: Standard 14.5 Stated: First time To be completed by: 28 January 2016 | The registered person should create opportunities to discuss the end of life wishes for residents. This should be recorded within care records. | Met |
| | Action taken as confirmed during the inspection: Discussion with registered manager and an inspection of care records confirmed that at each residents review end of life wishes for residents were discussed and recorded. | |

| | | |
|--|---|------------|
| Recommendation 2 Ref: Standard 27.8 Stated: First time To be completed by: 28 December 2015 | The registered person should ensure that handles of storage facilities in residents' bedrooms are repaired. Action taken as confirmed during the inspection: An inspection of the environment confirmed that a number of handles of storage facilities in residents' bedrooms were repaired. | 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 or residents' representatives.

During discussion with one staff member concern was raised about the regular use of agency staff. The staff member advised that this adds increased pressure to the permanent staff on duty as often the residents won't engage with agency staff. This matter was discussed with the registered manager who reported that they are currently in the process of recruiting additional staff. The manager subsequently confirmed by email that four additional staff were recruited.

On the day of inspection the following staff were on duty – the registered manager, one team leader and two care assistants.

Review of completed induction records 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 review of two staff files confirmed that supervision was undertaken on a monthly basis and appraisals completed annually. 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. A review of one staff competency and capability assessment was undertaken. This was found to be comprehensive.

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. The registered manager received written confirmation prior to commencement of employment that all necessary documentation was in order.

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

The adult safeguarding policy and procedure in place dated 5 May 2015, included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion. A recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy 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 to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. It was noted on mandatory training records that ten out of 18 staff members had not completed the required annual updates in regard to adult safeguarding. In addition to this the mandatory training records confirmed that training had not been completed by a number of staff particularly in the areas of infection prevention and control, first aid and COSHH. A requirement was made to ensure that all staff members undertake the required mandatory training in order to fulfil their roles and responsibilities.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with staff on duty confirmed that daily work schedules were in place.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe and accessible to residents, staff and visitors. A number of the residents' bedrooms contained broken furniture. A recommendation was made to ensure 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.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The registered manager confirmed that 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 needs could not be met.

Review of care records identified that an individual care needs assessment and risk assessments were obtained from the multi-disciplinary team, prior to admission of residents to the home.

Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors and keypad entry systems for one unit only. Residents who were assessed as safe to leave the building unaccompanied were provided with the door code.

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.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the trust and that the behaviour management plans were regularly reviewed and updated as necessary. In regard to one resident there was comprehensive daily records maintained of contacts with the behaviour management and the wider multi-disciplinary to promptly respond to behaviour which challenges.

Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons were informed. Such practices were supported with care plans and risk assessments.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 8 February 2016, identified that all but one recommendation arising had been addressed appropriately. The registered manager confirmed that the Trust were aware of this outstanding recommendation. Review of staff training records confirmed that staff completed fire safety training on 23 February 2016. Further fire safety training is scheduled for 23 August 2016. Fire drills were completed on 8 December 2015 and 4 March 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

Three areas for improvement were identified within this domain. A recommendation was made to ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice. A second recommendation was made to 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.

A requirement was made to ensure that all staff members undertake the required mandatory training in order to fulfil their roles and responsibilities with specific reference to the areas of adult safeguarding, infection prevention and control, first aid and COSHH.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

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

A review of two care records confirmed that these were maintained in line with the legislation and standards. One care record for a resident who was admitted to the home on 3 March 2016 did not contain a care needs assessment or a current care plan. This care record did contain significant reports from the multi-disciplinary team to support the management of this resident. Comprehensive daily notes were maintained which reflected prompt and consistent liaison with the multi-disciplinary team.

A requirement was made to ensure that an assessment of need is completed for one identified resident and a care plan is devised to meet the assessed needs.

The other two care records reviewed included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

It was noted that only one care record reviewed, contained a photograph of the resident. A recommendation was made to ensure this is addressed in line with current legislation.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The three care records reflected strong multi-professional input into the service users' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The registered manager confirmed that audits were undertaken of care records and finances on a monthly basis, medication is audited daily and an audit is completed of each incident in the home. The monthly monitoring visits reports also confirmed that audits were completed.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included: pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents, one representative, one professional spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. Some comments made were:

- “There is good reporting by the staff. They have been fantastic about getting a diagnosis. The staff were proactive on follow up in regard to medical attention, very attentive. I can’t commend them enough. I am very happy with the care. The manager is excellent. My service user has come on so well. Forest Lodge is excellent.”

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

A requirement was made to ensure that an assessment of need is completed for one identified resident and a care plan is devised to meet their assessed needs.

A recommendation was made to ensure residents care records contain a recent photograph in accordance with the minimum standards.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 1 |
|--------------------------------|----------|-----------------------------------|----------|

4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Residents and their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate how residents’ confidentiality was protected.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One staff member commented:

- The residents have a good quality of life, they attend a range of activities from arts and crafts to the gateway club. At the weekends the residents decide what activities they wish to do.”

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. One comment made by a resident was:

- “The staff are approachable, they are helping me to manage my money. Life is good in here.”

Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. One relative spoken with praised the staff in the home and all the care provided to her relative. This relative advised that her relative is very happy in this home.

The registered manager confirmed that 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. Some examples of this were: the daily chores rota in each bedroom contained pictorial prompts. A pictorial leaflet was also displayed in the dining area about adult abuse.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. The dates for the residents meetings in 2016 were displayed in the dining area. A record of residents meetings was available for inspection.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties

Areas for improvement

No areas of improvement were identified during the inspection.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were 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 should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure in picture format.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties through discussion at staff meetings.

There were quality assurance systems in place to drive quality improvement which included regular audits. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed. The registered manager confirmed that this information is checked weekly and discussed at staff handovers.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager confirmed that they had completed specific training in regard to the needs of one resident. This training session was provided by family members and Trust staff to ensure the staff had a comprehensive overview of the residents needs prior to his admission. There are currently two staff members being supported by the organisation to complete their QCF Level 3 training.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. Such arrangements included more regular supervision and the capability procedure. 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.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

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

The registered person/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 person/manager 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 DHSPPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

| | |
|--|---|
| Requirement 1 Ref: Regulation 19 (1) Stated: First time To be completed by: 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. Response by registered person detailing the actions taken: Care plan and assessments have been completed for resident. |
| Requirement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time To be completed by: 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. Response by registered person detailing the actions taken: Safeguarding and protection of Vulnerable Adults training completed for all staff on 23/6/16. Staff are in process of updating on line training COSHH, Fire safety, Food Hygiene and infection control. Management Of service User Finances booked for all staff on 3/8/16. |

Recommendations

| | |
|---|---|
| Recommendation 1 Ref: Standard 27.8 Stated: First time To be completed by: 10 June 2016 | 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. Response by registered person detailing the actions taken: Audit has been completed by Manager and painting and decorating has been organised to be completed. A female resident is getting new furniture fitted this has been ordered. Two residents drawers have been fixed. |
| Recommendation 2 Ref: Standard 21.5 Stated: First time To be completed by: 10 August 2016 | The registered person should ensure the adult safeguarding policy is reviewed to reflect the new regional guidance in line with current practice. Response by registered person detailing the actions taken: In communication with our governance team the current policy will be updated by 10/8/16 to reflect new regional guidance. |

| | |
|---|--|
| Recommendation 3 Ref: Standard 8.6 Stated: First time To be completed by: 17 May 2016 | The registered person should ensure that the care records contain a recent photograph of the resident. |
| | Response by registered person detailing the actions taken: All residents have a photograph in place in personal profile. |

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



The Regulation and
Quality Improvement
Authority

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

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk



@RQIANews