Unannounced Care Inspection Report
11 December 2018

Forest Lodge

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

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is a residential care home with 13 beds that provides care for residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group/Challenge **Responsible Individual:** Andrew Mayhew	**Registered Manager:** Sharon Livingstone
Person in charge at the time of inspection: Sharon Livingstone	**Date manager registered:** 1 April 2005
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 13 Forest Lodge (6 places), registration incorporating 2 Little Forest (3 places) & 57 Killycomain Road (4 places).

4.0 Inspection summary

An unannounced care inspection took place on 11 December 2018 from 10.20 to 16.30.

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

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

Evidence of good practice was found in relation to the culture and ethos of the home and communication between the staff and the residents.

Areas requiring improvement were identified in relation to the duty roster, the system for the management of NISCC registration, fire safety and the reports of the visits by the registered provider.

Residents said that they loved living in the home and that the staff were good to them.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, six residents, six staff and one resident's visitor/representative.

A total of six questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 27 February 2018

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 27.1

Stated: Second time</td><td>The registered person shall ensure that the following environmental issues are rectified:

• Address the damp area in the staff/sleepover room</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The registered manager advised that the ceiling was repainted in the sleepover room, however some staining has reappeared. The registered manager further advised that there is a programme of redecoration planned in the home and this matter will be addressed.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 20.6

Stated: First time</td><td>The registered person shall ensure that the statement of purpose references the restrictive practices used in the home.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
A review of the statement of purpose dated 15 November 2018 confirmed that it referenced the restrictive practices used in the home.</td></tr>
</table>

Area for improvement 3 **Ref**: Standard 35.1 **Stated:** First time	The registered person shall ensure that the rust on the handrails in the communal bathrooms is addressed.	**Met**
	Action taken as confirmed during the inspection: An inspection of the environment identified that there was one handrail and toilet roll holder where there was rust present. The registered manager agreed to ensure this was replaced. It was subsequently confirmed by email that this matter was addressed.	
Area for improvement 4 **Ref**: Standard 11.1 **Stated:** First time	The registered person shall ensure that a comprehensive multi-disciplinary care review is convened to confirm that the placement continues to effectively meet the needs of the identified resident.	**Met**
	Action taken as confirmed during the inspection: An inspection of this care record confirmed that there has been a number of multi-disciplinary care reviews following the last care inspection. This is discussed later in the report.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary and agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. However, it was noted that the full names of staff were not recorded on the duty roster. This was identified as an area for improvement to ensure compliance with the standards.

A 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 annual appraisal of staff was regularly provided. Schedules of training and supervision were reviewed during the inspection.

Discussion with 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager advised 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 advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

The registered manager advised that arrangements were in place to monitor the registration status of staff with their professional body (where applicable). However, during discussion with one staff member, it was noted that this person had allowed their registration with the Northern Ireland Social Care Council (NISCC) to lapse. This was immediately brought to the attention of the team leader and the registered manager for action. A check of the NISCC public facing register later confirmed that the staff member was registered.

Other care staff spoken with advised that they were registered with NISCC. This matter was discussed with the registered manager and identified as an area for improvement to ensure that there is a robust system in place to monitor the registration status of staff with their professional body. Following the inspection the inspector was contacted by Karen Harding, Assistant Director, Praxis Care, to discuss this matter further. The Assistant Director agreed to review this incident.

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 stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling and appropriately heated. It was noted during the inspection where there was no toilet seat in place. This was discussed with the registered manager who agreed to action this as a matter of priority.

Further discussion took place with the registered manager during the inspection regarding the need for redecoration of the home. The registered manager confirmed that there was an action plan already in place to address this. This was subsequently discussed with Karen Harding, Assistant Director, Praxis who confirmed this was in place.

It was observed during the inspection that there were two fire doors wedged open. This practice was discussed with the registered manager and identified as an area for improvement to ensure this matter is addressed.

It was established that one resident in the home smoked. A review of the care records of this resident identified that risk assessment and corresponding care plan was completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. The registered manager was advised this it is good practice to undertake this weekly and maintain a written record of these checks.

The home had an up to date fire risk assessment in place dated 13 July 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. It was noted on the fire risk assessment that the fire alarm should be checked weekly. On review of these checks there were gaps identified. This was identified as an area for improvement to ensure that the fire alarms are checked weekly as recommended within with the fire risk assessment.

Residents and staff spoken with during the inspection made the following comments:

- “The staff are all good to me. They are very kind.” (resident)
- “The staffing situation is relatively stable at present.” (staff)
- “We have supervision on a monthly basis.” (staff)
- “The staffing levels are all good. I have completed an induction and I am not being pressured to do anything that I don’t feel capable of.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding and risk management.

Areas for improvement

Four areas for improvement were identified in relation to the duty roster, the system for monitoring staff registration with their professional body, ceasing the practice of wedging doors and completing weekly fire alarm checks.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). 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.

Review of one care record and discussion with staff confirmed there was one resident in the home with very complex needs. During the last care inspection it was identified that there was a need for a multi-disciplinary review to ensure that the placement continued to meet the needs of this resident. There had been a number of multi-disciplinary care reviews following the last

care inspection and an admission to hospital. Discussion took place with the registered manager during the inspection and with Karen Harding, Assistant Director, Praxis following the inspection to ensure that the placement is closely monitored; that it met the needs of the individual resident and does not have an adverse impact on the other residents and staff in the home.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual residents' care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Referrals would be made to the multi-professional team to address any concerns identified in a timely manner.

The registered manager advised 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. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents, staff and one resident's visitor/representative spoken with during the inspection made the following comments:

- "The food is lovely." (resident)
- "The staff are excellent and there is good communication with me. They always keep me updated. I observed staff dealing with my relative very well during an episode. The staff were excellent in diffusing the situation. The meals are excellent. There is a good plan in place to support my relative to lose weight, which he has done." (resident's representative)
- "There is good team work and communication in the home. We have shift handovers and a communication book in place." (staff)
- "The staff are very supportive of each other and there is good team work." (staff)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager advised 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.

The registered manager, residents and one representative advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain.

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. Care plans and the activity programme, for example, were written in a pictorial format.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included residents' meetings and the visits by the responsible person.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of residents were out at day care. Those who were in the home were offered the opportunity to go out for coffee or to the local shops. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff and one resident's visitor/representative spoken with during the inspection made the following comments:

- "I love it in here, the staff are good and kind." (resident)
- "We are having our Christmas party next week, I am looking forward to it." (resident)
- "I am very happy with all the care provided. There is good activity provision in this home." (resident's representative)
- "We all do our best for the resident." (staff)
- "If I had a family member I would be happy for them to live here, this place is excellent." (staff)
- "There is lots of activities for the residents. They can go out for coffee and shopping or out to the cinema. They are offered their own choices. There is excellent person centred care provided in this home." (staff)

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that 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. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of the accident, incident and notifiable events confirmed that overall these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. One event had not been reported to RQIA. This was discussed with the registered manager who submitted the notification the following day.

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

A visit by the registered provider 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, RQIA and any other interested parties to read. It was noted that whilst an action plan was developed to address any issues identified, there was no evidence of these being reviewed or actioned. Some of these actions were carried forward from month to month. This was identified as an area for improvement.

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. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported 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.

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

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

Staff spoken with during the inspection made the following comments:

- "Sharon is a very good manager, very proactive and supportive of staff."
- "Sharon is a good manager, fair and approachable."

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the reports of visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 20 (1) (c) (ii) **Stated:** First time **To be completed by:** 12 December 2018	The registered person shall ensure that there is a robust system in place monitor the registration status of staff with their professional body. Ref: 6.4
	Response by registered person detailing the actions taken: All Staff members NISCC registration details are recorded on the training matrix held at the scheme. The manager will monitor these on a monthly basis to ensure all staff are on the register.
Area for improvement 2 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** 12 December 2018	The registered person shall ensure that the practice of wedging fire doors open is ceased. Ref: 6.4
	Response by registered person detailing the actions taken: The practice of wedging fire doors open has stopped in the scheme. This has been communicated to all staff via the daily handover sheet and at staff meetings. The manager has requested that the Trust maintenance department install self closing safety devices on all fire doors.
Area for improvement 3 **Ref:** Regulation 27 (4) (a) **Stated:** First time **To be completed by:** 12 December 2018	The registered person shall to ensure that the fire alarms are checked weekly as recommended in the fire risk assessment. Ref: 6.4
	Response by registered person detailing the actions taken: The fire alarms are checked on a weekly basis as per policy and procedure. On the date of the inspection Fire alarm test sheets were filed in the maintenance file. A new Fire file has been set up and all records in relation to fire safety are now documented in this file.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 25.6 **Stated:** First time **To be completed by:** 12 December 2018	The registered person shall ensure that the full names of staff are recorded on the duty roster. Ref: 6.4
	Response by registered person detailing the actions taken: The duty roster has been amended to record the full names of all employees as per policy and procdeure.

Area for improvement 2 **Ref**: Standard 20.11 **Stated:** First time **To be completed by:** 12 December 2018	The registered person shall ensure that actions identified in the reports of visits by the registered provider have clear timescales and identify the person responsible for completing the action. Ref: 6.7
	Response by registered person detailing the actions taken: The manager will ensure all actions recorded on the Monthly Management Report are completed within the recorded timeframes by specific members of staff. The manager and Head of Operations will review this each month and record completed outcomes.

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

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