



Unannounced Care Inspection Report 14 and 21 November 2019



Forest Lodge

Type of Service: Residential Care Home

Address: 1 Little Forest, Portadown, Craigavon, BT63 5DX

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Inspectors: Laura O'Hanlon and Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 13 residents.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group/Challenge Responsible Individual: Andrew James Mayhew	Registered Manager and date registered: Sharon Livingstone – 1 April 2005
Person in charge at the time of inspection: Sharon Livingstone on 14 November 2019 Bart Giliniecki, team leader on 21 November 2019	Number of registered places: 13 Forest Lodge (6 places), registration incorporating 2 Little Forest (3 places) & 57 Killycomaine Road (4 places).
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 12

4.0 Inspection summary

An unannounced inspection took place on 14 November 2019 from 10.05 to 16.30. The supporting finance inspection took place on 21 November 2019 from 10.45 hours to 13.00 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of previous finance inspection have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff induction and training, interactions between the staff and the residents, working relationships and teamwork in the home. Further evidence was identified in relation to the management of residents' monies and the general financial arrangements for residents.

Areas requiring improvement were identified in relation to the staff duty rota, equipment, fire safety risk assessment, care records, monthly monitoring reports, the recording of residents' personal property and updating residents' agreements to show the current fee.

Residents described living in the home as being a good experience in positive terms and were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Livingstone, registered manager and on 21 November 2019 and Bart Giliniecki (team leader) 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 inspection dated 11 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Six questionnaires were returned to RQIA by residents and staff which indicated their satisfaction with the care provided in the home. Comments are included within the main body of this report.

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

- staff duty rotas
- staff training schedule and training records
- one staff induction record
- three residents' records of care
- complaint records
- compliment records
- accident/incident records
- monthly monitoring reports
- records of staff meetings
- fire safety records
- RQIA registration certificate
- two residents' finance files including copies of written agreements
- a sample of financial records including residents' personal allowance monies and valuables, residents' fees and purchases undertaken on behalf of residents
- a sample of records of monies deposited on behalf of residents
- a sample of records of residents' personal property
- financial policies and procedures

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 last care inspection dated 11 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure that there is a robust system in place monitor the registration status of staff with their professional body.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager and staff confirmed that there was a robust system in place monitor the registration status of staff with their professional body.	

Area for improvement 2 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that the practice of wedging fire doors open is ceased.	Met
	Action taken as confirmed during the inspection: Observations during the inspection confirmed that there were no fire doors wedged open.	
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall to ensure that the fire alarms are checked weekly as recommended in the fire risk assessment.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the fire safety records confirmed that the fire alarms were checked weekly.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the full names of staff are recorded on the duty roster.	Met
	Action taken as confirmed during the inspection: A review of the duty rota confirmed that the full names of staff were recorded.	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of these reports confirmed that within the action plans there were clear timescales and the person responsible for completing the actions was identified.	

There were no areas for improvement as a result of the previous pharmacy inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The atmosphere in the home was relaxed with staff assisting and talking with residents in a friendly and respectful manner. Throughout this inspection the residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in a caring and kind manner.

Staffing and recruitment

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. However the rota did not record the grades of the staff working in the home. This was identified as an area for improvement.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We saw that competency and capability assessments were in place for staff in charge of the home in the manager's absence.

We discussed recruitment practices with the manager. We were informed that all recruitment information is retained centrally in a human resources department. The manager provided evidence of email confirmation from this department to confirm that the required pre-employment checks including Access NI and references were completed for all new staff prior to commencement of employment in the home. Staff told us they completed an induction relevant to their roles and responsibilities.

The manager explained that care staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system to ensure that registrations were tracked and regularly reviewed.

Staff supervision, appraisal and training

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis. The manager advised that additional training was also provided for staff if required.

Safeguarding residents from harm

Staff shared a good knowledge of safe guarding procedures and could describe how to raise a concern even in the absence of the manager. The manager was able to describe how safeguarding referrals would be made to the trust and who to contact.

Environment

An inspection of the home was undertaken. Overall resident's bedrooms were found to be personalised with items of memorabilia and special interests displayed. Most areas within the home were observed to be odour free and clean. There was a warm atmosphere in the home. Communal seating lounges were pleasantly furnished with comfortable seating.

We could see that a significant amount of improvement work was undertaken in Forest Lodge. This included a new heating system, new flooring throughout the first floor and redecoration. This was of huge benefit to the home to ensure that a good standard of décor and furnishing is being maintained. The manager explained that there is further work planned in the home. This is to be commended.

However, we identified two shower chairs which were rusted and unclean. This was identified as an area for improvement.

We identified one bedroom where the staff experience difficulty in trying to maintain this to an adequate standard despite their best efforts. This matter was discussed with the trust key worker following the inspection and plans are now in place to ensure this situation is addressed.

Fire safety

The home had a current fire risk assessment in place dated 28 May 2019. We noted that the action plan was not signed off as completed by the manager. This was identified as an area for improvement.

Walkways throughout the home were kept clear and free from obstruction. Review of records confirmed that regular checks were completed in relation to emergency lighting, fire alarms and fire doors.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to the staff duty rota, equipment and the fire safety risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. However we noted that care records were not consistently signed by the person completing them. This was identified as an area for improvement.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

We noted on a care record where a care management review had taken place for a resident. The staff had recorded on the review that they could no longer meet the needs of this resident due to individual complexities. However this was not being progressed. This matter was followed up with the trust senior management who confirmed that an alternative placement is now being sought.

Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the residents. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident. Records of staff meetings were reviewed.

The staff expressed their concern regarding the placement for one resident. This matter is now being progressed by the trust.

Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents' comfort and social needs were facilitated by individual choice and wishes.

Residents were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

Staffing in the home is more stable which is to be commended. Interactions between the staff were friendly and supportive. One staff comment was:

- “I love my work; I love to see the difference we make in people’s lives because we know the residents so well.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to signing care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Compassionate care

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room, others choose to relax or partake in pastimes of choice.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents’ meals and snacks. Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management.

Some comments made by residents included:

- “The food is good.”
- “I like it here.”
- “The staff are all very good to me.”
- “I am happy.”

Staff comments by staff included:

- “I love it here, there is good team support and we all work well together for the good of the residents. The home is in a really good place at present where everyone is valued and listened to.”
- “The staffing is much more stable.”
- “If the residents don’t like something, they always get something different.”

Comments made on returned questionnaires were:

- “I like the food choices offered and the holidays.”
- “I like going for coffee; staff talk to you if you have a problem.”
- “I like watching movies with staff, it is good fun.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing residents and their representatives.

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 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.

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. One staff comment was:

- “Sharon is a great manager, always remains engaged and out on the floor, she knows and sees the residents. She is very approachable and supportive.”

Management of accidents/incidents

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Management and governance arrangements

The reports of the visits undertaken by the provider's representative were reviewed. The reports available in the home were dated 24 April 2019, 3 June 2019, 27 August 2019 and 11 September 2019. There was no report available for May and July. This was identified as an area for improvement.

In addition actions identified within the action plan were restated on an ongoing basis. The action plan should also be signed off when completed. This was identified as an area for improvement.

Management of service users' monies

Financial systems in place at the home were reviewed. These included the systems for: recording transactions undertaken on behalf of residents, retaining receipts from transactions, recording the reconciliations (checks) of residents' monies, recording the amounts of fees received on behalf of residents, recording residents' personal property and retaining residents' personal monies.

A review of two residents' files evidenced that copies of signed written agreements were retained within both files. The two agreements reviewed did not show the current weekly fee paid by, or on behalf of, the residents. This was discussed with the team leader and identified as an area for improvement under the standards.

A sample of personal property records for two residents evidenced that although the records had been updated with items belonging to the residents at admission, there was no evidence that the records had been updated since admission. There was no recorded evidence that the personal property had been checked at least quarterly in line with best practice. This was discussed with the team leader and identified as a new area for improvement.

A review of a sample of purchases undertaken on behalf of residents showed that in line with the Residential Care Homes Minimum Standards (August 2011) details of the purchases were recorded. Two signatures were recorded against each entry in the residents' transaction sheets and receipts were available from each of the purchases reviewed.

Good practice was observed as monies held on behalf of residents were reconciled (checked) daily and recorded. Two signatures were recorded against the records of the reconciliations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of accidents and incidents, the system for recording transactions undertaken on behalf of residents, the system for retaining receipts from transactions, reconciling residents' monies on a daily basis and the required signatories were found to be in line with the regulations and standards.

Areas for improvement

The following areas were identified for improvement in relation to the monthly monitoring reports, the recording of residents' personal property within a set timeframe and updating residents' written agreements to show the current fees.

	Regulations	Standards
Total number of areas for improvement	1	2

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, and on 21 November 2019 Bart Giliniecki (team leader) 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 29 (5) (a) Stated: First time To be completed by: 1 December 2019	<p>The registered person shall ensure that the report of the monthly monitoring visits is available in the home, that any actions identified are addressed in a timely manner and signed off when they are completed.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Along with the registered manager the directors PA will also be sent a copy of the MMR report so that a centralised record is maintained and always available. Before a new MMR visit is carried out the actions from the previous month will be signed off by head of and person in charge of shift.</p>
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: 1 December 2019	<p>The registered person shall ensure that the duty rota records the capacity of the staff working in the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Rotas have been reviewed and staff roles are clearly identified for all staff including relief.</p>
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 14 December 2019	<p>The registered person shall ensure that the two identified shower chairs are cleaned or replaced.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: These chairs have been ordered with Sandra Wickham Physiotherapist.</p>
Area for improvement 3 Ref: Standard 29.1 Stated: First time To be completed by: 14 December 2019	<p>The registered person shall submit an action plan with timescales confirming what actions are taken in response to the recommendations made at the fire safety risk assessment, dated 28 May 2019</p> <p>Ref: 6.3</p>

	<p>Response by registered person detailing the actions taken: The action plan following the Fire Risk Assessment has been completed. There are some minor outstanding estate issues that need actioned by the Trust. These have been reported to the Trust. This has been escalated to Vanessa Coulter Head of operations and she will follow up with Trust nominated fire officer as a matter of urgency. If this work is not completed by end of January, Praxis property department will carry out the work.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2019</p>	<p>The registered person shall ensure that care records are signed by the person completing them.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This has been communicated to all staff that records completed by the person must be signed. This will be audited by Manager and head of operations on a monthly basis.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents.</p> <p>A signed copy of the agreements should be retained in the residents' files.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The current fee has been added to the resident written agreements. A copy signed by each residents is held in each individuals file.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that the records of personal property belonging to each resident are updated and checked at least quarterly. The records are to be signed by the staff member undertaking the checks and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This has been completed and will be reviewed every three months.</p>

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



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