



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Forest Lodge**

**23 April 2015**

The Regulation and Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 23 April 2015 from 10.00 to 14.00. Overall on the day of the inspection the home we found the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	3

We discussed the details of the QIP with Mrs Sharon Livingstone, registered manager. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Praxis Care Group / Challenge	<b>Registered Manager:</b> Mrs Sharon Livingstone
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Sharon Livingstone	<b>Date Manager Registered:</b> April 2005
<b>Categories of Care:</b> RC-LD, RC-LD (E)	<b>Number of Registered Places:</b> 13
<b>Number of Residents Accommodated on Day of Inspection:</b> 12	<b>Weekly Tariff at Time of Inspection:</b> £1150.05

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**  
**Theme: Residents Receive Individual Continence Management and Support.**

## 4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from last inspection and notifications of incidents and accidents.

During the inspection we met with three residents, five care staff and the registered manager.

We inspected the following records during the inspection: four care records, fire safety records, registered provider visits, complaints/compliments records, accident/incident records, cleaning schedules within the home and policies and procedures relating to continence management.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Forest Lodge was an announced care inspection on 20 January 2015. The completed QIP was returned and was approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 (4) (a)	<p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> <li>The registered person shall ensure that an up to date fire risk assessment is completed.</li> </ul>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> We confirmed that a fire risk assessment was completed on 5 February 2015.		
<b>Requirement 2</b> <b>Ref:</b> Regulation 27 (4) (e)	<p>The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.</p>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Fire training was undertaken by all staff on 24 February 2015 and 9 April 2015.		
<b>Requirement 3</b> <b>Ref:</b> Regulation 29 (3) (c)	<p>The registered person shall ensure that monthly written reports on the conduct of the home are signed by the person completing the report.</p>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> The monthly written reports were appropriately signed and dated.		
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> <li>DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005)</li> <li>The need for RQIA to be informed of each occasion when restraint is used</li> <li>The process of referring and engaging the</li> </ul>	<b>Not Met</b>

	support of a multi-disciplinary team and other professionals in the resident's care plan.	
<b>Recommendation 2</b> <b>Ref: Standard 21.1</b>	<p>It is recommended that the registered person should develop a policy in the home on resident's involvement in activities and events.</p> <p><b>Action taken as confirmed during the inspection:</b>  The policy on behaviour which challenges does not reference the above recommendation.</p> <p>This recommendation will be stated for the second time.</p>	<b>Not Met</b>
<b>Recommendation 3</b> <b>Ref: Standard 13.1</b>	<p>It is recommended that the registered person should review the Statement of Purpose to include information pertaining to activity provision within the home.</p> <p><b>Action taken as confirmed during the inspection:</b>  The Statement of Purpose references activity provision within the home.</p>	<b>Met</b>

### **5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

#### **Is Care Safe? (Quality of Life)**

Residents' views are taken into account in all matters affecting them in so far as practically possible.

We met with residents and staff who confirmed that staff actively seek residents' views through daily discussions, residents meetings and reviews. Staff on duty provided us with a 'wish list' document compiled by residents and staff where suggestions were made regarding planned outings over the summer months. This document was signed by the residents involved. Staff members are to be commended for this practice. A written record was maintained of the residents meetings facilitated.

#### **Is Care Effective? (Quality of Management)**

We found that there was a range of methods and processes in place where residents and their representatives' views are sought. This was reflected within the record of residents meetings, registered provider monthly visits and the annual quality review report.

The home has also developed a preparation form for review meetings which is completed by the resident. This enabled the resident time, to reflect on the care and support services provided in the home and make suggestions regarding improvements. This can be shared at resident reviews.

In discussions with residents we were able to confirm that residents are listened to, kept informed about issues and were treated with care, dignity and respect.

The resident's needs assessment, risk assessments and care plans are kept under continual review and amended to reflect the changing needs of the resident. We found that care plans were appropriately signed. The home has a specific care plan in place for each resident named 'choice and control', 'autonomy and consent'. This care plan recognises the rights and wishes of each resident.

#### **Is Care Compassionate? (Quality of Care)**

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted.

#### **Areas for Improvement**

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.3 Theme: Residents Receive Individual Continence Management and Support

#### Is Care Safe? (Quality of Life)

We spoke to staff who demonstrated knowledge and understanding in the area of continence care.

Whilst it is acknowledged that needs assessment were completed and that care plans were in place we made a recommendation that the manager needs to develop a specific care plan for residents with continence issues.

From our observations we found there to be an adequate provision of continence products. Staff confirmed to us that they have unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers are present. There were no malodours detected during inspection of the premises.

We recommended that a referral for assessment to continence services is completed for identified residents.

#### Is Care Effective? (Quality of Management)

We found that the home had a policy in place on promotion of continence which was reviewed in April 2015.

It is recommended that staff members receive training in continence management.

#### Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Discussion with residents endorsed that staff provide assistance with continence care in a sensitive and caring manner.

In discussions with staff we found that they were knowledgeable with regard to the promotion and management of continence and reflected the necessary values. Staff were able to describe to us the necessary support required to meet individual continence management.

#### Areas for Improvement

Staff require training in continence management, specific care plans for residents with continence issues need to be developed and referral for assessment to continence services for identified residents needs to be actioned promptly.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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### 5.4 Additional Areas Examined

#### 5.4.1 Residents Views

We met with three residents individually. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy

and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes are respected in so far as possible. Residents stated that they attend their own reviews.

#### **5.4.2 Staff Views**

We spoke with five staff members, in addition to the registered manager. Staff advised us that they felt well supported in their respective roles and that they are provided with the relevant resources to undertake their duties. Staff demonstrated to us an awareness and knowledge of the needs of individual residents. Staff reported to us that the care and services provided is resident focused.

- “Residents are really well looked after, they have their own choices and a very good social life.”

#### **5.4.3 Environment**

We found that the home presented as adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a fair standard. We identified a number of areas which required specific cleaning such as bathrooms, toilets and general dusting of communal areas and some bedrooms. A requirement has been made to ensure that a deep clean of the environment is undertaken and the front door of Forest Lodge is repainted. A second requirement is made to ensure that furniture such as drawers and the light socket in the bathroom is repaired as a matter of urgency.

#### **5.4.4 Care Practices**

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents presented as well dressed.

#### **5.4.5 Accidents / Incident reports**

We reviewed these reports from the previous inspection and found these to be appropriately managed and reported.

#### **5.4.6 Fire Safety**

The home's most recent fire safety risk assessment was dated 5 February 2015. The registered manager is required to confirm in writing to the home's aligned estates inspector that the recommendations highlighted in the home's fire risk assessment dated 5 February 2015 have been satisfactorily addressed.

A review of the fire safety records evidenced that fire safety training was carried out on 24 February 2015 and 9 April 2015 attended by all staff.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.



## Areas for Improvement

One requirement has been made in relation to a deep clean of the environment and a second requirement to ensure that a light socket and storage facilities are repaired.

One requirement has been made in relation to the fire safety risk assessment.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 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](mailto: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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 May 2015</p>	<p>The registered person must submit in writing to the home's aligned estates inspector, detailing how the recommendations made in the fire safety assessment dated 5 February 2015 will be dealt with, including timescales.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Response has been sent to RQIA estates inspector regarding recommendation stated in Fire Risk Assessment 5/2/15 re N0 57 Killicomaine Road.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2015</p>	<p>The registered person must,</p> <ul style="list-style-type: none"> <li>• Repaint the front door of Forest Lodge (marked/chipped)</li> <li>• Ensure a deep clean is undertaken of the three environments to include communal areas, bathrooms and residents bedrooms.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> Deep clean has been completed. External cleaners completed No 57 cleaning on 26/5/15, 2/6/15 Little Forest and 9/6/15 Forest Lodge. Cleaning schedules have been updated and will be monitored by Team Leaders and Manager.</p> <p>Awaiting the Trust to complete the repainting of the front door.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2015</p>	<p>The registered person must,</p> <ul style="list-style-type: none"> <li>• Repair light socket in bathroom in Forest Lodge as a matter of urgency</li> <li>• Repair broken storage facilities in resident's bedrooms.</li> </ul> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> 1) Light socket has been repaired in bottom bathroom by Southern Trust. 2) Broken storage facilities have been repaired and some have been replaced and also storage boxes purchased for DVDs which were breaking drawers.</p>

<b>Recommendations</b>			
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> Second time <b>To be Completed by:</b> 23 May 2015	It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following; <ul style="list-style-type: none"> <li>• DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005)</li> <li>• The need for RQIA to be informed of each occasion when restraint is used</li> <li>• The process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan.</li> </ul>		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Praxis Care Governance department have updated the policy on Challenging behaviour.		
<b>Recommendation 2</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> Second time <b>To be Completed by:</b> 23 May 2015	It is recommended that the registered person should develop a policy in the home on resident's involvement in activities and events.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Activity policy has been completed by Praxis Care Governance Department.		
<b>Recommendation 3</b> <b>Ref:</b> Standard 6.2 & 9.3 <b>Stated:</b> First time <b>To be Completed by:</b> 23 June 2015	It is recommended that: <ul style="list-style-type: none"> <li>• A referral is made to continence services for assessment for residents with continence needs</li> <li>• A specific care plan is devised for residents with continence issues</li> <li>• Staff training is undertaken in relation to management of continence.</li> </ul>		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> 1) Referral was made to continence services as recommended by RQIA await appointment date referral was completed through GP appointment. 2) Care plans have been developed for both individuals with incontinence issues 3) Manager has contacted Southern Trust to organise training for staff in Forest Lodge await training date to be confirmed.		
<b>Registered Manager Completing QIP</b>	Sharon Livingstone	<b>Date Completed</b>	17/6/15
<b>Registered Person Approving QIP</b>	Andy Mayhew	<b>Date Approved</b>	18/06/15
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	22.6.15

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