

# Unannounced Care Inspection Report 27 February 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**

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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.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 13 beds registered to provide care for residents under categories of care detailed in section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group / Challenge  <b>Responsible Individual:</b> Andrew Mayhew	<b>Registered Manager:</b> Sharon Livingstone
<b>Person in charge at the time of inspection:</b> Sharon Livingstone	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 13

### 4.0 Inspection summary

An unannounced care inspection took place on 27 February 2018 from 10:10 to 16:15.

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 staff training, recruitment practices, care records and the culture and ethos of the home.

Areas requiring improvement were identified in regards to the need for a care management review for one resident, handrails in bathrooms and the statement of purpose. One area for improvement from the last inspection was stated for the second time in relation to environmental issues.

Residents said that they were happy in the home, that they enjoyed the outings and activities and that the staff were kind 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
<b>Total number of areas for improvement</b>	0	4

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 25 July 2017.

#### 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 and the notifications of accidents and incidents.

During the inspection the inspector met with six residents, seven staff of various grades and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The staff were directed to complete the questionnaires electronically. Eight questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- Two staff competency and capability assessments
- Staff training schedule/records
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of medication, cleaning schedules, and money
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and 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 25 July 2017**

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

**6.2 Review of areas for improvement from the last care inspection dated 25 July 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure that the following environmental issues are rectified: <ul style="list-style-type: none"> <li>• Address the damaged sofa in one sitting room</li> <li>• Address the damp area in the staff/sleepover room</li> <li>• Address the missing kitchen unit door</li> </ul> Ref: section 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the damaged sofa was replaced and the kitchen unit door was reinstated. However the damp area in the staff/sleepover room was evident on the day of the inspection.  This element of the area for improvement will be stated for the second time.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 August 2017</p>	<p>The registered person shall ensure that the fire safety risk assessment is reviewed and updated annually.</p> <p>Ref: section 6.4</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered person shall ensure that the monthly monitoring visits are undertaken as required, a report is produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.</p> <p>Ref: section 6.7</p>	
	<p><b>Action taken as confirmed during the inspection:</b> A review of the fire safety risk assessment confirmed this was reviewed on 10 August 2017.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> A review of the record of the monthly monitoring visits confirmed these were completed as required, a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.</p>	

### 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 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of two 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 schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection.

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

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. A letter of confirmation is provided to the registered manager to ensure that the legislative requirements were followed in the recruitment process.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy was reviewed at the last inspection and found to be consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion was established.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

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

The registered manager confirmed there were restrictive practices employed within the home, notably the use of a keypad entry system, locked kitchen doors and alarmed bedroom doors at night. 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.

A review of the statement of purpose identified that restrictions were not adequately described. This was identified as an area for improvement to ensure compliance with the standards.

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

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

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) procedures. It was noted that there was rust present on handrails in two communal bathrooms. This was identified as an area for improvement to ensure compliance with the standards.

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 personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

The inspection of the environment confirmed that the damaged sofa was replaced and the kitchen unit door was reinstated as identified in the previous QIP. However the damp area in the staff/sleepover room was evident on the day of the inspection. This element of the area for improvement will be stated for the second time.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 10 August 2017. A review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 23 February 2018. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Eight completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.



**Areas of good practice**

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

**Areas for improvement**

Three areas for improvement were identified in regards to the statement of purpose, handrails in communal bathrooms and the environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**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.

A review of four 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. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff knowledge of individual resident’s preferences and behaviours.

It was noted during the review of care records where one resident was experiencing significant difficulties in relation to their placement in the home. These concerns were verified by staff during the inspection. This was discussed with registered manager and identified as area for improvement to ensure that a comprehensive multi-disciplinary review of the placement is undertaken to confirm that the placement continues to effectively meet the needs of this resident.

Records were stored safely and securely in line with data protection.

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. Audits of medication, cleaning schedules and money were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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

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

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

Eight completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied and unsatisfied.

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified in regards to the need for a multi-disciplinary care review on regard to one resident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

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

Discussion with residents, their representatives and staff confirmed that 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.

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.

The registered manager and the residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff

confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

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

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

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

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A number of the residents were out at their day care placement. The remaining residents were offered a foot spa or some residents had gone to the shops.

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

Eight completed questionnaires were returned to RQIA from residents and resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Comments made by residents during the inspection were:

- "I am happy here."
- "The food is good."
- "I am getting on well in here."

Comments made by staff during the inspection were:

- "Overall the home is good. The staffing has been reviewed and the staffing levels were increased. The care is pretty good; the residents get lots of choices of food and activities. There is good communication everything is passed on at the staff handover. There is a good staff team here."
- "There is adequate staff on duty. The management listened to us and the staffing was increased. The manager is very fair, approachable and proactive within her remit. The staff team all work well together. There is an excellent quality of care provided."
- "There is excellent care provided here in terms of the facilities and outings. The manager is brilliant and proactive."

### **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
<b>Total number of areas for improvement</b>	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. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed 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 which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. 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.

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

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

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

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

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

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eight completed questionnaires were returned to RQIA from residents and resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and unsatisfied.

**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**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2018	<p>The registered person shall ensure that the following environmental issues are rectified:</p> <ul style="list-style-type: none"> <li>• Address the damp area in the staff/sleepover room</li> </ul> <p>Ref: section 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Choice checked ceiling and no leakage. Ceiling will be painted 30/4/18.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2018	<p>The registered person shall ensure that the statement of purpose references the restrictive practices used in the home.</p> <p>Ref: section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Statement of purpose has been updated to ensure it includes restrictive practices within the home.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2018	<p>The registered person shall ensure that the rust on the handrails in the communal bathrooms is addressed.</p> <p>Ref: section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Handrails have been painted until Southern Trust replace these.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be completed by:</b> 17 March 2018	<p>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.</p> <p>Ref: section 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            MDT meeting occurred on 30/3/18 attended by Social worker, OT, Behavioural Team, Consultant Psychiatrist, Residential Manager and together we are working with resident to ensure the service meets his needs. Medication was reviewed also.</p>

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



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