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**Unannounced Care Inspection
of
Forest Lodge**

28 October 2015

1. Summary of inspection

An unannounced care inspection took place on 28 October 2015 from 10.30 to 15.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. 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 DHSSPS Residential Care Homes Minimum Standards (2011) 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
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Sharon Livingstone, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

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

Standard 14: The death of a resident is respectfully handled as they would wish.

4. Methods/processes

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

We met with eight residents, two relatives, five care staff and the registered manager.

We inspected the following records: three care records, accident/incident reports, registered provider visits, fire safety records, complaints/compliments records and the policy on death and dying.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 23 April 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (a) Stated: First time To be Completed by: 23 May 2015	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.	Met
	Action taken as confirmed during the inspection: The recommendations made within the fire safety assessment dated 5 February 2015 have been addressed and were signed off on 15 May 2015.	
Requirement 2 Ref: Regulation 27 (2) (d) Stated: First time To be Completed by: 31 May 2015	The registered person must: <ul style="list-style-type: none"> • Repaint the front door of Forest Lodge (marked/chipped) • Ensure a deep clean is undertaken of the three environments to include communal areas, bathrooms and residents' bedrooms. 	Met
	Action taken as confirmed during the inspection: From our observation of the environment we confirmed that a deep clean was undertaken of the communal areas, bathrooms and residents' bedrooms. The front door was not repainted at the time of the inspection. The registered manager subsequently confirmed by email that this was addressed.	
Requirement 3 Ref: Regulation 27 (2) (b) Stated: First time To be Completed by: 31 May 2015	The registered person must: <ul style="list-style-type: none"> • Repair light socket in bathroom in Forest Lodge as a matter of urgency • Repair broken storage facilities in resident's bedrooms. 	Met
	Action taken as confirmed during the inspection: From our inspection of the environment we observed that the light socket in the bathroom was repaired. We noted that broken storage facilities in residents' bedrooms had been repaired or	

	replaced.	
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Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: Second time To be Completed by: 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"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) • The need for RQIA to be informed of each occasion when restraint is used • The process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan. 	Met
	Action taken as confirmed during the inspection: The policy in relation to the management of behaviours which challenge staff now references the above recommendation.	
Recommendation 2 Ref: Standard 21.1 Stated: Second time To be Completed by: 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.	Met
	Action taken as confirmed during the inspection: There was a policy available in the home on resident's involvement in activities and events.	
Recommendation 3 Ref: Standard 6.2 & 9.3 Stated: First time To be Completed by: 23 June 2015	It is recommended that: <ul style="list-style-type: none"> • A referral is made to continence services for assessment for residents with continence needs • A specific care plan is devised for residents with continence issues • Staff training is undertaken in relation to management of continence. 	Met
	Action taken as confirmed during the inspection: From our inspection of care records we confirmed that a referral was made to continence services for one identified resident. A care plan was in place	

	for a resident with continence issues. Staff training has been arranged in relation to management of continence.	
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5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The registered manager and staff shared their experiences of deaths in the home.

The home had a spiritual ethos. The residents were encouraged to attend their place of worship. Such visits were recorded within residents care records. We noted that spiritual care plans were in place for each resident.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the death of the resident.

Is care effective? (Quality of management)

We noted that the home had a written policy in place on dealing with dying and death dated August 2014.

The registered manager and staff confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

We noted within the policy on death and dying, a template was available for recording the end of life wishes for residents. However this was not present within care records. We made a recommendation to ensure that opportunities are created to explore and record the wishes of residents at the time of their death.

Is care compassionate? (Quality of care)

In our discussions with staff and the registered manager they shared their experience of deaths of residents. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy immediately following the bereavement.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive

ethos within the management of the home, in helping residents and staff deal with dying and death.

The registered manager and staff advised us that residents were informed of the death of a fellow resident individually and in a sensitive manner. In our discussions with the staff they confirmed that residents were assisted to visit the deceased resident if they so wished. One staff member recalled how a video diary was made for a dying resident to allow his friends in the home to say goodbye. This staff member also confirmed that both residents and staff attended the wake and funeral service. This is to be commended.

Areas for improvement

One area for improvement was identified within the standard inspected. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.3 Additional areas examined

5.3.1 Residents views

We met with eight residents. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and food provision within the home.

5.3.2 Relatives' Views

We met with two relatives. Both relatives were praising of the care provided to their loved one. They reported that there was good communication between the staff in the home and the family members. Both relatives advised that they find the registered manager very approachable and any areas of concern were addressed.

5.3.3 Staff views

We spoke with five care staff members individually, in addition to the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

The staff stated that there had recently been an increase in the use of agency staff within the home. This was discussed with the registered manger during feedback. The registered manager confirmed that the home is currently in the process of recruiting new staff.

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

We observed that handles were broken on the storage facilities within residents' bedrooms. We made a recommendation that this matter is addressed.

5.4.5 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

5.4.6 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 5 February 2015.

We reviewed the fire safety records and could confirm that fire safety training was carried out on 9 April 2015. Further training was scheduled for 3 November 2015. The records indicated that a fire drill took place on 16 July 2015.

5.4.7 Accidents/Incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.4.8 Complaints/Compliments records

From our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

5.4.9 Visits by the Registered Provider

We reviewed the record of these visits. This record confirmed that these visits were unannounced and were undertaken on a monthly basis.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sharon Livingstone, registered manager. 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 DHSSPS 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 should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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.

Quality Improvement Plan

Statutory Requirements

No requirements were made at this inspection

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2016</p>	<p>The registered person should create opportunities to discuss the end of life wishes for residents. This should be recorded within care records.</p> <p>Response by Registered Person(s) detailing the actions taken: At each resident review this area is being addressed with resident, family and multi disciplinary team and care records updated accordingly.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 28 December 2015</p>	<p>The registered person should ensure that handles of storage facilities in residents' bedrooms are repaired.</p> <p>Response by Registered Person(s) detailing the actions taken: Handles of wardrobes are being repaired on 14/12/15 by a contractor Joe Jackson.</p>

Registered Manager completing QIP	Sharon Livingstone	Date completed	9/12/15
Registered Person approving QIP	Andy Mayhew	Date approved	16/12/15
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	17.12.15

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