

# Announced Premises Inspection Report 22 February 2017



## Forest Lodge

**Type of Service:** Residential Care Home  
**Address:** 1 Little Forest, Portadown, Craigavon BT63 5DX  
**Tel No:** 02838330620  
**Inspector:** Raymond Sayers

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Forest Lodge took place on 22 February 2017 from 10:00 to 13:30.

The inspection sought to assess progress with any issues raised during and since the last premises inspection, and to determine if the residential care home was well led, delivering safe, effective and compassionate care.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention by the registered provider. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. One issue was however identified for attention by the registered provider. Refer to section 4.5.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Sharon Livingstone, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action resultant from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those issues detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection dated 19 September 2014.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Praxis Care Group/Challenge	<b>Registered manager:</b> Sharon Livingstone
<b>Person in charge of the home at the time of inspection:</b> Sharon Livingstone	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-LD, RC-LD(E) Forest Lodge (6 places), registration incorporating 2 Little Forest (3 places) and 57 Killycomain Road (4 places)	<b>Number of registered places:</b> 13

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous premises inspection report
- Statutory notifications over the past 12 months
- Concerns call log

During the inspection the inspector met with three residents, and Ms Sharon Livingstone, Registered Manager.

The following records were examined during the inspection:

- Copies of building engineering services inspection certificates
- Legionellae risk assessment
- Fire risk assessment

## 4.0 The Inspection

The most recent inspection of the residential care home was an unannounced medicines management inspection. The completed QIP was returned and approved by the medicines management inspector. This QIP will be validated by the specialist inspector at their next inspection.

#### 4.1 Review of requirements and recommendations from the last premises inspection dated 19 September 2014

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(b) <b>Stated:</b> First time	The boundary fence to one side of the rear garden should be made good. The gutters should to be cleared and flushed clean. Repairs should also be carried out to the steps and kerbing at the front of the home. The ground floor sleepover room should be redecorated. Reference should be made to paragraphs 9.2.1 and 9.2.2 in the Report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs completed.	
<b>Requirement 2</b> <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) <b>Stated:</b> First time	The new shower unit in the first floor shower room should be adjusted and closely monitored to ensure that the maximum hot water temperature does not exceed 41°C. Reference should be made to paragraph 9.1.3 in the Report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs completed.	
<b>Requirement 3</b> <b>Ref:</b> Regulations 14(2)(a) 14(2)(c) <b>Stated:</b> First time	The wardrobes in bedroom 4 should be fixed to the walls. A further control in addition to the small clip should be fitted to the window opening on the stair landing. Reference should be made to paragraph 9.1.6 in the Report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs completed.	

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)</p> <p><b>Stated:</b> First time</p>	<p>A copy of the current risk assessment for the prevention or control of legionella bacteria in the water systems should be forwarded to RQIA. The records for the ongoing routine maintenance of the thermostatic mixers should be followed up and retained in the home, available for review during future inspections. Reference should be made to paragraphs 9.1.5 and 9.3.1 in the Report.</p> <p><b>Action taken as confirmed during the inspection:</b> Works implemented.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulations 14(2)(a) 14(2)(c) 27(2)(b)</p> <p><b>Stated:</b> First time</p>	<p>The new floor covering in the lounge should be made good. The flooring in the sleepover room on the ground floor should also be made good. Paint should not be stored in the sleepover room. The night latch on the door to the ground floor toilet should be removed as it is no longer required. Reference should be made to paragraph 9.3.2 in the Report.</p> <p><b>Action taken as confirmed during the inspection:</b> Floor decking repaired but floor finish yet to be completed.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulations 27(4)(e)</p> <p><b>Stated:</b> First time</p>	<p>The ongoing routine fire safety training should include the use of first aid firefighting equipment plan. Reference should be made to paragraph 9.1.12 in the Report.</p> <p><b>Action taken as confirmed during the inspection:</b> Training regime completed.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulations 27(4)(d)(iv) 27(4)(f)</p> <p><b>Stated:</b> First time</p>	<p>A copy of the current inspection and service certificate for the smoke alarms should be forwarded to RQIA. The record for the September 2014 fire drill should be reviewed, completed and actioned if required. Reference should be made to paragraphs 9.4.2 and 9.4.3 in the Report.</p> <p><b>Action taken as confirmed during the inspection:</b> Implemented and reviewed at inspection.</p>	<p><b>Met</b></p>

## 4.2 Is care safe?

A range of documents related to the maintenance of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the building engineering services, and associated risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises; this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection, and are detailed in the 'Areas for improvement' section below.

### Areas for improvement

#### **Forest Lodge**

1. The legionella risk assessment action plan recommendations were not validated as completed by a competent person.  
Refer to Quality Improvement Plan recommendation 1.
2. A number of bedroom wardrobes are not secured to structural walls/floors.  
Refer to Quality Improvement Plan recommendation 2.
3. There is a depression in the floor deck in Bedroom 5.  
Registered Manager states that the lounge floor deck has been repaired, and floor covering is to be repaired.  
Refer to Quality Improvement Plan recommendation 4.
4. Service pipework to wash basin is exposed in kitchen, posing potential scald risk.  
Refer to Quality Improvement Plan recommendation 3.

#### **Little Forest**

5. The legionella risk assessment action plan recommendations were not validated as completed by a competent person.  
Refer to Quality Improvement Plan recommendation 1.
6. A number of wardrobes/bookcases were not secured to structural wall/floors.  
Refer to Quality Improvement Plan recommendation 2.

**57 Killicomain Road**

7. A number of wardrobes/bookcases were not secure to structural wall/floors.  
Refer to Quality Improvement Plan recommendation 2.
8. The boundary hedge/fence adjacent neighbouring garage is in a poor condition.  
Refer to Quality Improvement Plan recommendation 5.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>5</b>
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**4.3 Is care effective?**

There are arrangements in place for routine planned premises management, and corrective emergency repair works. Service users are involved where appropriate in decisions around the decoration and refurbishment of bedroom accommodation.  
This supports the delivery of effective care.

There were no issues identified as requiring correction/improvement works during this premises inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care compassionate?**

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, with adequate lighting levels.

Service users are consulted about decisions around decoration in bedroom accommodation, where appropriate.  
This supports the delivery of compassionate care.

An issue was identified for attention during this premises inspection, and is detailed in the 'Areas for improvement' section below.

**Areas for improvement****57 Killycomain Rd**

1. There is damp/mould patch on a bedroom external wall and condensation water marks are evident on a wall in an adjoining bedroom.  
The lack of adequate ventilation in the bedroom accommodation is providing the conditions for condensation to occur.  
Refer to Quality Improvement Plan recommendation 6.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is the service well led?

Premises related policies and documents are retained in a manner which is accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has implemented the recommended works action plans from previous RQIA reports, and other relevant issues relating to the premises. Adequate support and resources are provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and statutory regulators where appropriate.  
This supports a well led service.

There were no issues requiring improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

#### 5.1 Statutory requirements

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

#### 5.2 Recommendations

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



### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2017	Legionella bacteria risk assessment action plan recommendations should be validated as completed, by a responsible person.
	<b>Response by registered provider detailing the actions taken:</b> Soujtern Trust and Choice have been informed that they have to complete this validation and will be completed by 1/5/17..
<b>Recommendation 2</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 May 2017	Free standing wardrobes/cabinets located in bedrooms should be inspected, and a health and safety risk assessment completed to determine if fixings are required to stabilise the furniture, and prevent overturning. Fixings should be provided where assessed as appropriate.
	<b>Response by registered provider detailing the actions taken:</b> Joe Jackson will complete this job 10 <sup>th</sup> April 17. .
<b>Recommendation 3</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2017	Kitchen wash-basin unit in Forest Lodge should have service pipework guarded by "boxing in" with timber panelling.
	<b>Response by registered provider detailing the actions taken:</b> The kitchen washhand basin has been boxed in as requested.

<b>Recommendation 4</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 29 May 2017	Investigate reasons for floor decking subsidence in Forest Loge Bedroom 5, and implement repair works.  <b>Response by registered provider detailing the actions taken:</b> Bedroom 5 has been investigated by Trust and new hard wood flooring will be replaced by 29/5/17.
<b>Recommendation 5</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> 25 July 2017	Complete an inspection of boundary fencing/hedge in No 57 Killicomain Rd, and implement repair works where require to secure the premises.  <b>Response by registered provider detailing the actions taken:</b> Sharon Livingstone (Manager) has been in contact with our health and safety department to request copy of deeds to clarify the boundaries and a fence will be put up as soon as the details are established.
<b>Recommendation 6</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 19 May 2017	Investigate mould/damp staining on bedroom walls, implement control measures to eradicate the cause of defect, and implement remedial works to repair defective finishes.  <b>Response by registered provider detailing the actions taken:</b> The problem with damp has been fixed. No 57 has now been insulated and when residents go out during day windows are opened. Room has been painted.

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) fom the authorised email address\**



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