



**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

ANNOUNCED ESTATES INSPECTION

Inspection No:	18610
Establishment ID No:	1506 (Previously 1518)
Name of Establishment:	Little Forest
Date of Inspection:	6 May 2014
Inspector's Name:	Raymond Sayers

1.0 GENERAL INFORMATION

Name of Home:	Little Forest
Address:	2 Little Forest Portadown BT63 5DX
Telephone Number:	02838330620
Registered Organisation/Provider:	Praxis Care Group / Challenge/Mrs Irene Elizabeth Sloan
Registered Manager:	Mrs Sharon Livingstone
Person in Charge of the Home at the time of Inspection:	Mrs Sharon Livingstone
Type of establishment:	Residential Home
Number of Registered Places:	3; RC-LD ,RC-LD(E)
Date and time of inspection:	6 May 2014 from 12.00 – 13.15hrs
Date of previous estates inspection:	8 January 2013
Name of Inspector:	Raymond Sayers

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Mrs Sharon Livingstone.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Little Forest was first registered as a care home in September 2001. Challenge (Programme of Care within the Praxis Care Group) is the Registered Organisation in Control. The building is owned by Trinity housing association who have responsibility for the general maintenance of the building.

Ms Sharon Livingstone is the registered manager. The manager is based within the complex and is supported by a team of care and support staff. A support worker is allocated to Little Forest and receives support from the team leader in Forest Lodge. The home is registered to provide care for three persons with Learning Disability, Category LD and each resident has a statutory key worker from the learning disability team from the referring Trust.

The facility is located beside Forest Lodge Residential Home and is situated on the outskirts of Portadown town centre. The home is a two storey building; accommodation includes a lounge, dining/kitchen area, three single bedrooms, laundry, toilet and washing facilities, staff accommodation and office.

Externally there are gardens to the front and secure garden at the rear of the home.

8.0 SUMMARY

Following the Estates Inspection of Little Forest on 6 May 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in five requirements and three recommendations, outlined in the quality improvement plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Mrs Sharon Livingstone during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous inspection

It is good to note that some issues listed in the report of the previous estates inspection on 8 January 2013 have been addressed. The following issues require further attention and are restated in the relevant sections of the attached quality improvement plan sub-titled 'restated recommendations/requirements'.

- 9.1.1 "Thermostatic mixing valves should be maintained in line with manufacturer's recommendations"
(Reference: Quality Improvement Plan Item 3)
- 9.1.2 "The water risk assessment should be reviewed at least every two years in accordance with 'The Approved Code of Practice document L8, The Control of Legionella Bacteria in Water Systems'"
(Reference: Quality Improvement Plan Item 4)

9.2 Standard 27 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 There was evidence of maintenance activities and procedures, although there were some issues identified as requiring corrective/improvement works to comply with the listed standard. Items requiring corrective/improvement action by the registered person are detailed in report items 9.2.2 - 9.2.3, and in the attached Quality Improvement Plan section titled '**Standard 27 – Premises and grounds**'.

9.2.2 Floor covering butt joints in kitchen and laundry are defective (splitting & permitting dirt retention)
(Reference: Quality Improvement Plan Item 1)

9.2.3 A ventilation duct cover has been removed from rear elevation extract duct.
(Reference: Quality Improvement Plan Item 2)

9.3 Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner*

9.3.1 Safe and healthy working practices are evident in the home compliant with this standard, although some issues have been identified for attention by the registered person. Items requiring corrective/improvement action by the registered person are detailed in report items 9.3.2 - 9.3.5, and in the attached Quality Improvement Plan section titled '**Standard 35 - Safe and healthy working practices**'.

9.3.2 The legionella risk assessment review was not presented for examination. Mrs Livingstone indicated that a water storage and distribution system chlorination was scheduled for completion on 7 May 2014.
(Reference: Quality Improvement Plan Item 4)

9.3.3 Thermostatic Mixing Valve (TMV) maintenance and temperature monitoring control checks are not verified as completed.
(Reference: Quality Improvement Plan Item 3)

9.3.4 The BS7671 Periodic Inspection Report for the electrical installation was not presented for inspection.
(Reference: Quality Improvement Plan Item 5)

9.3.5 Visual inspection of electrical appliances was completed on 7 May 2014, formal PAT inspection was last completed in March 2013.

(Reference: Quality Improvement Plan Item 6)

9.4 Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

- 9.4.1 Fire Safety procedures are implemented in the home and a fire risk assessment review was completed on 3 June 2013; maintenance engineer service records were available for examination. Issues requiring corrective action by the registered person are detailed in report items 9.4.2 & 9.4.3, and in the section of the attached quality improvement plan titled '**Standard 36: Fire safety**'.
- 9.4.2 A fire risk assessment was completed by Mr Peter McGovern on 3 June 2013; the risk was evaluated as tolerable.
It was not ascertained that the risk assessor had attained professional or third party accreditation, as recommended in the RQIA guidance communication "Competence of persons carrying out fire risk assessments in regulated residential care establishments", dated 31 January 2013.
(Reference: Quality Improvement Plan Item 8)
- 9.4.3 The annual BS5266 maintenance inspection test certificate for the emergency lighting installation was not presented for examination.
(Reference: Quality Improvement Plan Item 7)

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs Sharon Livingstone as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST BT1 3BT**



Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	LITTLE FOREST
Date of Inspection	06/05/2014
Estates Inspector	R.Sayers

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	X		X	R.Sayers	21/08/14

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care

NOTES:

The details of the quality improvement plan were discussed with Mrs Sharon Livingstone during the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to estates@rqia.org.uk.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sharon Livingstone
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Willie McAllister on behalf of Irene Sloan

Announced Estates Inspection to Little Forest Residential Home on 6 May 2014

Assurance, Challenge and Improvement in Health and Social Care

Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
1	Standard 27.1	Repair kitchen & laundry floor finish butt joints. (Reference: Report section 9.2.2)	12 weeks	Trinity has been informed of this request and will be completed within timescale.
2	Standard 27.1	Replace missing ventilation duct cover from rear elevation wall. (Reference: Report section 9.2.3)	8 weeks	Trinity has been informed of this request. This will be completed within timescale.

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Assurance, Challenge and Improvement in Health and Social Care

Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3	Regulations 14 (2)(a)(b) &(c)	"Thermostatic mixing valves should be maintained in line with manufacturer`s recommendations" (Reference: Report sections 9.1.1 & 9.3.3)	8 weeks	Trinity has been informed of this request.
4	Regulations 14 (2)(a)(b) &(c)	"The water risk assessment should be reviewed at least every two years in accordance with The Approved Code of Practice document L8, The Control of Legionella Bacteria in Water Systems" (Reference: Report sections 9.1.2 & 9.3.2)	16 weeks	Trinity are aware of the Legionella code of practice and Sharon manager has requested water risk assessment to be reviewed.
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
5	Regulations 14 (2)(a)(b) &(c)	Submit verification that the BS7671 Periodic Inspection Report for the electrical installation is currently valid and that any recommended corrective/improvement works have been assessed and controls implemented. (Reference: Report section 9.3.4)	8 weeks	Trinity Housing have been informed of our request for certificates for BS7671 and verify improvement works have been completed once certificates have been received they will be sent.
6	Regulations 14 (2)(a)(b) &(c)	Verify that the frequency of inspection and testing of electrical appliances is based on a risk assessment and recommendations of HSE publication `Maintaining Portable and Transportable Electrical Equipment (HSG107 , INDG237 &237) (Reference: Report section 9.3.5)	12 weeks	PAT testing has been completed in Little Forest in 14 th March 14

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Assurance, Challenge and Improvement in Health and Social Care

Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
7	Regulations 27.(4)(c),(d)(iii),(iv) &(v)	Submit a copy of a currently valid BS5266 emergency lighting annual maintenance & discharge verification certificate. (Reference: Report section 9.4.3)	8 Weeks	Manager has requested valid BS5266 for emergency lighting and discharge certificate.
Item	Standard Reference	Recommendations	Timescale	Details Of Action Taken By Registered Person (S)
8	Standard 29.1	Verify that the fire safety consultant commissioned to review the facility fire risk assessment has professional or third party accreditation as recommended by RQIA guidance correspondence dated 31 January 2013. (Reference: Report section 9.4.2)	8 Weeks	I can verify that the Fire Safety Consultant has a professional accreditation as recommended by RQIA.

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Assurance, Challenge and Improvement in Health and Social Care