

Inspection Report

13 August 2024



Forest Lodge

Type of Service: Residential Care Home
Address: 1 Little Forest, Portadown,
Craigavon, BT63 5DX
Tel no: 028 3833 0620

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Praxis Care	Registered Manager: Mrs Sharon Livingstone
Responsible Individual Mr Greer Wilson	Date registered: 1 April 2005
Person in charge at the time of inspection: Sharon Livingstone - Registered Manager	Number of registered places: 9
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates:	
<p>This home is a registered Residential Care Home which provides health and social care for up to 9 residents. The home is divided in two separate houses; Forest Lodge accommodates up to 6 residents and Little Forest accommodates up to 3 residents.</p> <p>All residents have their own bedrooms and each house has communal lounges, bathrooms, dining areas, kitchens and gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place 13 August 2024 from 9.00 am to 3.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during 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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were observed spending time with residents, chatting to them and completing daily living tasks in a respectful manner.

Residents told us that they were happy in Forest Lodge and spoke highly of the staff team.

Staff told us that Forest Lodge was a good place to work, there was a good sense of teamwork and that the manager, although very busy was approachable and supportive.

Specific comments received from residents and staff are included in the main body of this report.

Areas for improvement were identified and will be managed through the home's QIP details of which are in Section 6.0.

RQIA were sufficiently assured that the delivery of care and service provided in Forest Lodge was safe and compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Sharon Livingstone, manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy in Forest Lodge and described the staff as "brilliant" and "very good." Residents' comments included, "I love it here, the staff are brilliant, they keep me updated." Residents who were unable to clearly voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff.

Staff spoke positively in terms of the provision of care in the home. One staff member said “The team work here is great; we all rally round together.”

All staff spoken to highlighted the importance of taking a person centred approach when working alongside the residents.

One questionnaire was returned by a resident who stated that the care provided was, “absolutely first class.” No additional feedback was provided by relatives or staff following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 th June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (5) (d) (i) Stated: First time	The registered person shall ensure that the pre-employment checklist held in the home contains confirmation that the following has been completed; <ul style="list-style-type: none"> • Employment history has been recorded • Reason for leaving has been recorded • Any gaps in employment have been addressed • Date of Access NI completion to be recorded on checklist. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to washing tablets and air freshener sprays.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 4 (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is a current fire risk assessment and management plan in place. This is in relation to;</p> <ul style="list-style-type: none"> • Forest Lodge fire risk assessment. • Little Forest fire risk assessment action plan 	Met
<p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all accidents, incidents, communicable diseases, deaths and events occurring in the home which adversely affects the wellbeing or safety of any resident are reported promptly the Regulation and Quality Improvement Authority (RQIA).</p>	Not met
<p>Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time. Please see section 5.2.5 for further details.</p>		
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review of staffing is undertaken to promote a safe and healthy working environment and culture in the home.</p>	Met
<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>		
<p>Area for improvement</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all risk assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p>	Met
<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>		

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to monitor staff registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that all staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. However; a number of staff had not completed their mandatory fire safety training within the allocated time frame. This was highlighted to the manager for immediate action and an area for improvement was identified.

The staff duty rota identified the staff working in the home, including the capacity in which they worked. However, in some cases the full name of the staff member on duty was not recorded. In addition, changes made to the duty rota did not always indicate clearly which house the staff member was working. This was discussed with the manager for action. An area for improvement was identified.

A number of staff expressed concerns with regards to staffing levels in the home. Specific feedback was discussed in detail with the manager throughout the inspection. The manager confirmed recruitment was ongoing, with two new staff members due to start in the coming weeks. The manager confirmed that a review of staffing had taken place following the last inspection and that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents were facilitated to attend their work placement or supported to go out for a drive with staff.

Staff said there was good team work and that they felt well supported in their role, were satisfied the level of communication between staff and management.

All staff had received formal supervision, however a number of staff had not received their annual appraisal within this calendar year. This was discussed with the manager during the inspection, an area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents, detailed handover notes were made available to all staff coming on duty. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

For example, staff were observed explaining to a resident the importance of respect for the others in the home, this was done in a supportive and caring manner and in a way that did not embarrass the resident.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet and required support. A review of care records confirmed that they were up to date with regards to speech and language therapy (SALT) recommendations.

Mealtimes were flexible to suit the needs of each individual resident. Lunch was a pleasant and unhurried experience. It was observed that residents were enjoying their meal and their dining experience. Residents spoke positively in relation to the quality of the meals provided and the choice available.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment risk assessments and care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents confirmed that they had chosen their own wall paper or colour scheme for their bedrooms.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning stores and sluice rooms were appropriately secured.

It was observed that there was no call bell system in place for residents and staff to request assistance if and when required. This had not been detailed in the residents' care records and there was no formal protocol in place to guide staff in the absence of a suitable system or to provide for residents who could summon help using a call bell system. The lack of a suitable call bell system in the bedrooms was brought to the attention of the manager for information and appropriate action. It was agreed that care files would be updated to reflect this, two areas for improvement were identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed in Forest Lodge on 20 May 2024 and in Little Forest on 28 May 2024; all actions from these assessments are in the process of being addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) in both houses.

5.2.4 Quality of Life for Residents

The atmosphere in the home was calm and relaxed. Residents were observed spending time watching TV, enjoying time with staff and going out for a drive with staff.

Discussion with residents and staff confirmed that residents were able to choose how to spend their day. There was evidence that residents had a good quality of life in the home and were supported to engage in activities which were meaningful and important to them, for example, being supported to attend appointments or to go to work placement.

The manager told us that the care staff were responsible to ensure the activities took place. Care staff spoken with told us activities will happen when the residents are at home. However, care staff did comment that the lack of permanent staff meant that they could not do as much as they would like to with the residents. This was discussed with the manager who provided assurances that new staff had been recruited and would be commencing work in the next couple of weeks.

Residents' needs were met through a range of individual and group activities which are organised both in and out of the home. Activities include; social, community, cultural, religious, spiritual and creative events.

There was evidence that residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home; this included planning activities and menu choices.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Sharon Livingstone has been the registered manager in this home since 1 April 2005.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. However, staff did comment that the manager was very busy as she was now managing extra services.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. A representative of the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. However; RQIA had not been notified of a number of relevant accidents and incidents. This was discussed in detail with the manager for immediate action. An area for improvement was stated for a second time.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	1*	5

* The total number of areas for improvement includes one area for improvement that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Livingstone, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: Second time To be completed by: 20 June 2022	<p>The registered person shall ensure that all accidents, incidents, communicable diseases, deaths and events occurring in the home which adversely affects the wellbeing or safety of any resident are reported promptly the Regulation and Quality Improvement Authority (RQIA).</p> <p>Ref:5.1 & 5.2.5</p> <p>Response by registered person detailing the actions taken: All incidents and accidents and notifiable events are reported to RQIA. The Manager has uploaded the untoward events and will continue to do so. Manager has also updated Inspector on incidents and progress of same.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 29.4 Stated: First time To be completed by: 31 August 2024	<p>The registered person shall ensure that staff receive fire safety training, in line with their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All permanent staff have received Fire Training any bank / relief staff will complete when next on shift. As some have not completed shifts.</p>
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: 13 August 2024	<p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> • includes the first and surname of all staff • identifies clearly the date, time and house in which all staff are working. <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All rotas have first name and surname. The are identifiable if Praxis staff or agency staff. Clearly identifies the date and where they are working.</p>
Area for improvement 3 Ref: Standard 24.5	<p>The registered person shall ensure that all staff have formal recorded appraisal annually.</p> <p>Ref: 5.2.1</p>

<p>Stated: First time</p> <p>To be completed by: 31 October 2024</p>	<p>Response by registered person detailing the actions taken: Some staff not appraised because of Maternity Leave, or they are not yet in post for 6 months.. Others outstanding have been completed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2024</p>	<p>The registered person shall ensure that all care plans are updated to reflect the absence of a call bells system in residents' bedrooms.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: Care plans have been updated to say we have no call bells. Service users are able to make staff aware they are unwell. They are mobile and no mobility issues. One resident in LF we temporarily purchased a door bell so she can alert staff if she needs assistance. We are currently looking into a pendant based call ssystem called MySOS. These are used elsewhere within Praxis Care to good effect, and are available for immediate deployment once risk assessed and approved.</p>
<p>Area for improvement 5</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by:31 31 December 2024</p>	<p>The registered person shall provide a time bound action plan for the implementation of a call bell system to ensure that call points are accessible in every room that is used by residents. A suitable and achievable time bound program for this work should be submitted, along with the returned QIP, for information and comment.</p> <p>Ref 5.2.3</p> <p>Response by registered person detailing the actions taken: Please see response to area for improvement 4. We will implement a temporary solution using MySOS pendant style alarms while our property colleagues consider a more permanent solution. While we cannot provide a time bound response at this point, we will commit to update RQIA every month on progress. This will be managed by Vanessa Coulter (Operational Head).</p>

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The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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