

Inspection Report

Name of Service: Forest Lodge

Provider: Praxis Care

Date of Inspection: 23 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: | Praxis Care |
| Responsible Individual: | Mr Greer Wilson |
| Registered Manager: | Mrs Sharon Livingstone |
| <p>Service Profile – This home is a registered residential care home which provides health and social care for up to 9 residents with a diagnosis of a learning disability.</p> <p>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 a communal lounge, bathrooms, dining area, kitchen and garden.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 23 April 2025, between 9.45 am and 4.20 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care inspection on 13 August 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that they liked living in Forest Lodge, one resident commented, "I love it here, the staff are fantastic." Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with residents confirmed that they were able to choose how to spend their day. For example, residents could choose when they wished to have their meals and what daily activity they wished to attend.

One relative spoken to said, "the carers here cannot do enough, I have no concerns at all."

Staff said that they enjoyed working in Forest Lodge, staff spoken with confirmed that there was good communication between them and the management team.

Two questionnaires returned from residents, the respondents indicated that they were happy with the care provided and felt that the staff were kind and thoughtful.

One questionnaire returned from a relative indicated that the care given in Forest Lodge was safe and compassionate and said that, "staff clearly care." Comments regarding staffing levels were shared with the manager for review.

Two responses from the online staff survey indicated that they were satisfied with staffing levels, training and induction. Comments included “Team leaders and manager goes above and beyond to help their staff and residents.”

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role.

Some staff raised concerns about the staffing levels in the home. Details were shared with the manager who confirmed that she was monitoring the staff levels on a regular basis. This will be reviewed at a future inspection.

Review of staff training evidenced that for some staff fire training had not been completed within the required timeframe, an area for improvement was stated for a second time, in addition to this a number of staff had not completed their mandatory dysphagia training, an area for improvement was identified,

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. 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 or illness, 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 supporting a resident throughout the day who appeared to be anxious and unsettled.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

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. It was observed that staff knew the residents well in terms of their likes and dislikes.

There was a choice of meals offered; the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available.

Staff were observed offering residents choices throughout the day which included preferences on food and drink options, and where and how they wished to spend their time.

The importance of engaging with residents was well understood by the manager and staff. Each resident had a detailed, individualised activities planner; activities included, swimming, art, games and walks. Residents were observed chatting with staff, engaging in artwork and going out for coffee.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Although care records were person centred, concerns were identified about the regular reviewing and updating of the records, for example it was noted that despite changes in one residents needs the care plan not been updated. In addition to this it was noted that the restrictive practice care plans were not signed by the person completing it. An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident.

However, some parts of the home were showing signs of wear and tear. For example, a hole was noted in one of the residents' bedroom walls and a second bedroom was in need of redecoration. The manager confirmed that plans were in place to address these issues but there was no timeframe for this work to be completed. An area for improvement was identified.

The home is currently awaiting the installation of a new call bell system, an area for improvement which was first stated on 13 August 2024 has been carried forward for review at the next inspection.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

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.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 5* |

* the total number of areas for improvement includes one Standard that has been stated for a second time and one Standard which is carried forward for review at the next inspection.

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

| Quality Improvement Plan | |
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| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) | |
| <p>Area for improvement 1</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: 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>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 29.4</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2025</p> | <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 staff have now completed their fire safety training in line with their roles and responsibilities. At five months the training goes amber on the training matrix to remind staff to complete the training.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by:31 31 May 2025</p> | <p>The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role. This area for improvement includes but is not limited to mandatory training with regards to dysphagia.</p> <p>Ref 3.3.1</p> <p>Response by registered person detailing the actions taken: All staff receive mandatory training appropriate to their role, they are given time to complete this training either at the scheme or at a Praxis face to face training. Dysphagia training has been undertaken by all staf except 2. 1 staff member is on long term sick leave and another is having issues re access to the link. IT are currently working to resolve this issue and training will be undertaken.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> | <p>The registered person shall ensure that care records are kept under regular review and are updated to reflect the residents' current needs, and that these records are signed by the person making the changes and by the manager.</p> <p>Ref: 3.3.3</p> |

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| <p>To be completed by: 31 May 2025</p> | <p>Response by registered person detailing the actions taken: The care records are currently being reviewed for all individuals and will be kept under review and as each key worker updates the records and signs it they emails manager to let them know a document has been updated for the manager to read and sign document. The care plan in question at time of inspection has been updated. In line with good communication and practice, once a key worker updates the care records these are emailed to the statutory keyworker.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2025</p> | <p>The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The bedroom with the hole in the wall has been fixed the second bedroom has been arranged to be painted by the Southern Trust before 30/6/25.</p> |

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