

# Inspection Report

## 23 November 2021



### Struell Lodge

**Type of Service: Residential Care Home (RCH)**  
**Address: 2 Ardglass Road, Downpatrick, BT30 6JG**  
**Tel no: 028 4451 3850**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> South Eastern Health and Social CareTrust (SEHSCT)  <b>Responsible Individual</b> Mr Seamus McGoran – registration pending	<b>Registered Manager:</b> Mrs Claire Shaw – not registered
<b>Person in charge at the time of inspection:</b> Mrs Claire Shaw - manager	<b>Number of registered places:</b> 7
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 4
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to seven residents. The home is over a single floor. The residents all have access to an enclosed garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 November 2021 from 10.30 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents unable to voice their opinions were observed to be comfortable in their surroundings.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents needs and carried out their work in a compassionate manner.

RQIA were assured that the delivery of care and service provided in Struell Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Struell Lodge.

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

Three new areas for improvement were identified with one area for improvement stated for a second time. Please refer to the Quality Improvement Plan (QIP) for details.

### **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 and 'Tell Us' cards 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.

### **4.0 What people told us about the service**

Five staff were spoken with. Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

No comments were received from staff via the online survey. No questionnaires were received from relatives or residents.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 15 December 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (a),(b),(c),(d),(i),(o) Regulation 27 (3) (a) (i) and (ii)  <b>Stated:</b> Second time	The registered person shall ensure that the areas identified in the report are addressed including: <ul style="list-style-type: none"> <li>• redecoration where evident and needed</li> <li>• provide appropriate storage in the laundry</li> <li>• ensure the outdoor area/space is maximised to the benefit of residents.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time	The registered person shall ensure that a monthly quality monitoring visit is completed in accordance with regulation and that the report is available in the home for all/any interested party to view.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13.(1) (a)  <b>Stated:</b> First time	The registered person shall ensure there is a robust system in place to ensure current Speech and Language Therapist (SALT) guidance is available for all staff working in the kitchen.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 14.2. (d) <b>Stated:</b> First time	The registered person shall ensure suitable arrangements for the training of persons employed in first aid. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 20. (3) <b>Stated:</b> First time	The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met/partially met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure care records are reviewed and updated to ensure they accurately reflect resident's current needs. <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary. This includes but not limited to IPC procedures including hand washing, care records, the meal time experience, and environment. <b>Action taken as confirmed during the inspection:</b> Whilst there was an increased range of audits completed, audits of the meal time experience and staff handwashing were not available. This area for improvement is stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of recruitment records highlighted that there was no evidence of pre-employment checks for two staff, on the day of inspection. This was discussed with the Manager and identified as an area for improvement. Evidence of pre-employment checks for the two staff was forwarded to RQIA following the inspection.

There were systems in place to ensure staff were trained and supported to do their job.

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

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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.

### 5.2.2 Care Delivery and Record Keeping

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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.

The dining experience observed was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. Residents were enjoying their meal and their dining experience.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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.

Residents who are subject to a Deprivation of Liberty Safeguard, should have reference to this in their care plan. Review of care plans evidenced that care plans did not include this specific care need. This was discussed with the Manager and identified as an area for improvement.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each resident's 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**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The home has been recently refurbished and was decorated to a good standard.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

The administration store had boxes on the floor preventing the door being opened and causing a potential hazard to staff. This was discussed with the Manager and identified as an area for improvement.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

#### **5.2.4 Quality of Life for Residents**

Observation of residents confirmed that they were able to choose how they spent their day. For example, residents could stay in their room or choose to spend time in communal areas.

Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as listening to music, watching movies, karaoke and outdoor barbeques. Staff were currently planning for an outdoor "Santa's Grotto" activity, for residents, relatives and staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Claire Shaw has been the Acting Manager in this home since 5 October 2020.

There was evidence of a wider range of auditing taking place to monitor the quality of care and other services provided to residents. There was however no auditing of staff handwashing and of the residents' mealtime experience. This area for improvement has been stated for a second time, refer to section 5.1.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their Care Manager and to RQIA.

Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance.

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 reports were 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 (August 2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire Shaw, Acting 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment are completed, and be available for inspection.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Pre-employment checklist made available in every new staff member's file.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> Second time  <b>To be completed by:</b> 01 February 2022	The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary. This includes but not limited to IPC procedures including hand washing, care records, the meal time experience, and environment.  Ref: 5.1 and 5.2.5  <b>Response by registered person detailing the actions taken:</b> IPC audits updated to include hand washing and are completed on a regular basis. Meal time experience audits have been devised and put in place.

<b>Area for improvement 2</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure the administration store is tidied and all boxes on the floor are removed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Administration store has been tidied and all boxes have been removed from the floor.
<b>Area for improvement 3</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 01 January 2022	The registered person shall ensure that reference is made to Deprivation Of Liberty Safeguards in the residents care plan, and the day to day impact of these safeguards in practice.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Service user care plans have been updated and make reference to their Deprivation of Liberty Safeguards.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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