Unannounced Care Inspection Report
2 June 2016

Struell Lodge

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Downpatrick
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Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Struell Lodge, a residential care home for adults with severe learning disability, took place on 2 June 2016 from 10.00 to 16.55.

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

Is care safe?

Three recommendations were stated within the area of safe care. Two related to policies and procedures and one related to review the home's Statement of Purpose and Residents Guide. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**3**

Details of the QIP within this report were discussed with Mr Paul Gemmell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous Quality Improvement Plan (QIP) there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: South Eastern Health and Social Care Trust/Hugh Henry McCaughey	**Registered manager:** Mr Paul Gemmell
Person in charge of the home at the time of inspection: Mr Paul Gemmell	**Date manager registered:** 31 March 2016
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 7
Weekly tariffs at time of inspection: Weekly rate is based on individual identified need**.**	**Number of residents accommodated at the time of inspection:** 5

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with three residents individually, three care staff and the registered manager. No residents' representatives and no visiting professionals were present. Two resident views, five resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Two resident representative views and one staff views questionnaires were returned to RQIA. The information contained within the questionnaires reflected a high level of satisfaction with the services provided by the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff

- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Two residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 October 2015

The most recent inspection of Struell Lodge was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 15 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 29 (3) (c) **Stated:** First time	The registered provider must ensure that the identity of residents is protected in all future monitoring reports.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of monitoring reports confirmed that the identity of residents was protected.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 21.1 **Stated:** First time	The manager should ensure that the Trust is advised of the need to update the policy documents relating to consent and to communication; the home should develop local procedures specific to Struell Lodge in relation to consent and to communication.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the trust was advised of the need to update the policy documents relating to consent and to communication; the registered manager stated that local procedures specific to Struell Lodge were developed in relation to communication, but not yet in relation to consent. This recommendation is therefore stated for the second time.	
Recommendation 2 **Ref**: Standard 17.10 **Stated:** First time	The manager should ensure that the recording of complaints is fully detailed, as outlined in the Trust policy.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of complaint records confirmed that the recording of complaints was fully detailed, as outlined in the trust policy.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 1 x residential worker
- 3 x support workers
- 1 x cook
- 1 x domestic staff
- 1 x laundry staff

Two residential workers and four support workers were due to be on duty later in the day. One residential worker and two support workers were scheduled to be on overnight duty.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities; new staff members received both corporate and in-house inductions.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The registered manager advised that training in epilepsy awareness, the administration of epilepsy medication (Buccal Midazolam), autism and swallow awareness as mandatory within the trust's Disability Directorate to best meet the needs of the service group.

A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager confirmed that he received written confirmation from the trust, prior to the commencement of employment that all documentation, including Enhanced AccessNI disclosures, was in order.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that all staff were reminded during regular supervision of the importance of maintaining registration.

The home's adult safeguarding policies and procedures, dated December 2013 and due for review in December 2016 were found to be inconsistent with current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made that senior trust managers should be advised of the need to review and implement the

policy and procedures relating to adult safeguarding in line with the most up to date regional guidance, also that all policies and procedures should be subject to systematic review every three years or more frequently should changes occur. The existing adult safeguarding policy contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors with keypad entry systems. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the home's Statement of Purpose and Residents Guide identified that restrictions were not adequately described. A recommendation was made in this regard.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the trust and that the behaviour management plans were

regularly reviewed and updated as necessary. Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed. The registered manager explained that the method of physical intervention previously employed within the home was replaced by Management of Actual or Potential Aggression (MAPA); this was instrumental in changing the culture from restrictive holds to using the least restrictive, intermittent and comforting holds. There was evidence that this approach had greater benefit to both residents and staff.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff,

The registered manager reported that the last fire safety risk assessment of the home had been undertaken on 5 March 2015; the Trust's Fire Officer was in the building at the time of inspection completing a new assessment. A review of the previous fire safety risk assessment identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed monthly and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. Staff had also developed a floor plan to provide the location to the Fire and Rescue Services of any residents who may not be compliant with leaving the building in the event of a fire.

Areas for improvement

Three areas for improvement were identified during the inspection. One area related to the need to develop local procedures specific to Struell Lodge regarding consent; this recommendation was stated for the second time. One area related to review and implementation of the policy and procedures relating to adult safeguarding in line with the most up to date regional guidance and to review of all policies every three years. One related to a review of the home's Statement of Purpose and Residents Guide to describe any restrictive practices employed within the home.

Number of requirements:	0	Number of recommendations:	3

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice. An example of this is when patterns of aggressive behaviour by residents towards staff members were identified through staff observation and audit. Analysis of incidents identified that such the behaviours may be associated with staff members having reduced contact, due to working patterns, with individual residents. In spite of the risk, staff members would choose to work more closely with residents and the instances of aggressive behaviour would be reduced. This contributed towards learning by the staff team as to residents' preferences and as to how best to manage future situations. The commitment of staff members to delivering effective care to residents was to be commended.

There was further evidence that the use of audits and reviews was employed to provide effective care to residents. The registered manager, recognising that improvements could be made, introduced an enhanced system of ensuring that Speech and Language Therapy (SALT) recommendations were met for residents in the home. The registered manager devised an action plan and discussed this with all staff at all staff handovers. The registered manager ensured that the SALT recommendations for all residents were revisited; this included a review of the use of specialist placemats and of specialist drinking cups, in particular ensuring that the flow valves on drinking cups were fully operational. The registered manager provided visual demonstrations to staff on each shift of the correct consistency of fluids. The registered manager also carried out spot checks on the equipment and consistency of fluids until all staff members were confident that they were delivering the care as recommended. The impact of this on residents was that there were fewer incidents of chest infections caused by aspiration of foods or fluids. The registered manager reported that SALT recommendations had since been integrated into each staff supervision session and there were regular audits of equipment and of staff knowledge and practice with regard to swallow recommendations.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents using specialist communication techniques such as Makaton and TEAACH, a training and education programme for people with autism.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.5 Is care compassionate?

The registered manager confirmed that staff supported a culture/ethos that promoted the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff confirmed that, in view of residents being unable to indicate that they may be in pain or discomfort; this was always considered when responding to uncharacteristic behaviours. Staff further confirmed that action was taken to manage such pain and discomfort in a timely and appropriate manner.

The registered manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make, as far as possible, informed decisions regarding their life, care and treatment. The registered manager and staff confirmed that consent was sought in relation to care and treatment. When it had been established that the residents were unable to give consent, a best interests' pathway was agreed and documented. Staff were able to describe how consent was obtained from residents. Observation of interactions between residents and staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. This formed a very important part of the care provided to the residents and it was recognised by the full staff team that when residents were actively engaged in stimulating activities, the instances of challenging behaviours were much reduced. Arrangements were in place for residents to maintain links with their friends, families and wider community.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them. Residents were consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually and was presented in a pictorial format to suit the needs of those who had limited verbal communication. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The inspector spoke with a resident who offered the comment "Staff are good to me." Residents' representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. A representative wrote "The staff are always pleasant and friendly. It is plain to see how good the relationship is between (my relative) and all the staff. This is extremely reassuring for us as a family. We are always consulted over any decisions and asked for our opinions."

There was evidence that the attitude and approach of the home's management and staff team provided excellent compassionate care to residents and to their families. For example, staff facilitated residents, who required to be attended by two staff members at all times, to attend important formal family events. The staff ensured that they were suitably attired to be inconspicuous when supporting residents at such family occasions. The efforts and conduct of the staff were much appreciated by families. Staff also facilitated residents to attend a wide range of other family events, thus enhancing the quality of life for residents and residents' families.

Discussion with staff identified the progress made by residents since admission to the home. The registered manager and staff described how the staff team had worked closely with the trust's behaviour nurse therapist to build up positive relationships with residents. This had the positive benefit, over time, of reducing the instances of agitation and a reduction on the reliance on medication. A consequence of this was that residents were able to enjoy more time outside the home. The willingness of the staff team to take a considered positive risk for the benefit of residents was to be commended.

The registered manager described the benefit to residents who would be supported to remain within the home during major planned changes to medications which would usually be managed within an acute specialist hospital setting. It was anticipated that the residents would respond more positively as they were familiar with the environment and with the staff. The commitment of the staff team to provide this level of support to residents was to be commended.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents and that the health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

The trust had put structures in place to ensure that the staff team completed the Knowledge and Skills Framework (KSF) which health and social care staff need to apply in their work in order to deliver quality services. Staff also completed a Personal Development Plan (PDP) to identify areas of interest and enable them to to take charge of their own learning. Both KSF and PDP were completed annually and were built into the supervision and appraisal schedules.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints and that they had received training in this area. The registered manager advised also that he was required to make quarterly returns of complaints and compliments to the trust's Registered Services Manager.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the trust's Registered Services Manager was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's RQIA certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. A staff member stated "I feel enthused about the changes brought about by the manager and I think the changes are all positive, especially in relation to how restraint is now used. It is much gentler and more responsive to the residents' needs. Residents respond to it in a calmer way. I find that staff are actively involved in the running of the home, ideas are listened to and carried forward and opinions are asked for. I am very happy in my job."

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

There was evidence that the home's management provided excellent well led care to residents, to residents' families and to the staff team. For example, the trust supported staff to undertake enhanced training. Two staff members were to commence QCF level 2 in supporting people with learning disability. Two staff members had also been supported to apply for K101 foundation degree in health and social care. A support worker who had a special interest in autism was being trained in this area; this was achieved through experiential learning in partnership with the consultant psychiatrist, through spending time with the Child and Adolescent Mental Health Service (CAHMS) team and through time spent in a specialist ward at Muckamore Abbey Hospital. Three residential workers had applied to attend management modules facilitated by the Trust.

There was evidence that the investment in enhanced training provided to staff had a direct impact on all aspects of care delivered to the residents. The registered manager, two residential workers and three support workers attended a conference in Jordanstown on the subject of health inequalities in learning disability services. This raised awareness of the benefits of integrating residents into physical activities and the resultant benefits on health and

wellbeing for residents. As a direct result, residents were now facilitated to attend a weekly sports club.

The registered manager described how seemingly small actions contributed to the enthusiasm and morale of the staff team, for example, sharing feedback from resident satisfaction surveys and other sources, RQIA inspections or compliments regarding the service. The registered manager had also introduced a 'policy of the month' system in which a trust policy with direct relevance to the services provided in Struell Lodge was chosen and placed on the notice board in the office to be read by all staff and discussed at a staff meeting.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paul Gemmell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 21.1 **Stated:** Second time **To be completed by:** 28 October 2016	The registered manager should ensure that local procedures specific to Struell Lodge are developed in relation to consent.
	Response by registered person detailing the actions taken: Registered Manager will address by developing a local consent procedure specific to Struell Lodge regarding consent, within the time frame of the Quality Improvement Plan.
Recommendation 2 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 28 October 2016	The registered person should ensure that senior trust managers are advised of the need to:- • review and implement the policy and procedures relating to adult safeguarding in line with the most up to date regional guidance • review all policies and procedures every three years or more frequently should changes occur
	Response by registered person detailing the actions taken: The South Eastern Trust is aware of the July 2015, Adult Safeguarding: Prevention and Protection in Partnership policy jointly issued by the Department of Health, Social Service and Public Safety and the Department of Justice . However we await the new regional procedures being published before reviewing, updating and implementing SET Policy and procedures to ensure they are in line with the most up to date regional guidance . A copy of the new 2015 Policy will be made available and brought to the attention of staff. Recommendation to review all policies and procedures every three years or more frequently should changes occur has been escalated to Senior Trust Managers by the Registered Manager.
Recommendation 3 **Ref**: Standard 20.6 **Stated:** First time **To be completed by:** 28 October 2016	The registered person should ensure that the home's Statement of Purpose and Residents Guide are updated to describe any restrictive practices employed within the home.
	Response by registered person detailing the actions taken: The Registered Manager will update the Struell Lodge Statement of Purpose and Resident's Guide to reflect restrictive practices employed in the home within the time frame of the Quality Improvement Plan.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address

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