



Unannounced Care Inspection Report 30 December 2019 and 16 January 2020



Struell Lodge

**Type of Service: Residential Care Home
2 Ardglass Road, Downpatrick BT30 6JG
Tel no: 0284451 3850
Inspector: Heather Sleator and Gavin Doherty**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to seven adults with a learning disability.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust Responsible Individual(s): Hugh Henry McCaughey	Registered Manager and date registered: Mr Stephen Moffett, registration pending
Person in charge at the time of inspection: Stephen Moffett	Number of registered places: 7
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 4

4.0 Inspection summary

An unannounced inspection by Heather Sleator took place on 30 December 2019 from 10.00 hours to 16.30 hours and by Gavin Doherty on 16 January 2020 from 14.00 hours to 14.45 hours.

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

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.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing residents, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic and recreational activities opportunities. Overall there was evidence of governance arrangements; staff training, professional development opportunities, management of accidents/incidents and complaints and effective team working.

Areas for improvement under the regulations were identified regarding the completion of competency and capability assessments for any staff member in charge of the home in the absence of the manager, aspects of the environment, review and revise the Statement of Purpose and ensure that the monthly quality monitoring visit and report is undertaken and available in accordance with Regulation 29.

Areas for improvement under the care standards were identified regarding informing RQIA of the change of use of rooms in the home and ensuring the action taken to address recommendations made in the fire risk assessors report is stated.

Comments received by residents and their representatives have been included throughout the report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	1

Details of the Quality Improvement Plan (QIP) were discussed with Stephen Moffett, 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.

4.2 Action/enforcement taken following the most recent inspection dated 6 February 2019

No further actions were required to be taken following the most recent inspection on 6 February 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 30 December 2019
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- staff recruitment and selection procedures including induction records
- two resident care records
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings
- minutes of resident and/or relatives meetings
- a sample of reports of the monthly quality monitoring reports
- RQIA registration certificate
- Statement of Purpose
- selected policy documentation

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 6 February 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Staffing levels within the home were reviewed with the manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of the residents were met. Residents who live in Struell Lodge may have limited verbal communication and we observed the relationship between staff and residents throughout the inspection. Each resident had a dedicated staff member to support them in their daily activities and personal care. The atmosphere in the home was relaxed and sociable. We asked staff if they felt the staffing arrangements enabled them to provide the individualised care and support needed by each resident. Staff did not raise any concerns regarding the current arrangements.

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Residential Care Homes Minimum Standards, August 2011

Discussion with both the manager and staff provided assurance that staff were effectively supported by the manager through informal conversation, handover reports and supervision and appraisal. The review of the supervision and appraisal schedule evidenced that this

process had been completed on a regular planned basis. Three staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the manager. One staff member commented, "Any training you identify you just ask and he'll (manager) try and get it for you." Feedback from staff and a review of records also provided assurance that new members of staff, including agency staff, undergo a formal, structured period of induction.

We discussed with the manager the arrangements for the staff identified to be in charge of the home in the absence of the manager. The manager stated that competency and capability assessments for the designated staff had not been reviewed for a number of years. The need for current competency and capability assessments for staff who are in charge of the home in his absence was discussed and has been identified as an area for improvement.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for residents within the home. The manager and staff confirmed that they had completed level 2 training with regard to the Mental Capacity Act/Deprivation of Liberty Standards and level 3 training would be undertaken in the near future for residential support workers and the manager. Training was specific to the needs of the residents; for example, staff had completed training in Makaton, a system of communication which uses signs and symbols, TEACCH, training and education programme for people with autism, Picture Exchange Communication System (PECS) and training in behaviour management (MAPPA).

Discussion with the manager and review of records confirmed that on at least a monthly basis any accident, including falls, and incidents occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

The management of adult safeguarding within the home was discussed with the manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. A record was maintained regarding any referral made to the adult safeguarding team and the outcome of the referral. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We were advised that the use of potential restrictive practices was the result of a risk management approach and consultation with the multidisciplinary team was integral to this approach. Care records were reviewed regarding the use of a potentially restrictive practice. Evidence was present of risk assessments and care plans to monitor the continued safe use of potential restrictive practice/s. The policy in respect of restrictive practice/s was viewed and following this it was advised that the policy should be reviewed to ensure that it reflects information and/or areas identified at the recent training completed by the manager and staff in respect of the Mental Capacity Act and Deprivation of Liberty Standards.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Residents' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. However, areas of the home required attention, for example; the need for redecorating particularly in the main lounge and the flooring in this area also evidenced significant wear and tear. Storage/shelving was needed in the laundry as duvets; bed linen and clothing were being stored inappropriately in this area. This has been identified as an area for improvement. We observed that there had been a number of changes to the layout of the home. Two bedrooms had been made into one and the visitors' room was a multipurpose room and also being used as a staff room in the interim period. The manager was informed that RQIA should have been consulted and made aware of any proposed change of use of rooms in the home.

As a result of the adaptations an estates inspection was undertaken by Gavin Doherty on 16 January 2020. Following the estates inspection it was concluded that a minor variation should be submitted to RQIA to encompass the change of use of rooms within the home that had occurred. This has been identified as an area for improvement.

The home has the benefit of an extensive garden area. The garden area was in need of tidying up and reviewed to maximise its use for the benefit of residents. This has been identified as an area for improvement.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to residents' needs. Regular auditing of the home and staff practice regarding infection prevention and control measures is undertaken by a team of staff from the Trust.

We also saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. The review of staff training records and attendance at fire drills/evacuations evidenced that these were up to date. The most recent fire risk assessment had been reviewed and was dated September 2019. Recommendations were made as a result of the assessment; however; it was unclear as to whether these had been fully addressed. The manager was advised to identify on the report if any recommendation had either been addressed or was in the process of being addressed. This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Areas for improvement were identified regarding ensuring that staff who are in charge of the home in the absence of the manager have an up to date competency and capability assessment, the environment of the home, the submission of a minor variation, informing RQIA of the change of use of rooms in the home and that the action taken to progress any recommendation in the fire risk assessment is recorded and in evidence.

	Regulations	Standards
Total number of areas for improvement	3	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of residents during these meetings.

Staff who were spoken with stated that if they had any concerns, they could raise these with the manager. Staff spoke positively about working within the home. Staff commented, "It's the time you get here for the residents, everyone's great."

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of two care records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Staff have implemented 'communication passports' to define and direct care and support needs. Care plans were written in a clear and personalised way describing the needs of each individual comprehensively and sensitively particularly in relation to behaviour management. Residents and staff are also supported by regular monthly meetings with the Behaviour Practitioner in the Trust. Care needs assessment were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff described the individual likes and dislikes of residents and how they planned the day together with the resident.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining rooms were warm bright and well ventilated. Condiments and place settings were appropriately to the needs of the individuals and the environment was pleasant for residents to eat their meals. There was a wide range of choices available for residents to choose from, portion size was good and the meals were well presented. Individual dietary needs including modified diets were catered for.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The manager had re-established the 'Friends of Struell' group with residents' representatives. This has been well supported and several fund raising events and activities have taken place. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. One staff member commented, "I can go to Stevie (manager) about anything."

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied. Refer to 6.5 for additional comments from residents' representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key persons.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10.00 hours and were met immediately by staff who offered us assistance. Residents were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that residents relating positively to staff and to each other. Residents were engaged by staff with respect and encouragement at all times. As previously stated one staff member commented, "It's the time you get here for the residents, everyone's great."

The majority of residents attend day centres Monday to Friday. Activities in the evenings and weekend include going to the sports club, the cinema, bowling and shopping. Staff stated that recreational and social activities are decided by residents and themselves and may change on a daily basis depending on what the resident wishes to do or in accordance with a structured plan which had been developed and agreed with the multidisciplinary team, the resident and their representative. There is a sensory gym for resident's use in the home with funding having been provided by Dragons Den. Staff had all been training on exercises and the safe use of any equipment in the gym.

During the monthly quality monitoring visit observation of daily life in the home, the views of a sample of residents, staff and visitors/relatives were sought and their views were reflected in good detail in the monthly monitoring reports that were reviewed. Refer to 6.6 for further detail

regarding the monthly quality monitoring reports. Staff members' comments and actions, along with observation of practice and the views expressed by residents and confirmed that compassionate care was being provided consistently in Struell Lodge.

There were numerous thank you cards and compliments available regarding the home; comments included:

- "I am extremely happy with the care provided by staff on a daily basis.....Whenever I come to see (relative) I am welcomed by all staff.....I think the staff at Struell Lodge are very accommodating.....I will continue to sing their praises whenever I can as I think the care they give to my (relative) and to other residents is amazing." – Relative, March 2019.

We spoke to staff during the inspection and comments included:

- "Staffing is good now as the number of residents has reduced means we can give time to the residents."
- "Can go to Stevie (manager) about anything."
- "Any training you identify you just ask and he'll (manager) try and get it for you."

There were no questionnaires completed and returned to RQIA from staff.

There were two questionnaires returned from residents' representatives. The respondents were very satisfied that the care afforded in Struell Lodge was safe, compassionate and effective and that the service was well led. Additional comments included:

- "Struell Lodge provides a caring, welcoming and open environment which allows us to maintain a quality relationship with our (relative). Having had a dreadful experience in another care setting; this place was a godsend. I cannot compliment the staff enough at Struell Lodge."
- "All staff are fantastic and take wonderful care of our (relative). There is a warm, homely atmosphere; it's like a big family. We are always made feel welcome and are free to call at any time."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views/feelings of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager, Stephen Moffett, facilitated the inspection and demonstrated a good understanding of The Residential Care Homes Regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, monitoring reports, audit records, work rotas, residents care records, staffing information and written policies and procedures was made available. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and areas for improvement were identified.

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. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The home's statement of purpose was reviewed. The document did not reflect, for example, the information regarding the change of use of rooms in the home; stated that the manager was the registered manager when he has not been registered with RQIA; conflicting information regarding the number of residents being supported in the home; and did not fully discuss the ethos of the home. This was discussed with the manager and has been identified as an area for improvement.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their relatives were made aware of how to make a complaint by way of meetings, residents guide and the complaints procedure was displayed on notice boards in the home and trust information leaflets were also displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

The manager advised 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/support plans, accidents and incidents, complaints and the environment were available.

There was 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 29. Records up to October were reviewed, the reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions. However, there had been no monthly quality monitoring visit undertaken from October 2019. These reports are a regulatory requirement and should be completed on a monthly basis and a report supplied. This has been identified as an area for improvement.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders. A staff member commented:

- “Can go to Stevie (manager) about anything.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to the revision of the Statement of Purpose and the Regulation 29 monthly quality report.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephen Moffett, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 1 February 2020	The registered person shall ensure that a competency and capability assessment is completed and reviewed on a regular basis and no less than annually for any person who is in charge of the home in the absence of the manager. Ref: 6.3
	Response by registered person detailing the actions taken: The competency assessments for the Residential Workers have started and are ongoing and all competencies will be completed by the 31 st of March 2020
Area for improvement 2 Ref: Regulation 27 (2) (a),(b),(c),(d),(i),(o) Regulation 27 (3) (a) (i) and (ii) Stated: First time To be completed by: 31 March 2020	The registered person shall ensure that the areas identified in the report are addressed including: <ul style="list-style-type: none"> • redecoration where evident and needed • replace flooring • provide appropriate storage in the laundry • ensure the outdoor area/space is maximised to the benefit of residents Ref: 6.3
	Response by registered person detailing the actions taken: Adult Disability will continue to liaise with Estates to ensure the required decoration is completed. A request has been made to cost replacing all carpets. The laundry has been and up and old items that where not in use disposed off therefore maximising space.
Area for improvement 3 Ref: Regulation 32 (1) (h) Stated: First time To be completed by: 14 February 2020	The registered person shall ensure that a minor variation is submitted to RQIA detailing all the change of use of rooms in the home that had not been discussed with RQIA previously. Ref: 6.3
	Response by registered person detailing the actions taken: Completed

Area for improvement 4 Ref: Regulation 3 Stated: First time To be completed by: 31 March 2020	<p>The registered person shall ensure that the Statement of Purpose is reviewed and revised to accurately reflect the support afforded to residents, the function of all rooms in the home and the service/s provided by the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The statement of purpose will be reviewed and updated to reflect the changes within the service and revised accordingly. This to be completed no later than the 31st of March 2020</p>
Area for improvement 5 Ref: Regulation 29 Stated: First time To be completed by: 1 February 2020	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The monthly monitoring quality reports for Struell Lodge have been completed up to January 2020 in are available to view with in the working office</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.1 Stated: First time To be completed by: 1 February 2020	<p>The registered person shall ensure that any recommendation stated in the fire risk assessors report evidences the action taken to progress the recommendation (including the date) and is validated by the manager.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All recommendations that were identified in the report have been updated and validated by the manager.</p>

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



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