

Unannounced Care Inspection Report 15 December 2020



Struell Lodge

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

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 residential care home registered to provide residential care for up to seven residents.

3.0 Service details

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| Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Seamus McGoran | Registered Manager and date registered: Claire Shaw (acting) |
| Person in charge at the time of inspection: Claire Shaw | Number of registered places: 7 |
| Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years. | Number of residents accommodated in the residential home on the day of this inspection: 5 |

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information which raised concerns in relation to safeguarding procedures in the home. In response to this information RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

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 | 2 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Claire Shaw, manager, as part of the inspection process. A senior HSC Trust manager was also present for feedback at the conclusion of the inspection. The timescales for completion commence from the date of inspection. *Two areas for improvement have been stated for a second time.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous inspection report

During the inspection the inspector met with five residents, five staff and the manager. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Five residents' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell Us" cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no completed questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- Duty rotas
- Two residents care records
- Staff training records
- Staff competency and capability assessments
- Staff registration information for Northern Ireland Social Care Council (NISCC)
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 20 August 2020.

| Areas for improvement from the last care inspection | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 (2) (a),(b),(c),(d),(i),(o) Regulation 27 (3) (a) (i) and (ii) Stated: First time | 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 | Partially met |
| | Action taken as confirmed during the inspection: Discussion with the manager and inspection of the home showed some repainting had been commenced the manager advised there were further plans in place to complete the paintwork in due course. New flooring had been laid in the office and laundry. Appropriate storage was not in place in the laundry. The manager advised although a new “garden room” had been put in place additional work was still required to ensure full access for residents. The manager confirmed that a works request had been put forward to ensure completion of the identified environmental improvements. The area for improvement has been assessed as being partially met and has been stated for a second time in the QIP appended to this report. | |

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| Area for improvement 2 Ref: Regulation 29 Stated: First 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. | Not met |
| | Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home showed there was no report available for September 2020 a monthly monitoring report was available dated 26 October 2020 with further input added on 3 November 2020. This area for improvement has been stated for a second time in the QIP appended to this report. | |

6.2 Inspection findings

We arrived at the home at 09.45, the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period from 7 December 2020 to 20 December 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection.

During discussions with staff they confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the staffing arrangements in the home including identified one to one staffing, the allocation of which was recorded on daily handover record. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed resident's needs were being met, there was a high ratio of staff on duty for the residents in the home. There were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff were aware of safeguarding procedures within the home, they were aware of types of abuse and signs of abuse to look out for. Staff were also aware of the reporting procedures and the whistleblowing procedure for the home. Staff spoken with confirmed there was good team working and they were aware of the individual needs of residents.

Comments received from staff included:

- "It's a great place to work, it is person centred in meeting their (residents) needs and also supporting them. We know them individually; we can diffuse behaviours on occasions."
- "Great team to work with, the manager is easy to approach, best team I have worked with."
- "It is a rewarding place to work. If I had a family member that needed care I would be happy for them to be here."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique.

The manager advised everyone's temperature was checked and relevant information recorded prior to admission to the home. The manager confirmed all residents and staff had temperatures taken twice daily. Records were available in the home to show this. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required; review of training records showed staff had most recently completed training in relation to infection prevention and control in September 2020.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included the communal living area, bathrooms, toilet areas and a sample of residents' bedrooms. We found bedrooms were nicely decorated and were personalised with individual interests and mementos. The manager advised some of the bedrooms had recently been repainted.

We noted some general areas of the home were in need of improvement to the paintwork. This issue was discussed with the manager who confirmed a capital works order had been put forward to have the work completed. In addition shelving and storage areas had also been requested. The area for improvement identified during a previous inspection has been stated for a second time. The manager advised plans were in place to address the areas and that there was an ongoing environmental improvement plan in place including plans for the outdoor area.

Exits were kept clear and free from obstruction, doors were observed as being managed appropriately.

6.2.4 Care delivery

We observed staff practice in the home; interactions with residents were warm and friendly. Staff showed good knowledge of residents' individual needs. Staff spoken with shared that they were aware of the need to observe non-verbal communications due to communication challenges of some of the residents. We observed picture communication schedules were in place for use by some residents. The manager advised these helped to support residents with their day to day activities and individual support plans.

Residents were well presented with obvious time and attention given to their personal care. Staff explained how residents were supported individually and that they were aware of their personal preferences. Staff were observed supporting residents with activities on a one to one basis including arts and crafts, in addition others were observed relaxing in the home watching TV, movies, and listening to music.

Staff shared that residents ability to access services and activities outside of the home had reduced due to the restrictions in place during the Covid 19 pandemic, however every effort was made to ensure residents had access to in house events including baking, arts and crafts, use of the outdoor swing and accessing the secure outside area.

Throughout the day some residents were observed relaxing in the communal areas whilst others spent time in their bedrooms, one resident was also observed accessing a multi-sensory room. Residents appeared comfortable; staff were available throughout the day to meet their needs.

Residents spoken with had limited verbal ability to share their views about the service. Observations of residents showed they were well presented, interactions between residents and staff indicated residents were comfortable within the environment.

The manager outlined the visiting arrangements in place for the home and how these were managed. PPE and hand sanitization was observed as being available within the visiting area. The manager advised all visitors to the home had their temperature checked and recorded prior to the visit and a relevant symptom checklist was also completed. The manager advised residents were also supported to maintain contact with relatives through video technologies and that all visiting arrangements were being monitored and risk assessed on an ongoing basis.

6.2.5 Care records

A sample of two care records was reviewed; review of records showed that they included admission information, a selection of relevant risk assessments, communication profiles and health care plans. Records reflected the individual interests of residents including, for example, food and activity preferences, communication strategies, behavioural support strategies. It was noted from one of the care records reviewed that there was limited information in place with regards to individual care planning this issue was discussed with the manager.

Information with regards to behavioural support and other health professionals including for example Speech and Language Therapy (SALT) were included in the care records. From the two care records reviewed it was noted that the risk assessments and care plans had most recently been reviewed in October 2018 and June 2019 respectively. This issue was discussed with the manager, an area for improvement was identified in relation to the review and updating of the care records.

In addition it was noted from the care records reviewed, some information was stored on loose sheets whilst other older information that could have been archived was maintained within the current care records. The benefit of completing a full audit of all care records including review, updating, archiving as necessary was discussed with the manager, as was the benefit of ensuring a clearer more standardised approach to ensure records clearly reflect the assessed needs, identified risks and care planning required to support the residents. An area for improvement was identified in relation to the completion of a care record audit. See also section 6.2.6 of this report.

From discussion with kitchen staff they confirmed that they were aware of the different nutritional needs and recommendations in relation to resident's diets; however it was noted that there were no records available within the kitchen area for staff to access in relation to SALT guidance. This issue was discussed with the manager as was the need to ensure a robust system was in place to ensure all relevant information regarding specialist diets is available to all relevant staff to access. An area for improvement was identified.

6.2.6 Governance and management arrangements

The manager outlined the recent managerial changes within the home. The manager confirmed she felt well supported in settling in to the role and that senior management from the HSC Trust were available for advice and support as required and would visit the home on a regular basis. A senior manager from the South Eastern Health and Social Care Trust was present for feedback at the conclusion of the inspection. The senior manager advised plans were in place to further develop management support systems across the area to ensure a clear focus on management and governance systems.

The need to ensure robust systems were in place to maintain oversight of the day to day workings in the home was discussed with the manager. It was noted that there was limited evidence of ongoing auditing processes during the inspection. Records were available which showed regular review and monitoring of staff registration with NISCC. Staff training records had also been recently reviewed. There were records available which showed the regular decontamination of resident's specialist medical equipment. We advised the manager to review the development of more robust auditing systems taking into consideration but not limited to regular auditing of IPC procedures including hand washing, care records, the meal time experience, and environment. An area for improvement was identified.

A sample of four staff records were reviewed we observed staff competency and capability assessments had been completed for two of the four staff members. The need to ensure a competency and capability assessment was completed for all members of staff that were left in charge of the home in the manager's absence was discussed. An area for improvement was identified.

We reviewed staff training records, the manager advised there had been some issues in accessing face to face training in recent months due to the Covid 19 pandemic. Whilst it was recognised it was not possible to access all practical training in recent months the need to ensure first aid training was completed by all relevant staff was discussed. An area for improvement was identified.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed one incident that should have been reported to RQIA had not been reported onwards. The registered manager was advised to forward the notification to RQIA retrospectively. This was received following the inspection.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection. Records of compliments received were maintained in the home.

In relation to the completion of monthly quality monitoring visits being undertaken by the registered providers' representative as required under Regulation 29 of The Residential Care

Homes Regulations (Northern Ireland) 2005 an area for improvement identified during the previous care inspection has been stated for a second time. There was no report available for September 2020; limited information for November was included with in a report dated 26 October 2020.

Areas of good practice

Areas of good practice were identified in relation to individual needs of residents being met, use of augmented communication strategies, and teamwork displayed from staff.

Areas for improvement

Five new areas for improvement were identified in relation to the review and updating of care records, ensuring a robust system in place regarding availability of SALT information, ensuring clear auditing systems, completion of competency and capability assessments for relevant staff, and completion of staff training in first aid.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 3 | 2 |

6.3 Conclusion

Two areas for improvement carried over from the previous inspection have been assessed as being partially met and not met. The areas for improvement have been stated for second time. Five new areas for improvement were identified as a result of this inspection.

Interactions between residents and staff were observed as being pleasant, staff were observed responding appropriately to help meet resident's needs. Residents were well presented and appeared comfortable in their surroundings.

The manager confirmed there was ongoing support with regards to the new management arrangements within the home.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Shaw, manager, as part of the inspection process. A senior manager from the SEHSCT was also present for feedback at the conclusion of the inspection. 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 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 | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 (2) (a),(b),(c),(d),(i),(o) Regulation 27 (3) (a) (i) and (ii) Stated: Second time To be completed by: 15 March 2021 | 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 • provide appropriate storage in the laundry • ensure the outdoor area/space is maximised to the benefit of residents Ref: 6.1 |
| | Response by registered person detailing the actions taken: Redecoration had commenced prior to the inspection and is due for completion by the end of March 2021. Appropriate built in storage has been built in the laundry room with wipeable surfacing in line with Infection Control guidelines. The outdoor area/ space is being maximised to ensure full access for service user use. Heating and lighting will be made available in the garden room to create additional space and use. Activities and equipment are being sourced to provide further benefits to the residents. |
| Area for improvement 2 Ref: Regulation 29 Stated: Second time To be completed by: 31 December 2020 | 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. Ref: 6.1 |
| | Response by registered person detailing the actions taken: The Registered Interim Manager has ensured regular monthly monitoring visits are completed and are available within Struell Lodge. Copies of all reports are sent to senior management and quality monitoring visits are audited for timeliness. Particular consideration is given to contact with families and professionals. |
| Area for improvement 3 Ref: Regulation 13.(1) (a) Stated: First time To be completed by: | 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. Ref: 6.2.5 |
| | Response by registered person detailing the actions taken: All Speech and Language guidance for residents have been |

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| 15 December 2020 | reviewed and an up to date folder is now available in the kitchen for Patient Experience staff. This will be subject to regular review. |
| Area for improvement 4 Ref: Regulation 14.2. (d) Stated: First time To be completed by: 15 December 2020 | <p>The registered person shall ensure suitable arrangements for the training of persons employed in first aid.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Interim Manager has identified staff within the service to attend the three day First Aid Training as First aiders and is scoping First Aid and Basic Life Support with the training department to ensure all staff have access to up to date training. Some training has been difficult to access during lock down however other online options are available for basic training.</p> |
| Area for improvement 5 Ref: Regulation 20. (3) Stated: First time To be completed by: 15 January 2021 | <p>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.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Interim Manager is in the process of completing all competencies assessments for all Band 5 staff who have delegated responsibilities in her absence. This is being completed through monthly supervisions and will be up to date for all staff by April 2021.</p> |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 15 January 2021 | <p>The registered person shall ensure care records are reviewed and updated to ensure they accurately reflect resident's current needs.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The Interim Registered Manager has set in place a process in supervision to ensure care records are reviewed and updated to reflect the service users needs. Staff are required to bring service user files to monthly supervision for review.</p> |
| Area for improvement 2 Ref: Standard 20.10 Stated: First time | <p>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.</p> |

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| To be completed by: 15 January 2021 | Ref: 6.2.6 |
| | Response by registered person detailing the actions taken: The Registered Interim Manager has put in process an audit plan for the coming year. This includes audits for the following areas, Infection Prevention Control, Supervision/KSF, annual reviews, vaccines, weekly testing, medical competencies, service user records, staff training. This will be reviewed and added to in line with the needs of the service. |

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



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