

Inspection Report

11 July 2023



Struell Lodge Supported Housing Scheme

Type of Service: Domiciliary Care Agency
Address: 2 Ardglass Road, Downpatrick, BT30 6JG
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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Organisation/Registered Provider: South Eastern HSCT Trust	Registered Manager: Ms Kellyann Kehoe
Responsible Individual: Ms Roisin Coulter	Date registered: Acting, no application required
Person in charge at the time of inspection: Senior Support Worker	
Brief description of the accommodation/how the service operates: Struell Lodge Supported Housing Scheme is a domiciliary care agency supported living type located in Downpatrick. The agency's staff provide care and support to a number of service users living in shared accommodation located in the local community. Service users each have their own individual bedrooms and a number of shared facilities. The service users have a range of complex needs. The agency's aim is to provided care and support to service users; this includes assisting service users with personal care needs, meals, medication, housing support and assistance to access community services with the overall goal of promoting independence and maximizing the quality of life.	

2.0 Inspection summary

An unannounced inspection took place on 11 July 2023 between 9.45 a.m. and 4.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to staff training and supervision, record keeping including the availability of records required for inspection, care planning, the Statement of Purpose and Service User's Guide.

Good practice was identified in relation to service user involvement.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members. Comments made by two service users were discussed with a senior manager during the inspection and follow up completed in regards to the comments.

Some staff advised that the change in the management arrangement had been difficult and that at times this had required them to change their working patterns. We discussed with staff the need to raise any concerns in regards to staffing arrangements with the manager or senior managers. This information was discussed with a senior manager during the inspection.

Comments received included:

Service users' comments:

- "Things are ok."
- "My key worker was changed and I was not told anything."
- "My one to one time is important to me."
- "Staff good, they make my dinner, I like watching TV and going to Asda."
- "I am happy alright."

Staff comments:

- "I have found the changes in the managers difficult; they have different ways of working."
- "I enjoy my job but feel unhappy due to the changes and having to work in other houses."
- "I like working here and I feel supported."

Some comments made during the inspection in regards to changes in staff working arrangement were discussed with the senior manager for the agency; they advised how recent changes in staff working patterns had been required to meet the needs of the service users.

During the inspection we provided a number of easy read questionnaires for service users to complete and share their views in regard to service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

No questionnaires were returned.

A number of staff responded to the electronic survey. The respondents indicated that they were dissatisfied that care provided was effective and that the service was well led. A number of comments were made in regards to staffing arrangements and support provided to staff; these were discussed with a senior manager for follow up with the manager and staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 6 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 6 October 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that staff are trained for their roles and responsibilities and that mandatory training requirements are met.</p> <p>Ref: 5.1; 5.2.1 & 5.2.3</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that although some staff had completed training there was still a number of outstanding training updates that needed to be undertaken. This was discussed with the senior manager and a plan is to be implemented to ensure that outstanding training updates are completed.</p>	Partially met

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. It was noted that a number of staff were required to complete training updates. An area for improvement was made and is subsumed into the area identified in 5.1.

Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety and could describe how staff supported them to access activities in the local community. Matters raised by two service users were escalated to the senior manager during the inspection for review and follow up; the senior manager advised following the inspection that a meeting was held with the service users in relation to the matters raised.

The review of incident records indicated that they had been managed and reported appropriately. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The person in charge reported that none of the service users currently required the use of moving and handling specialised equipment. They were aware of how to source such training should it be required in the future.

There was also evidence of regular contact with service users. It was noted that care reviews are due to be planned; it was noted that there has been a delay in HSCT keyworkers completing reviews.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that one of the service users was subject to DoLS. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. We discussed with the person in charge the need to develop a register detailing those persons' subject to a DoLS; this will be reviewed at the next inspection.

The person in charge advised that some service users monies are managed by the HSCT. We discussed with the person in charge the need to ensure that there is system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care and in choosing activities they wished to participate in. The service users' care plans contained details about

their likes and dislikes and the level of support they may require. It was noted that a number of care plans were required to be reviewed. An area for improvement was made.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

One service user had been assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. It was noted that care plans in place had been amended following the outcome of the SALT assessment. A review of training records confirmed that a number of staff had completed training in Dysphagia; however, it was noted that a number of staff had not completed training. An area for improvement has been made and is subsumed into the area identified in 5.1.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager however it was noted that this list was required to be reviewed and updated. An area for improvement has been made.

A spot check of staff registrations completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge advised that there were no volunteers being supplied in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

The person in charge advised that no new staff had commenced employment since the last inspection. There was evidence that all newly appointed staff are required to complete a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

The agency has maintained a record for each member of staff of all training; however, it was noted that the information available during the inspection did not provide an accurate reflection

of training that had been completed by staff. An area for improvement has been made and is subsumed into the area for improvement identified in 5.2.4.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

A range of information could not be accessed by the person in charge during the inspection and was provided following the inspection. We discussed with a senior manager the need to ensure that there is a process whereby staff have access to information required for inspection in the absence of the manager. An area for improvement has been made.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

We discussed with the person in charge the need for the Alphabetical index of staff to be updated to only include staff who work in the domiciliary care agency. An area for improvement has been made and is subsumed into the area for improvement identified in 5.2.4.

It was identified that a number of staff had not received supervision in accordance with the policy and procedure and area for improvement has been made.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was not up to date to reflect a recent change in the management arrangements. We discussed with a senior manager the need to ensure that RQIA are informed of any changes in management arrangements in accordance with the Regulations. An area for improvement has been made.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was noted from records provided that no complaints were received since the last inspection.

The Statement of Purpose and Service Users Guide are required to be updated to accurately reflect the details of the manager and RQIA's contact details. The person in charge was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. Two areas for improvement have been made.

We discussed the acting management arrangements, a senior manager advised that recruitment for a manager is currently ongoing and once appointed they will apply to be registered as the manager for the agency. RQIA will keep this matter under review.

It was noted that there is a system in place whereby staff can access the homes of the service users at any time.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021

	Regulations	Standards
Total number of Areas for Improvement	4	3*

* the total number of areas for improvement includes one that have been stated for a third and final time.

The areas for improvement and details of the QIP were discussed with the person in charge and a senior manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (3)(b) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that the Service Users' care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Two service user reviews have been completed. The remaining four service users have scheduled review dates in place with new care manager.</p>
Area for improvement 2 Ref: Regulation 21. 1 (a)(c) Schedule 4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and a secure manner; (c) at all times available for inspection at the agency premises.</p> <p>Ref: 5.2.4; 5.2.5 & 5.2.6</p> <p>Response by registered person detailing the actions taken: Service user files and information are maintained and kept up to date. This is monitored through supervision and audits. Files are kept securely in a locked office. The files will be available at all times for inspection. A new cabinet will be purchased and senior staff on shift will have access to same.</p>
Area for improvement 3 Ref: Regulation 27(1)(b) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that notice is given in writing where the registered manager proposes to be absent for a continuous period of 28 days or more.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The registered manager will ensure to give notice in writing where the registered manager proposes to be absent for a continuous period of 28 days or more. Return to work notification has been completed</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 5. 1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the Statement of Purpose is reviewed and updated to accurately include the details of the manager and the contact details of RQIA.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The Statement of Purpose as been reviewed and updated to accurately include the details of the manager and contact details of RQIA.</p>
<p>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Third time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities and that mandatory training requirements are met.</p> <p>Ref: 5.1; 5.2.1 & 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered manager will over see the training matrix ensuring it is maintained and kept up to date. Compliance will be monitored through supervisions of staff. All new staff are booked for mandatory training. Records of same will be available for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded formal supervision in accordance with their procedures.</p> <p>Ref 5.2.6</p> <p>Response by registered person detailing the actions taken: A supervision table of completed dates for all staff is available to monitor dates of supervisions. This is available in the manager's office.</p>

Area for improvement 3 Ref: Standard 2.2 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the Service User's Guide is reviewed and updated to accurately include the details of the manager and the contact details of RQIA. Ref: 5.2.6 Response by registered person detailing the actions taken:
	Response by registered person detailing the actions taken: The Service User Guide has been updated to reflect the new manager and correct details of RQIA.

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



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