The Regulation and Quality Improvement Authority

Inspection Report

7 January 2022

Struell Lodge Supported Housing Scheme

Type of Service: Domiciliary Care Agency
Address: 2 Ardglass Road, Downpatrick, BT30 6JG
Tel No: 028 4451 3850

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: South Eastern HSCT Trust **Responsible Individual:** Ms Roisin Coulter, registration pending	**Registered Manager:** Mrs Claire Shaw **Date registered:** Acting, no application required
Person in charge at the time of inspection: Mrs Claire Shaw	
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. Agency 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 was undertaken on 7 January 2022 between 10.00 a.m. and 2.00p.m. by a care inspector.

The last inspection of the service was completed on 18 July 2019. An inspection was not completed for the inspection year of 2020-21 due to the first surge of the Covid-19 pandemic.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to monitoring of NISCC registrations, and the agency's system in place of disseminating Covid-19 related information to staff.

Two areas for improvement were identified with regard to staff training and the agency's quality monitoring process.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

No questionnaires were returned from prior to the issuing of this report. There was no response to the electronic survey.

During the inspection we spoke to one service user, a relative of one service user and one staff member. Feedback was requested from two Health and Social Care Trust (HSCT) representatives. Comments received are detailed below.

Service users' comments:

- "I am doing good. It is all good and the staff are good."
- "Staff help me with shopping and cooking."
- "No problems, I am okay."

Staff comments:

- "This is fantastic; the service users have come on leaps and bounds."
- "This is their home, they are very independent. They just need support and encouragement."
- "We support service users to go to the Cinema, the gym and shopping."
- "I am very happy and can raise issues. I have no concerns."

Relatives' comments:

- "***** (service user) is doing well, she has a better live there. She is her own boss."
- "I have no complaints. ***** (manager) listens to any problems I have."
- "I have no concerns, I think it is great."

- "***** (service user) is well looked after and the staff are brilliant. It's all good"

HSCT representatives' comments:

- "I am the Social Worker for four out of the residents in Struell Lodge. I feel the service provided by the Struell staff team and management to be fantastic, the staff go above and beyond for the residents and this has been evidenced throughout lockdown when they worked creatively to achieve as normal a routine as the clients were used to. Staff are quick to raise concerns around physical or mental well-being to the appropriate professionals and have always provided comprehensive reports for reviews."

5.0 The inspection

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

Areas for improvement from the last inspection on 18 July 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 21.(1)(a) **Stated**: First time **To be completed by**: Immediate and ongoing from the date of inspection	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner. This relates specifically to the agency's staff rota information. Ref: 6.3	**Met**
	Action taken as confirmed during the inspection: It was identified that the agency staff rota information included the full name of staff supplied and included an abbreviation list.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 9.5 **Stated**: Second time **To be completed by**: 30 May 2019	The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures. This relates to supervision policy, disciplinary procedures, data protection policy and a training and development policy.	**Met**

	Ref: 6.1 **Action taken as confirmed during the inspection**: It was identified that policies and procedures had been updated or a local policy was available.	
Area for improvement 2 **Ref**: Standard 12.1 **Stated**: First time **To be completed by**: With immediate effect	The registered person shall ensure that newly appointed staff to the supported living service should have a structured orientation and induction process, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. Ref: 6.1 **Action taken as confirmed during the inspection**: From records viewed with regard to staff recently employed it was identified induction had taken place and a record retained.	**Met**

5.2 Inspection findings

5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that a number of referrals had been made with regard to

adult safeguarding since the last inspection. Records reviewed and discussions with the manager indicated that referrals made had been managed appropriately. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The agency has provided service users and relatives with information with regard to the process for reporting any concerns. Those who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff training information reviewed during the inspection indicated that a number of mandatory training updates were outstanding. It was noted that staff had not completed appropriate DoLS training relevant to their job roles. An area for improvement was identified.

Staff spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There are arrangements in place to ensure that service users, who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed. It was noted that where restrictive practices or DoLS are in place, appropriate risk assessments had been completed in conjunction by HSC Trust representatives.

The manager stated that the HSCT are in the process of developing a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records and discussion with the manager confirmed that staff recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager.

The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

It was noted that one service user had been assessed by SALT in relation to dysphagia needs. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs with regards to eating and drinking. It was noted from training records viewed and discussions with the manager that staff had not completed dysphagia awareness training. An area for improvement was identified and is subsumed into an area for improvement identified in 5.2.1.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements.

5.2.5 Are there robust governance processes in place?

We reviewed the agency's quality monitoring process with regard to Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Discussions with the manager evidence that the in the previous year monitoring of the agency had been completed in conjunction with one of the organisation's Residential Homes. It was noted that a report specific to the domiciliary care agency had not been consistently completed on a monthly basis over the past year. We discussed with the manager the need to ensure that a system is reintroduced to ensure compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The manager stated that the organisation have recently appointed a Quality Monitoring Officer who will be completing all the visits. An area for improvement was identified. We requested that the agency forward a copy of the monthly report to RQIA until further notice.

We reviewed reports specific to the agency that were available; it was identified that the process included engagement with service users, staff and HSC Trust representatives on the majority of the visits.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement. However it was noted that the record did not include details of the records reviewed, we discussed the benefits of this with the manager.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the agency's policy and procedures and a record retained of the actions and outcomes. Complaints are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

Staff described the measures in place with regards to IPC such as Personal Protective Equipment (PPE). Staff were observed to be using PPE appropriately and stated that there are no difficulties in accessing sufficient supplies are needed.

6.0 Conclusion

As a result of this inspection two areas for improvement were identified in respect of staff training and the agency's quality monitoring process. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/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 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Claire Shaw, 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 23 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request. (3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority. (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. The reports should be forwarded to RQIA by the 10th of each month until further notice. Ref: 5.2.5
	Response by registered person detailing the actions taken: Monthly monitoring officer has been informed of requirement and update of information for the monthly monitoring report each month. Manager will forward report each month to RQIA as stated.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards 2021	
Area for improvement 1 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that staff are trained for their roles and responsibilities and that mandatory training requirements are met. Ref: 5.2.1 and 5.2.4
To be completed by: Immediate and ongoing from the date of inspection	**Response by registered person detailing the actions taken:** Audit of outstanding manadatory training has been completed by manager and all staff notified of tranining required. Staff advised to inform manager of completion date to be added to the training matrix.

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care