

Inspection Report

10 September 2024



Struell Lodge

Type of Service: Residential Care Home
Address: 2 Ardglass Road, Downpatrick, BT30 6JG
Telephone number: 028 4451 3850

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Assurance, Challenge and Improvement in Health and Social Care

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 HSC Trust (SEHSCT)	Registered Manager: Mrs Claire Shaw- not registered
Responsible Individual Ms Roisin Coulter	
Person in charge at the time of inspection: Mrs Claire Shaw	Number of registered places: 6
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 2
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to six residents. The home is over a single floor. Residents have access to a large internal garden.	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2024, from 10.00 am to 5.40 pm by a care inspector.

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.

During the unannounced care inspection, it was identified that a registered bedroom and ensuite bathroom had been significantly altered.

Given the seriousness of the current concerns with the alterations to the registered rooms, and the fact RQIA were not notified of, or given an opportunity to review these works, a meeting was held on 18 September 2024 with the intention of issuing two Failure to Comply (FTC) notices under The Residential Care Homes Regulations (Northern Ireland) 2005:

- Regulation 32(1)(h) relating to the notification process to RQIA when the premises are altered
- Regulation 3(1)(a)(b)(c) relating to the home working outside its Statement of Purpose(SOP)

At this meeting, assurances were provided by the management team as to how the concerns raised would be addressed. RQIA accepted these assurances therefore, the two Failure to Comply Notices were not served at this time.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Claire Shaw, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents unable to clearly verbally express their thoughts, indicated positively through body language or non-verbal communication, such as smiling or giving the thumbs up.

Some staff spoke of concerns around morale, the use of agency staff and recent changes to the staff rota. This is discussed in section 5.2.1.

Two questionnaires were received from relatives/ friends following the inspection. One of these spoke of how the care was, "excellent," and that the staff are all, "wonderful". Another questionnaire highlighted concerns around staffing levels and described the activities in the home as "unpredictable". These comments were shared with the manager for action.

No additional feedback was received from residents or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

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 9 January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1)(b) Stated: Second time	The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment checks are completed, and available for inspection.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: Second time	The registered person shall ensure that mandatory training requirements are met. This is stated in relation to fire and vulnerable adults training.	Not Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and is subsumed into a regulation. This is discussed in section 5.2.1.	

<p>Area for improvement 2</p> <p>Ref: Standard E8</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a call bell point is fitted in the one identified bedroom.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4 and 13.4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the daily menu and programme of activities, is on display for residents in a suitable format, and in an appropriate location in the home.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person shall ensure the staffing levels is maintained in the home at all times to meet the needs of the residents.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 24</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed in section 5.2.1</p>	<p>Partially met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff who take charge of the home, have a recorded competency assessment which is updated yearly.</p>	<p>Met</p>

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 7 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings take place on a regular basis, and at least quarterly in the home. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 8 Ref: Standard 31 Stated: First time	The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Review of staff training records indicated that not all mandatory training was up to date. An area for improvement under the standards was subsumed into regulation.

Whilst there was evidence that supervision was being carried out in the home, this was not up to date for all grades of staff. Annual appraisals were however up to date. An area for improvement was thus partially met and was stated for a second time.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Some staff spoke of morale in the home being low and their concerns around the levels of agency staff being used in the home. These concerns were shared with the manager for her review and action. The manager spoke of how there had been recent changes to the rota in the home, which was continuing to be progressed through the management of change process. Discussion with the manager around recent changes to staffing, and the use of agency, highlighted these were being well managed.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Two cupboards in the dining/lounge area of the home were unsecured to the wall. An area for improvement was identified.

The last Fire Risk Assessment (FRA) was completed 30 October 2023. The FRA was reviewed by the RQIA estates team following the FTC intention meeting on the 18 September 2024. The actions from this FRA had not been fully completed, and assurances were not provided that timely action had been taken to address the risks identified. Review of fire drills did not evidence that all staff had taken part in a fire drill in the past year. Two areas for improvement were identified.

Throughout the home, domestic supplies were being stored inappropriately in staff areas and in a staff toilet. Another administration and domestic store in the home were untidy, and items were on the floor. Discussion with the manager identified that there was not enough storage space in the home. This issue with storage space has occurred following the two-bedroom extension to the home, and the reconfiguration of the use of space in the existing building. Two new areas for improvement were identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Serious concerns were identified regarding significant alterations made to a vacant bedroom and ensuite in the home. All fixtures and fittings in an identified ensuite bathroom had been removed, leaving damage to the walls, exposed wiring and exposed plumbing fixtures. The fitted furniture in the adjoining registered bedroom had been removed, damaging the flooring and leaving part of the concrete floor exposed. In the sitting room adjoining the newly registered bedroom, two armchairs were noted to be sitting up against the built-in furniture unit, which could therefore not be easily accessed. A two seater sofa was placed over the door to a bathroom off the sitting room, blocking access to the bathroom. The bedroom was found to contain building materials and plumbing supplies, as well as the ensuite toilet, wash hand basin, shower fittings and wall cladding. These rooms no longer met the required minimum standards, and are not currently suitable to accommodate any resident.

These findings were discussed with the home's management team at the meeting on 18 September 2024. As a result of the actions taken by the management team following the inspection, the Failure to Comply Notices under these Regulations were not served.

5.2.4 Quality of Life for Residents

Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Observation of residents confirmed they were able to choose how they spent their day. For example, residents could stay in their room, or spent time in the communal lounge.

Residents' needs were met through a range of individual and group activities, such as outings, games, exercise and musical activities.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Claire Shaw has been the manager in this home since 1 June 2023.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	3	6*

* the total number of areas for improvement include two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(c)</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2025</p>	<p>The registered person shall ensure that all mandatory training is kept up to date for staff.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All mandatory training is being scheduled and training matrix to be updated.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(2)(l)</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2025</p>	<p>The registered person shall ensure that there is suitable storage provision for the purposes of the home.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: A business case is being raised to provide suitable storage throughout the building.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The registered person shall ensure that the Fire Risk Assessment remains current and up to date; and that any required actions are completed within the specified timeframe.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Fire risk assessment will remain current and up to date. An further issues will be escalated to the Estates team and completed within the specified time frame.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard E8 Stated: Second time To be completed by: 2 May 2023	The registered person shall ensure that a call bell point is fitted in the one identified bedroom. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 16 January 2024	The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 24 Stated: Second time To be completed by: 1 December 2024	The registered person shall ensure all staff have a recorded supervision no less than every six months. A supervision schedule shall be in place, showing completion dates and the name of the supervisor. Ref: 5.1 & 5.2.1
	Response by registered person detailing the actions taken: A supervision schedule is in place which will record completion dates and the name of the supervisor.
Area for improvement 4 Ref: Standard 29.6 Stated: First time To be completed by: 1 January 2025	The registered person shall ensure that all staff participate in a fire drill at least once a year Ref: 5.2.3.
	Response by registered person detailing the actions taken: Fire drills training has been scheduled for the staff team with three sessions completed.

<p>Area for improvement 5</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2025</p>	<p>The registered person shall ensure that the administration store and domestic store are tidied, and any items are removed from the floor.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard E27</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2025</p>	<p>The registered person shall ensure that the cupboards in the dining/lounge area are secured to the wall.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: the administration store and domestic store have been tidied and items removed from the floor. A business case has been raised to request additional storage for the service.</p> <p>Response by registered person detailing the actions taken: Cupboards in the dining/ lounge area have been secured to the wall.</p>

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