

# Inspection Report

<b>Name of Service:</b>	<b>Struell Lodge</b>
<b>Provider:</b>	<b>South Eastern Health and Social Care Trust</b>
<b>Date of Inspection:</b>	<b>20 &amp; 30 December 2024</b>

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	South Eastern Health and Social Care Trust (SEHSCT)
<b>Responsible Individual:</b>	Ms Roisin Coulter
<b>Registered Manager:</b>	Mrs Diana McIntyre Patel – not registered
<b>Service Profile –</b> This home is a registered Residential Care Home which provides health and social care for up to six residents living with a learning disability. The home is over a single floor. Residents have access to a large garden area.	

## 2.0 Inspection summary

Announced inspections took place on 20 December 2024, from 9.30 am to 12.00pm and on the 30 December between 3.35pm and 4.10pm by a care inspector.

Following an inspection on 10 September 2024, a meeting was held with representatives of the South Eastern Trust on 18 September 2024, with the intention of issuing two Failure to Comply (FTC) Notices. Significant alterations had been made to a bedroom and ensuite bathroom without notifying RQIA. RQIA were satisfied with the assurances given and the actions agreed at the meeting and the notices were not served.

This inspection was undertaken to ensure that the agreed actions had been taken and to ensure that a registered bedroom, ensuite and a sitting room met with the standards for premises as set out in The Residential Care Homes Minimum Standards (Dec, 2022).

There were some matters outstanding on 20 December 2024 and RQIA returned on 30 December 2024 and were satisfied that the matters had been addressed. There were no new areas for improvement identified. All of the previous areas for improvement from the care inspection undertaken on 10 September 2024 were carried forward for review at the next inspection.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.3 Inspection findings**

#### **3.3.1 Management Arrangements, and Quality and Management of Residents' Environment.**

There has been a change in the management of the home since the last inspection. Mrs Diana McIntyre Patel has been the manager in this home since 15 December 2024.

The registered bedroom, ensuite and sitting room were clean and tidy. The bedroom did not have a mirror fitted to the wall. It was also missing a chest of drawers and the wardrobe did not have a hanging space for clothes. The small chest of drawers did not have a lock to enable this to hold items securely belonging to a resident. RQIA were concerned that the room was not furnished as per standard N25 of the Residential Care Homes Minimum Standards (December 2022), despite these requirements being discussed at the FTC intention meeting with homes management on the 18 September 2024.

This was discussed with the manager who agreed to address these outstanding matters. RQIA received photographic evidence from the homes management on 27 December 2024, that all the above issues were addressed. RQIA inspected the service again on the 30 December 2024 and were assured that all fixtures and furniture were in place.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	6*

\* The total number of areas for improvement includes three regulations and six standards which are carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Diana McIntyre Patel, manager, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> Ref: Regulation 20(1)(c) <b>Stated:</b> First time <b>To be completed by:</b> 1 January 2025	The registered person shall ensure that all mandatory training is kept up to date for staff. Ref: 2.0 <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b> Ref: Regulation 27(2)(l) <b>Stated:</b> First time <b>To be completed by:</b> 1 January 2025	The registered person shall ensure that there is suitable storage provision for the purposes of the home. Ref: 2.0 <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b> Ref: Regulation 27 (4)(a) <b>Stated:</b> First time <b>To be completed by:</b> 1 December 2024	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. Ref: 2.0 <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24 <b>Stated:</b> Second time <b>To be completed by:</b> 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: 2.0
	<b>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.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard E8 <b>Stated:</b> Second time <b>To be completed by:</b> 2 May 2023	The registered person shall ensure that a call bell point is fitted in the one identified bedroom.  Ref: 2.0
	<b>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.</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time <b>To be completed by:</b> 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: 2.0
	<b>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.</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> First time <b>To be completed by:</b> 1 January 2025	The registered person shall ensure that all staff participate in a fire drill at least once a year  Ref: 2.0
	<b>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.</b>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 2.0</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard E27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2025</p>	<p><b>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.</b></p> <p>The registered person shall ensure that the cupboards in the dining/lounge area are secured to the wall.</p> <p>Ref: 2.0</p> <p><b>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.</b></p>

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



## The Regulation and Quality Improvement Authority

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