

# 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>4 June 2025</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:</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>	
<p>This home is a registered Residential Care Home which provides health and social care for up to 6 residents living with a learning disability.</p> <p>Residents' bedrooms are located over one floor in the home. Residents have access to a communal lounge, dining area and a sensory room. The home has a large external garden for residents to enjoy.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 4 June 2025, from 7.10 am to 4.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Two Inspectors from the Mental Health and Learning Disability Team visited Struell Lodge during this inspection as part of a separate review of the care and treatment of a service user residing there. The review was part of a Patient Inquiry undertaken in accordance with Article 86 of the Mental Health (Northern Ireland) Order 1986 and did not form part of this inspection.

Residents in the home were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff had a good understanding of residents' needs; staff were respectful in their interactions with residents and communicated effectively with them.

Staff told us that there is good team work in the home and the management team are supportive and approachable.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection four areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Four areas for improvement were not met and will be stated for a second time. One area for improvement relating to medicines management was not assessed and will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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.

### **3.2 What people told us about the service**

Residents indicated to us through non-verbal cues, gestures and communication, that they were content in the company of staff. Residents were observed to be smiling and engaging positively with staff throughout the day.

Two relatives spoken with confirmed that they were happy with the care and services provided in the home to their loved one. Comments shared included; "staff are fantastic", there is "good communication" and there have been good outcomes for their loved one since living in the home.

RQIA are aware of recent complaints by relatives, which are being appropriately managed by the home management and relevant agencies. Any concerns raised with RQIA are used as intelligence to inform our inspections.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff also told us that working in the home has been difficult recently however, they are receiving support and guidance from the management team as appropriate.

Three questionnaire responses were received from relatives following the inspection. The comments were shared with the management team for their review and action.

### **3.3 Inspection findings**

#### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. In addition to the usual, core staffing levels, some residents require enhanced staffing levels to meet their assessed need; it was evident through observation and review of relevant staffing records that planned staffing levels were achieved.

A review of the care staff's registrations with the Northern Ireland Social Care Council (NISCC) identified that the system in place to monitor staffs' registrations was not robust. It was unclear from the current system what the status of staffs' registrations was. However, the manager was able to provide RQIA with evidence of actions taken post inspection to improve this system. An area for improvement has been identified and this will be reviewed at a future inspection.

The staff training matrix had not been kept up to date, therefore RQIA were unable to confirm that staff working in the home had received the relevant training commensurate to their role and function within the home. An area for improvement has been stated for a second time.

RQIA were unable to determine the hours worked by the manager and two senior staff, as their hours were not recorded on the staff duty rotas reviewed. The staff duty rota also highlighted that it was not always in keeping with best practice guidance, for example; red pen was used to make amendments. An area for improvement has been identified.

#### **3.3.2 Quality of Life and Care Delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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 at supporting residents to transition from one activity to another, in order to help manage any changes in their routines; this is an important strategy when working alongside residents with learning disability and autism.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The majority of residents were not present in the home during the lunch time meal, however for the residents that remained in the home, the meal prepared was home cooked and appeared appetising and nutritious. Kitchen staff were enthusiastic about their role in the home and knowledgeable in relation to residents' likes/dislikes and dietary requirements.

Activities for residents were provided which included both group and one to one activities. Residents activity records were reviewed and included a range of activities including trips to local areas of interest, coffee outings, shopping and picnics. One resident recently had a night away with staff and family told us that they really enjoyed this.

However, discussion with staff and relatives highlighted that activity provision for residents has been impacted on occasions recently, due to pressure with staffing resources. This has resulted in some residents' scheduled activities either being missed or changed at short notice. The provision of activities is a fundamental element of residential care and consideration must be given to ensure all residents living in the home have equal access to activity provision. Consistent routines and clear and predictable schedules helps to support people living with learning disability and autism to have positive outcomes throughout their day/week. If there are any short notice changes to one resident's plans, consideration should be given to reducing the risk of impact on other residents in the home. An area for improvement has been identified.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred, mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

Advice was provided to the manager to review the current recording system for care records in the home, as there are currently two systems being used; Encompass and hard copies. The use of two systems has the potential for errors to occur. This will be reviewed at a future inspection.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs, pictorial planners and other personal belongings for residents. Communal areas were suitably furnished and homely.

Some concerns were identified that the environment was not being managed in a manner which respects the privacy and dignity of residents. For example; observation of the care staff handover from night shift to day shift, identified that this was conducted in the residents' lounge; therefore, impacting on the confidentiality of residents' information, their right to privacy and the potential enjoyment of their lounge.

It was also identified in a number of communal bathrooms, that resident's personal hygiene products such as shaving foam and topical lotions were available for communal use and had the potential to be shared. There was also a small cupboard containing one resident's clothing, placed in a communal hallway. The context for this was discussed with staff but this practice did not uphold the resident's dignity. An area for improvement has been identified.

Observations identified some concerns with environmental risk management. For example; the kitchenette cupboard was unlocked and items such as hand sanitiser and disinfectant wipes were being stored. The activity cupboard was also unlocked and paint was accessible. An area for improvement has been identified.

Throughout the home, it was identified that residents' continence products were not being stored appropriately in accordance with the manufacturers recommendations. An area for improvement has been identified.

Storage remains an issue in the home, the domestic store was untidy and items were stored on the floor and in one bathroom, one resident's clothing was being stored on shelves. Two areas for improvement have been stated for a second time.

It was apparent that work was required in the home to ensure the home's environment was maintained and decorated to a good standard. This included paintwork, woodwork damage, upgrade to the sensory room and carpet/flooring replacement. The environmental refurbishment plan was shared with RQIA for review following the inspection. RQIA are satisfied that work has been identified, progress with this plan will be reviewed at a future inspection.

The Fire Risk Assessment (FRA) was completed on 4 November 2024 and any actions identified had been completed or were in the process of being completed. This document was shared and reviewed by the RQIA estates team following the inspection.

There were no fire drill records available on the day of inspection. Assurances were provided in writing post inspection that fire drills for the remainder of the year had been organised. An area for improvement has been stated for a second time.

### 3.3.5 Quality of Management Systems

There has been no 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.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided in the home.

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. However, a review of these records highlighted a number of concerns; these visits should be conducted on an unannounced basis, however the visits to this home had been announced by the representative of the registered provider. The views of residents, staff and relatives had not been consistently sought and some actions identified were often carried over from one month to the next. An area for improvement has been identified.

### 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>	6*	6*

\* the total number of areas for improvement includes two regulations that have been stated for a second time and two standards that have been stated for a second time. One standard in relation to medicines management has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Diana McIntyre Patel, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20(1)_(c) (i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>The Registered Person shall ensure that all mandatory training is kept up to date for staff and accurate records maintained.</p> <p>Ref: 2.0 &amp; 3.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager and Deputy Manager have conducted a full audit of our existing training matrix. All staff records have been checked and any gaps in mandatory training have been identified and corrected. Each member of staff whose training was out of date received a personal notification outlining exactly which courses needed updating. The Training matrix now displays, for each individual, a percentage score reflecting their compliance with:</p> <p>Trust mandatory training Service specific and role specific mandatory training.</p> <p>An overall compliance rate for the entire service is also calculated and displayed. The training matrix is now subject to a formal audit on a fortnightly basis. Any new gaps or upcoming expiry dates will be flagged promptly and discussed in individual supervisions. Audit findings are discussed at staff meetings and supervisions to drive continuous improvement.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27(2)_(l)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 September 2025</p>	<p>The Registered Person shall ensure that there is suitable storage provision for the purposes of the home.</p> <p>Ref: 2.0 &amp; 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Storage shortfalls were formally logged and escalated by the registered manager to the assistant director ensuring visibility and urgency at senior management level. These issues are captured within our home improvement and refurbishment plan, with clear references to required storage upgrades and associated timelines. The assistant director is actively liaising with the Trust Estates department to specify, cost and schedule necessary works and complete necessary business case. Interim solution is agreed:</p> <p>Until physical works are delivered, the registered manager and deputy manager will conduct weekly stock audits across all storage (patient experience and administrative storage as well as PPE) They will identify any overstock and redistribute same to</p>

	<p>prevent overcrowding. These measures will ensure that, while we await the permanent refurbishment works, stock remains safely and sensibly stored.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The Registered Person shall ensure there is a robust system in place to monitor staff compliance with NISCC registration.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>                  The home maintains live, electronic matrix tracking each staff member NISCC registration status, registration renewal dates and any conditions attached to each individual registration. Monthly audit is completed by Deputy Manager comparing internal matrix with live NISCC web portal. NISCC registration status is standing agenda item on all team meetings and 1-1 supervisions.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (8) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The Registered Person shall ensure that the home’s environment is conducted in a manner which respects the privacy and dignity of all residents living in the home.</p> <p>This area for improvement is made with specific reference to the space in which the staff handover is conducted, residents’ toiletries being managed for individual use and storage of residents’ clothing.</p> <p><b>Response by registered person detailing the actions taken:</b>                  All senior to senior handovers are to be conducted in designated office only. Written handovers are completed on our handover sheets and this is stored in the locked office. Band 3 staff receive their briefing / handover in the same office space, to ensure confidentiality.                  Residents clothing has been relocated into their own wardrobe. Staff are instructed to keep communal corridors free from any personal items at all times.                  Weekly environment audits include checks across the whole residential homes and any issues are actioned immediately. Each resident toiletries are kept either in their bedroom in a secured space or in bathroom in locked bathroom cabinet. In shared bathrooms all residents items are kept labelled with residents names to prevent mix up and support choice.                  Environmental walkthrough and handover spot-checks are carried weekly by the Deputy Manager, and any issues are fed back for immediate correction.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The Registered Person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety; and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazards.</p> <p>This area for improvement is made with specific reference to the storage of hand sanitiser, antibacterial wipes and paint.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Storage of all above items is reviewed and ensured that all items are stored in line with COOSH standards. Any overstock is redistributed and stock of same will be closely monitored and this area will be checked weekly during environmental walkthrough.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2025</p>	<p>The Registered Person shall ensure that the monthly monitoring visits are conducted on an unannounced basis, include the views of residents, relatives and staff and clearly set out the actions to be taken to drive the necessary improvements in the home.</p> <p>Ref: 3.3.5</p> <p><b>Response by registered person detailing the actions taken:</b> <b>Issues regarding monthly monitoring visits are escalated to Governance Senior Management line and Monitoring officer will ensure that same are completed in line with the standard.</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2) (Dec 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 January 2024</p>	<p>The Registered Person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions.</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>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The Registered Person shall ensure that all staff participate in a fire drill at least once a year</p> <p>Ref: 2.0 &amp; 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Fire drills are organised for the next few months to ensure that all staff participate. Fire evacuation and fire drill are already completed during month of June and schedule of same is prepared.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 June 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 &amp; 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Both stores are tidied up and any overstock is redistributed. Registered Manager and Deputy Manager will ensure that these areas are checked weekly during environmental walkthrough.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The Registered Person shall ensure that the manager and senior staff hours are accurately recorded on the staff rota and any amendments to the rota must be legible and maintained as per good record keeping principles.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> <b>All hours are clearly marked on the rota and all rota amendments are stored electronically with versions amended and once the change is made.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2025</p>	<p>The Registered Person shall ensure that all residents living in the home have structured activity routines to meet their needs, equity of access to activity provision and staffing resources are deployed as per assessed need.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Individual Activity planners are developed for each resident and these are included in daily shift planners with appropriate staff allocation to ensure activities are offered to all residents and according to their choice and wishes and interests.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 June 2025</p>	<p>The Registered Person shall ensure that continence products are stored appropriately in accordance with the manufacturer's recommendations and best practice guidance for infection prevention and control.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Storage of all continence products is reviewed and the home will ensure that all are stored appropriately and in accordance with the manufacturers recommendations and best practice guidance for infection and prevention control.</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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