The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Struell Lodge

Provider: South Eastern Health & Social Care Trust (SEHSCT)

Date of Inspection: 19 November 2025

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

1.0 Service information

Organisation:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mr Paul Shields – not registered

Service Profile:

This home is a registered Residential Care Home which provides health and social care for up to 6 residents living with a learning disability.

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.

2.0 Inspection summary

An unannounced care inspection took place on 19 November 2025, from 9.35 am to 4.35 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 4 June 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led. Prior to the inspection RQIA also received information concerning the quality and compliance of staff mandatory training within the home.

Residents in the home were observed to be relaxed and comfortable in their environment 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 there was good team work in the home and the management team are supportive and approachable.

However, as a result of this inspection RQIA required the representatives of the provider to attend a serious concerns meeting on 2 December 2025. This was to discuss concerns relating to the provision and governance of staff mandatory training, management of the residents' environment, which had the potential to place staff and residents at undue risk of harm, and governance arrangements. An action plan was presented at this meeting and RQIA accepted the assurances provided. RQIA will continue to monitor the quality of the service provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP).

Five areas for improvement from the previous care inspection on 4 June 2025 were assessed as having been addressed by the provider. Six areas for improvement were not met; three will be stated for a third time and three for a second time. One area for improvement relating to medicines management, 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 and staff were skilled at supporting residents to transition from one activity to the next.

Three relatives spoken with confirmed that they were happy with the care and services provided in the home to their loved ones. Comments shared included; “staff are brilliant, they are very thoughtful”, “overall it has been a positive experience”, “communication is good” and “staff know my loved one well”. One relative told us that recently their loved one had not been able to access the local community, which they believed was due to staffing arrangements. These comments were shared with the management team for their review and action. An area for improvement in this regard has been stated for a second time (see Section 4.0).

Staff spoke mostly positively in terms of the provision of care in the home and their roles and duties. Staff told us that on occasions the deployment of staffing resources and equity of access to activity provision for all residents in the home had affected some residents’ planned activities in the local community. Staff told us that difficulties with the staff duty rota had affected morale within the team however, with recent changes to the rota they were hopeful that this would improve. Staff told us that the management team are supportive and available for advice and guidance as appropriate.

There were no questionnaire responses returned following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

There was insufficient evidence available to confirm pre-employment checks had taken place prior to an identified staff member commencing employment in the home. Although management provided assurances to RQIA that pre-employment checks were being held centrally via the South Eastern Trust’s Amiqus system, the manager was unable to evidence their oversight of these checks prior to the commencement of employment. Management confirmed that they would review the internal system within the home to include a recruitment checklist and development of management training in this area. Similar matters had been raised at previous inspections and had been met but RQIA are concerned that the improvements made previously have not been sustained. An area for improvement has been identified.

Prior to the inspection, a concern had been raised with RQIA in relation to staff mandatory training in the home. In response, RQIA requested written information from the service regarding staff mandatory training. Review of the staff training matrix, subsequently submitted to RQIA on 3 November 2025, had not been kept up to date and was inaccurate. Agency staff training records also submitted were reviewed and highlighted good compliance with mandatory training requirements. Further review of the staff training matrix during the inspection identified that Management of Actual and Potential Aggression (MAPA) and Deprivation of Liberty Safeguards (DoLS) training were now in date. However, six monthly fire training and additional specialised MAPA training remained overdue for some staff. RQIA acknowledged that there is now a management plan in place to immediately address staff mandatory training deficits and to improve the managerial oversight of these records. RQIA are concerned at the lack of robust oversight and governance to drive and sustain the required improvements, given that this area for improvement has been identified at each care inspection since 26 January 2023. An area for improvement has been stated for a third and final time.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere in the home was relaxed. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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.

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.

Discussion with staff and relatives highlighted that activity provision for residents had been impacted on occasions, due to staffing arrangements within the home. This has resulted in some residents' scheduled activities either being missed or changed at short notice. There was no evidence that these arrangements had been reviewed, or that staffing levels had been considered to ensure there are sufficient staff on duty at all times, to meet the social, emotional and psychological needs of all residents in an effective and sustained manner. The provision of activities is a fundamental element of residential care and consideration must be given to ensure that all residents living in the home have equal access to activity provision. An area for improvement has been stated for a second time.

3.3.3 Management of Care Records

During the previous unannounced inspection on 4 June 2025 advice was provided by the Inspector to review the care records system for the home in view of the fact that both hard copy and digital ('Encompass') records were being used. It was advised at the time that the use of two systems created the potential for errors to occur.

During the inspection on 19 November 2025 a number of concerns were identified with respect to residents' care records and the use of the two systems of record keeping. For example, one resident had four different types of care plans in place regarding the same care need, and some care plans had not been updated to direct staff on changes to assessed needs. It was also identified that there was no care plan in place for a resident receiving District Nursing input for skin care and another resident had a risk assessment in place for eating and drinking which had not been reviewed since September 2024. At the meeting held with RQIA on 2 December 2025 the management team confirmed there was an action plan now in place to address this, which included the transfer of care records onto electronic system and a managerial audit to ensure this is embedded into practice. An area for improvement has been identified.

Care staff recorded regular evaluations about the delivery of care. These records were detailed and person centred.

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 and other personal belongings for residents. Communal areas were well decorated and suitably furnished.

Observations identified some concerns with environmental risk management. For example, a storage facility was unlocked, resulting in the potential for unrestricted access to hazardous items such as hand sanitizer and antibacterial wipes. An area for improvement has been stated for a second time.

RQIA raised concerns regarding storage provision in the home during the previous two care inspections to this service on 10 September 2024 and 4 June 2025. Following the last care inspection on 4 June 2025, RQIA received written assurances that a system of audits would be completed to address and monitor this issue. However, the lack of appropriate and secure storage in the home was identified again during this inspection, with evidence of clutter in small storage spaces. For example, a storage facility situated next to a fire exit was crowded and untidy and the fire exit was also partially obstructed due to supplies being stored on the ground. Two areas for improvement have been stated for a third time and a further area for improvement has been identified in relation to fire safety.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Paul Shields has been the Manager of the home since 1 August 2025. Staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

RQIA are aware of recent complaints by relatives, which are being appropriately managed by the home.

A review of a sample of monthly monitoring visits highlighted that they were primarily focused on the Quality Improvement Plan identified following the RQIA care inspection on 4 June 2025. Despite this, there was limited evidence that the areas of improvement had been effectively addressed and improvements sustained. Completed reports also lacked sufficient detail in relation to the care and other services provided in the home, in order to effectively quality assure service delivery and drive any necessary improvements in the home. An area for improvement has been stated for a second time.

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
Total number of Areas for Improvement	6*	4*

* the total number of areas for improvement includes two Regulations that have been stated for a third time, two Regulations that have been stated for a second time, one Standard that has been stated for a third time, one Standard that has been stated for a second time and one Standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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	
Area for improvement 1 **Ref:** Regulation 20(1) (c) (i) **Stated:** Third time **To be completed by:** 1 January 2026	The Registered Person shall ensure that all mandatory training is kept up to date for staff and accurate records maintained. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: Training audit is in place from November 2025. This is to be completed on monthly basis. This will include cleansing of staff new to post, leavers and secondment/sick and reflected.
Area for improvement 2 **Ref:** Regulation 27(2) (l) **Stated:** Third time **To be completed by:** 19 November 2025	The Registered Person shall ensure that there is suitable storage provision for the purposes of the home. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: Since inspection, the supported living office has been moved to their main office. This has created space for the office to be utilised as a COSHH store.
Area for improvement 3 **Ref:** Regulation 14 (4) **Stated:** Second time **To be completed by:** 19 November 2025	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. This area for improvement is made with specific reference to the storage of hand sanitiser, antibacterial wipes and paint. Ref: 2.0 & 3.3.4

	Response by registered person detailing the actions taken: A regulalr health and safety walkaround is in place to ensure a hazard free environment. Health and safety information is displayed in the building and is a set agenda point on staff meetings.
Area for improvement 4 **Ref:** Regulation 29 **Stated:** Second time **To be completed by:** 1 February 2026	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. Ref: 2.0 & 3.3.5
	Response by registered person detailing the actions taken: Manager has escalated to senior management and goverenace to be addrsssed in order to ensure compliance.
Area for improvement 5 **Ref:** Regulation 21 (1) (a) & (b) **Stated:** First time **To be completed by:** 1 January 2026	The Registered Person shall ensure there is a system in place to provide the manager with oversight of the recruitment process including pre-employment checks for all staff prior to commencing employment in the home. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: All available recruitment documents from previous recuitment printed from Amiqus and paper copies kept in single file for reference and oversight of the recruitment process. This process is now in place for any future recruitment.
Area for improvement 6 **Ref:** Regulation 27 (4) (c) (d) (v) **Stated:** First time **To be completed by:** 19 November 2025	The Registered Person shall ensure that fire escapes are kept clear and free of obstruction at all times. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: Storage area at the fire exit has been cleared of over stock and is checked daily to ensure any obstructions are cleared. Fire exits to be checked daily to ensure compliance.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1:2) (Dec 2022)	
Area for improvement 1 **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. Ref: 2.0

To be completed by: 16 January 2024	**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 27 **Stated:** Third time **To be completed by:** 19 November 2025	The Registered Person shall ensure that the administration store and domestic store are tidied, and any items are removed from the floor. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: Store rooms are tided and are part of daily checks. Stock ordered is managed to avoid over stocking the storerooms.
Area for improvement 3 **Ref:** Standard 13 **Stated:** Second time **To be completed by:** 1 January 2026	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. Ref: 2.0 & 3.3.2
	Response by registered person detailing the actions taken: Activity planners have been reviewed following a six month audit of all activities undertaken by residents to ensure person centered, flexible planners. Review aspect in place. Staffing is deployed in a manner to best facilitate activites as per assessed need.
Area for improvement 4 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 January 2026	The Registered Person shall ensure that residents' care plans and risk assessments are kept up to date and reflect their current needs in relation to the level of care and support required. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care plans and risk assessments are held on Encompass and are updated accordingly. A monthly audit is in place to ensure that care plans and risk assessments are up to date with all relevant information.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews