The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Struell Lodge

**Provider:** South Eastern Health & Social Care Trust

**Date of Inspection:** 30 January 2026

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | South Eastern Health and Social Care Trust |
| **Responsible Individual:** | Ms Roisin Coulter |
| **Registered Manager:** | Mr Paul Shields, not registered |
| **Service Profile:**<br>Struell Lodge is a residential care home registered to provide health and social care for up to six residents living with a learning disability. Residents' bedrooms are located over one floor. Residents have access to a large external garden area. | |

## 2.0 Inspection summary

An unannounced inspection took place on 30 January 2026, from 10.15am to 2.30pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed the area for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to cold storage, administration records, governance and audit, and recording dates of opening on medicines. The area for improvement identified at the last medicines management inspection in relation to personal medication records, was assessed as not met and was stated for a second time. Whilst areas for improvement were identified, there was evidence that residents were being administered their medicines as prescribed.

As a consequence of the inspection findings, RQIA invited the responsible individual and members of the management team, to attend an enhanced feedback meeting on 19 February 2026. At the meeting, the manager provided RQIA with an action plan detailing the actions planned and taken to date. The actions necessary to achieve full compliance with the regulations and standards were discussed. RQIA requested the action plan to be further developed. The revised action plan was submitted. RQIA accepted the revised action plan

and assurances provided by the management team and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to enforcement action.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, the area for improvement stated for a second time and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the 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 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, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, 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.

## 3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

Staff raised concerns about the location of the medicines treatment room with the inspectors. These concerns were discussed with the manager during feedback, the management team during the enhanced feedback meeting and with the aligned care inspector in RQIA.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

## 3.3 Inspection findings

### 3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Some personal medication records were not up to date with the most recent prescription and some were incomplete. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. It was evident that staff did not use these records as part of the administration of medicines process. An area for improvement was stated for a second time.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of pain and epilepsy was reviewed. Care plans contained sufficient detail to direct the required care. The audits completed indicated that medicines were administered as prescribed.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record, prescribing protocols and resident-centred care plans were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. Records of administration included the reason for and outcome of each administration. One resident's personal medication record required updating with their current medication. This was highlighted to the manager who agreed update the personal medication record.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents and nutritional supplements was reviewed. Speech and language assessment reports and care plans were in place. One resident's personal medication record of did not include the recommended consistency level; this was highlighted to the manager for correction. The recommended consistency level was recorded on the records of administration.

### 3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage areas was monitored and recorded to ensure that medicines were stored appropriately.

Medicines which require cold storage must be stored between 2$^{o}$C and 8$^{o}$C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. Refrigerator temperatures were recorded daily however were outside of the required range for several weeks and staff had not taken the necessary corrective action. An area for improvement was identified.

One resident's inhaler spacer device was not labelled with their name to denote ownership. In addition, expired emollient creams which were not in use, were identified in the medicines storage area. These findings were highlighted to the person in charge at the time of inspection for disposal and ongoing monitoring.

With the exception of the expired emollient creams, satisfactory arrangements were in place for the safe disposal of medicines.

### 3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. A number of missed signatures for administration were noted. The audits completed indicated that the medicines had been administered as prescribed. Records of administration must be accurately maintained. An area for improvement was identified.

Records were filed once completed and were readily retrievable for audit/review.

Occasionally, residents may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the resident's care plan. One resident's care plan required updating with more detail to describe how their medicines were administered; this was discussed with the manager who agreed to update the care plan following the inspection.

The date of opening was not recorded on some medicines to facilitate audit and disposal at expiry. An area for improvement was identified.

While management and staff completed regular audits they had not identified the issues found at this inspection. The manager should implement a robust audit system, which covers all aspects of the management and administration of medicines including those identified. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was identified.

### 3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the GP and community pharmacist.

### 3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. As detailed in Section 3.3.3, a robust audit system will help staff to identify shortfalls in the management of medicines and medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed. However, a robust audit system, which covers all aspects of medicines is necessary, to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. (Section 3.3.3)

### 3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place. It was noted that some staff had expired medicines competencies, the manager provided assurance that these staff were not involved in the administration of medicines.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

## 4.0 Quality Improvement Plan/Areas for Improvement

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

| | Regulations | Standards |
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| **Total number of Areas for Improvement** | 6* | 8* |

* the total number of areas for improvement includes one that has been stated for a second time and nine which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Paul Shields, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| **Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 20(1) (c) (i)<br><br>**Stated:** Third time<br><br>**To be completed by:**<br>1 January 2026 | The registered person shall ensure that all mandatory training is kept up to date for staff and accurate records maintained. |
| | **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.**<br><br>Ref: 2.0 |
| **Area for improvement 2**<br><br>**Ref:** Regulation 27(2) (l)<br><br>**Stated:** Third time<br><br>**To be completed by:**<br>19 November 2025 | The registered person shall ensure that there is suitable storage provision for the purposes of the home. |
| | **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.**<br><br>Ref: 2.0 |
| **Area for improvement 3**<br><br>**Ref:** Regulation 14 (4)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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.<br><br>This area for improvement is made with specific reference to the storage of hand sanitiser, antibacterial wipes and paint. |
| | **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.**<br><br>Ref: 2.0 |

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| **Area for improvement 4**<br><br>**Ref:** Regulation 29<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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. |
| | **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.**<br><br>Ref: 2.0 |
| **Area for improvement 5**<br><br>**Ref:** Regulation 21 (1) (a) & (b)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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. |
| | **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.**<br><br>Ref: 2.0 |
| **Area for improvement 6**<br><br>**Ref:** Regulation 27 (4) (c) (d) (v)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>19 November 2025 | The registered person shall ensure that fire escapes are kept clear and free of obstruction at all times. |
| | **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.**<br><br>Ref: 2.0 |
| **Action required to ensure compliance with the Care Standards for Residential Homes, December 2022** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 31<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 January 2026 | The registered person shall ensure that personal medication records and medication administration records match and reflect the prescribers most recent instructions<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>Personal medication records to be reviewed by deputy shift lead immediately. Cross reference MARs, Kardex, double signatures (where required) and medication labelling. |

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| **Area for improvement 2**<br><br>**Ref:** Standard 32<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 January 2026 | The registered person shall ensure that the maximum, minimum and current temperatures of the medicines refrigerator are monitored daily, the thermometer reset and action taken and documented if the temperature is outside of the recommended range of 2-8ºC.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Oversight of fridge thermometer readings by Team Lead and Deputy Team Lead during intensive auditing of handover. All staff to be trained in monitoring of thermometer. |
| **Area for improvement 3**<br><br>**Ref:** Standard 31<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 January 2026 | The registered person shall ensure that medicines administration records are accurately maintained.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Team Lead and Deputy Lead will attend regular handovers over a four-week period (intensive auditing) for audit completion and forward sample to senior management. |
| **Area for improvement 4**<br><br>**Ref:** Standard 30<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 January 2026 | The registered person shall ensure that dates of opening are recorded on medicines to facilitate audit and disposal at expiry.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Weekly auditing by Team Lead and Deputy Team Lead will include review of dates of opening of medications ensuring recordings and accuracy. |
| **Area for improvement 5**<br><br>**Ref:** Standard 30<br><br>**Stated:** First time<br><br>**To be completed by:**<br>30 January 2026 | The registered person shall ensure that medicines audits are robust and cover all aspects of medicines management. Any shortfalls identified should be detailed in an action plan and addressed.<br><br>Ref: 3.3.3 & 3.3.5 |
| | **Response by registered person detailing the actions taken:**<br>RQIA audit tool to be implemented on a weekly basis. |

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| **Area for improvement 6**<br><br>**Ref:** Standard 27<br><br>**Stated:** Third time<br><br>**To be completed by:**<br>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. |
| | **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.**<br><br>Ref: 2.0 |
| **Area for improvement 7**<br><br>**Ref:** Standard 13<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>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.<br><br>Ref: 2.0 & 3.3.2 |
| | **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.**<br><br>Ref: 2.0 |
| **Area for improvement 8**<br><br>**Ref:** Standard 6.6<br><br>**Stated:** First time<br><br>**To be completed by:**<br>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. |
| | **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.**<br><br>Ref: 2.0 |

The Regulation and Quality Improvement Authority

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