

Inspection Report

Name of Service: Struell Lodge

Provider: South Eastern Health & Social Care Trust

Date of Inspection: 23 June 2026

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 Health and Social Care Trust
Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mr Paul Shields, not registered
Service Profile: 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 garden area.	

2.0 Inspection summary

An unannounced inspection took place on 23 June 2026, from 10.00am to 3.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards, to assess progress with the areas for improvement identified, by RQIA, during the last medicines management inspection on 30 January 2026 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led in relation to medicines management.

The findings of the medicines management inspection on 30 January 2026 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to personal medication records, administration records, cold storage, governance and recording dates of opening on medicines to facilitate audit and disposal at expiry. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Improvements were noted at this inspection, mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

Four of the five areas for improvement identified at the last medicines management inspection were met. However, the area for improvement in relation to recording dates of opening was stated for a second time and a new area for improvement was identified in relation to accurately recording topical medicines on patient medication records. Details, of the inspections findings including the new area for improvement identified, the restated area for improvement and areas for improvement carried over for review at the next inspection can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed.

Residents were observed to be 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 said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. 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.

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.

The personal medication records reviewed were accurate and up to date. There was evidence that personal medication records had been recently updated and a new template was in use to facilitate clear recording. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. Assurances were provided that the standard of maintenance of the personal medication records would continue to be closely monitored.

However, a number of topical preparations had not been accurately updated in line with the most recent prescription on one resident's personal medication record. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. This was discussed in detail with staff on duty and an area for improvement was identified.

Copies of residents' prescriptions 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 distressed reactions and thickening agents was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed. Staff were reminded to include the recommended consistency level on records of prescribing of thickening agents. Separate administration records for thickening agents were maintained which detailed the current consistency level.

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 area was monitored and recorded to ensure that medicines were stored appropriately.

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

Staff were reminded that following use, inhalers should be removed from the inhaler spacer device and the protective cap replaced.

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. Most of the records were found to have been accurately completed. The audits completed indicated that the medicines had been administered as prescribed. A small number of missed signatures were brought to the attention of the manager for ongoing monitoring, these had already been identified through the homes auditing system. Records were filed once completed and were readily retrievable for audit/review.

The date of opening was not recorded on all medicines to facilitate audit and disposal at expiry. Although running balances supported the audit of most medicines, a small number of medicines including one "when required" medicine could not be audited, and the date of expiry could not be confirmed to facilitate disposal. This was highlighted to the manager for immediate corrective action. An area for improvement was stated for a second time.

Following the last inspection, the manager had implemented a robust audit system which included all aspects of medicines management. There was evidence that the findings of the audits had been discussed with staff and action plans had been implemented and addressed. It was agreed that the current level of audit activity would be maintained to ensure that the improvements are sustained.

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. A robust audit system will help staff to identify 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 the majority of medicines were being administered as prescribed. However, audits could not be completed on a small number of medicines (see 3.3.3). The audits were discussed in detail with the staff on duty and the manager for on-going monitoring.

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 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

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* the total number of areas for improvement includes one that has been stated for a second time and eight 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	
Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 8 June 2026	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. This is stated in reference but limited to access to cleaning chemicals, appropriately securing activity cupboard to wall and inappropriate storage in the identified bathroom. 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. Ref: 2.0
Area for improvement 2 Ref: Regulation 13 (8) (a) Stated: First time To be completed by: 8 June 2026	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. This area for improvement is made with specific reference to the storage of residents clothing, footwear, continence products and ensuring beds are made up with clean linen. 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. Ref: 2.0

Area for improvement 3 Ref: Regulation 27 (4) (d) (i) (v) Stated: First time To be completed by: 8 June 2026	The registered person shall ensure the practice of wedging or propping of fire doors is ceased immediately. 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. Ref: 2.0
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: 23 June 2026	The registered person shall ensure that dates of opening are recorded on medicines to facilitate audit and disposal at expiry. Ref: 2.0 & 3.3.3 Response by registered person detailing the actions taken: Opening dates form part of the weekly medication audit. An additional check has been added for further assurance as part of a period of intense audit.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 23 June 2026	The registered person shall review the management of topical preparations to ensure that personal medications are accurate and up to date with the most recent prescription. Ref: 3.3.1 Response by registered person detailing the actions taken: The management of topical preparations has been reviewed to ensure they are up to date with the most recent prescription.
Area for improvement 3 Ref: Standard 27 Stated: First time To be completed by: 1 August 2026	The registered person shall ensure that the home is well maintained and decorated to a standard acceptable to residents. A time bound refurbishment plan should be completed and shared with RQIA with the return of this quality improvement plan. 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. Ref: 2.0

Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: 8 June 2026	The registered person shall ensure individual residents toiletries are managed and stored appropriately, to reduce the risk of communal use. Ref: 2.0 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. Ref: 2.0
Area for improvement 5 Ref: Standard 22 Stated: First time To be completed by: 8 June 2026	The registered person shall ensure that resident's records are stored securely. Ref: 2.0 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 6 Ref: Standard 20.10 Stated: First time To be completed by: 30 August 2026	The registered person shall ensure that audits are robust in driving the improvements required in the home, if actions are identified these are completed and signed off by the relevant person responsible. Ref: 2.0 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 7 Ref: Standard 15.7 Stated: First time To be completed by: 8 June 2026	The registered person shall ensure that reconciliation of residents monies held in the home are carried out in accordance to the homes policy and ensure all transactions are countersigned and signed by two members of staff. Ref: 2.0 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.

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