

Inspection Report

Name of Service: Struell Lodge

Provider: South Eastern Health & Social Care Trust

Date of Inspection: 8 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:	South Eastern Health and Social Care Trust
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Mr Paul Shields – not registered
Service Profile: Struell Lodge is a registered Residential Care Home which provides health and social care for up to 6 residents living with a learning disability. Resident's 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 8 June 2025, from 9.30 am to 4.00 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 19 November 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

RQIA received information on 17 December 2025, which raised concerns in relation to the management of residents' finances. Assurances were received from the home manager at the time these concerns were raised in regards to the management of resident's monies. RQIA reviewed residents' finances held in the home during this inspection in view of the concerns raised. This is discussed further in section 3.3.6.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents were observed to be relaxed, comfortable and content in their home environment, and staff interactions were warm, positive and respectful.

Staff described positive teamwork within the home and told us that the manager was supportive, approachable and readily available to provide guidance when needed.

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 nine areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Five areas for improvement relating to medicines management were not assessed and these 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

Some residents living in the home were not able to communicate verbally, however observations of their wellbeing, engagement and positive interactions with staff indicated they were comfortable and relaxed in the company of staff. Staff demonstrated competence at being able to communicate effectively with residents and supporting them to transition throughout their day, which is an important strategy when working alongside residents living with learning disability and autism.

One relative spoken with confirmed that they were happy with the care and services provided to their loved one living in the home. Comments shared included; “I am very confident that they are being looked after well”, “activities are good” and “it is very refreshing to have such a good staff team”.

Staff spoke mostly positively about the provision of care within the home and their roles in supporting residents, describing a supportive working environment and a commitment to meeting the needs of residents living in the home. Staff told us that changes made recently to the staff duty rota has helped to improved morale within the team. Feedback from staff regarding the manager was positive, with staff describing them as accessible, supportive and responsive.

There were no questionnaire responses returned following the inspection.

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. There was evidence of robust systems in place to manage staffing.

Staff pre-employment checks are held centrally via the South Eastern Health and Social Care Trust's employment processes and there was evidence that the manager has a system in place to evidence their oversight of these checks prior to staff commencing employment in the home.

In addition to the usual, core staffing levels, some resident's required enhanced staffing levels to meet their assessed needs. It was evident through observation, discussion with staff and review of relevant staffing records that planned staffing levels were achieved.

The staff duty rota highlighted that the person in charge of the home, in absence of the manager was not consistently highlighted. This was discussed with the manager who agreed to review and action; this will be reviewed at a future inspection.

Discussion with staff and review of the staff supervision system evidenced that staff, including agency staff had received supervision as required. Staff working in the home had also received an annual appraisal.

There was evidence of improvements in the system used for monitoring staff mandatory training which supported accurate monitoring and evidenced good over all compliance with training requirements.

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 relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff were observed interacting positively with the residents living in the home. Interactions were respectful, patient and person-centred, with staff demonstrating an awareness of individual's communication needs and preferences. Staff supported residents to transition from one activity or task to another and reinforced this strategy using various communication styles such as objects of reference, verbally or by using pictures.

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.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

It was noted that there was no menu displayed for residents to view. Discussion with the manager and staff highlighted that kitchen staff will show residents the choices on offer at each meal time in order to meet their communication needs. It was confirmed that kitchen staff keep a record of all meals provided in the home.

It was evident through discussion with the manager, staff and review of activity records that activity provision in the home had improved. Each resident now had their own individualised activity planner in place. Residents were offered a range of activities to meet their social and emotional well-being needs. Activities offered included gardening, outings to local areas of interest, art, music, swimming and sensory based activities. Staff told us that residents were looking forward to a formal that had been organised in a local hotel.

A review of activity records included an analysis of what worked well and what needed reviewed, this included ideas to improve or expand on activity provision which is good practice. Advice was provided to the manager to consider ways of enhancing activity planners, making them visible and more accessible for residents, relatives and visitors to view in communal areas of the home. This will be reviewed at a future inspection.

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.

It was noted that care plan review dates were not easily identifiable in the Encompass system, advice was provided to the manager to ensure this is clearly identified; this will be reviewed at a future inspection.

3.3.4 Quality and Management of Residents' Environment

Observation of the homes environment identified that refurbishment work was required in parts of the home to ensure the environment is maintained and decorated to a good standard. Review of the home's environment and records confirmed that the manager did not have a refurbishment plan in place to address the usual wear and tear of the paintwork throughout the home, bathrooms, bedrooms, kitchenette and furniture. Details were discussed with the manager, including the need to consider a review of décor in the home to better support the needs of residents living in the home such as their need for sensory input. An area for improvement was identified.

Observations identified some concerns with environmental risk management. For example, in two communal bathrooms there were items being stored inappropriately such as an air conditioning unit and items of furniture. It was also noted in two bathrooms there were cleaning chemicals left unattended presenting as a potential risk to residents and others. An area for improvement has been identified.

Some concerns were identified that the environment was not being managed in a manner which respects the privacy and dignity of residents. For example, it was identified that a cupboard in the communal living area contained items of residents clothing and footwear. It was also identified that residents clothing was being stored in a cupboard in a communal bathroom. Continence products used by residents were also noted to be loosely stored in communal bathrooms and one resident's bed had been made up with unclean linen. Concerns regarding the privacy and dignity of residents has been a previous concern identified during inspections in the home; it is concerning that previous areas for improvement are not being sustained or embedded into staff practice. An area for improvement has been identified.

It was also identified in two communal bathrooms that resident's personal hygiene products such as shower gel and toiletries were available and had the potential to be shared amongst residents. Assurances were provided post inspection that risk assessments are in place to manage this and will be reviewed at a future inspection.

One fire door had been propped open with an item of furniture presenting a fire safety risk in the event of a fire. An area for improvement has been identified.

Confidential information about some resident's health care needs was noted in the communal lounge not being stored securely as required. An area for improvement has been identified.

3.3.5 Quality of Management Systems

There has been no 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.

Residents and staff commented positively about the manager and described him 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. However, advice was provided to the manager to complete an environmental audit, given the environmental concerns identified during this inspection. A review of Infection Prevention and Control (IPC) audits is also required to ensure they are recording the full details of findings and any actions identified are completed to drive the necessary improvements. An area for improvement has been identified.

Staff meetings were held regularly and records reviewed demonstrated a comprehensive list of agenda items for discussion and action plans were created following meetings.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives/representatives and staff and to examine all areas of the running of the home. These reports were available for review by residents, their representatives, staff and RQIA.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

3.3.6 Management of residents' finances and property

A sample of records were reviewed for three residents and some inconsistencies were identified in relation to the frequency of reconciliation of residents' monies in accordance to the homes own policy. Records pertaining to residents' monies held in the home were not always countersigned by a second member of staff as required. An area for improvement was 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
Total number of Areas for Improvement	3	9*

* the total number of areas for improvement includes five standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Paul Shields, 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 Care Homes 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. Ref: 3.3.4
	Response by registered person detailing the actions taken: The inappropriate storage from the identified bathroom was removed immediately. The activity cupboards in the main lounge area are secured to the wall. All cleaning chemicals stored appropriately in keypad locked stores while not in use, proper supervision of same while in use implemented to ensure a hazard free environment.
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. Ref: 3.3.4
	Response by registered person detailing the actions taken: Residents clothing and footwear now stored appropriately in residents bedrooms. Continence products stored as per manufacturers guidelines and not stored loosely. System in place to ensure all bed linen is sourced from the laundry.
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. Ref: 3.3.4
	Response by registered person detailing the actions taken: The propping open of fire doors ceased immediately. Daily and ongoing checks in place to ensure no recurrence. Relevant doors to be fitted with closure devices.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 31 Stated: Second time To be completed by: 30 January 2026	The registered person shall ensure that personal medication records and medication administration records match and reflect the prescribers most recent instructions 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 2 Ref: Standard 32 Stated: First time To be completed by: 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 2-8°C. 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 3 Ref: Standard 31 Stated: First time To be completed by: 30 January 2026	The registered person shall ensure that medicines administration records are accurately maintained. 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 4 Ref: Standard 30 Stated: First time To be completed by: 30 January 2026	The registered person shall ensure that dates of opening are recorded on medicines to facilitate audit and disposal at expiry. 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 5 Ref: Standard 30 Stated: First time To be completed by: 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. 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 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. Ref: 3.3.4 Response by registered person detailing the actions taken: Refurbishment plan has been completed and shared with estates department. Ongoing planning escalated to the senior management line in regards to implementation.
Area for improvement 7 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: 3.3.4 Response by registered person detailing the actions taken: Residents' REDS removed from the unsecure storage unit in the lounge and now held securely in the front office.
Area for improvement 8 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: 3.3.5 Response by registered person detailing the actions taken: The health and safety and hand hygiene audits have been revised and now implemented. Audit in place to ensure signatures are included on all audits and actions signed off appropriately.

Area for improvement 9 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: 3.3.6 Response by registered person detailing the actions taken: The daily audit system for checks on finances was reviewed to ensure compliance in the countersigning of all transactions and money counts, and that these are being completed appropriately.
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