



The Regulation and  
Quality Improvement  
Authority

Struell Lodge  
RQIA ID: 1020  
2 Ardglass Road  
Downpatrick  
BT30 6JG

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**Unannounced Care Inspection  
of  
Struell Lodge**

**15 October 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 15 October 2015 from 10.00 to 14.50. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

The details of the QIP within this report were discussed with the manager Paul Gemmell as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> South Eastern Health and Social Care Trust	<b>Registered Manager:</b> Gordon Moore (Acting)
<b>Person in charge of the home at the time of inspection:</b> Paul Gemmell, recently appointed manager.	<b>Date manager registered:</b> Paul Gemmell is making application for registration with RQIA.

Categories of care: RC-LD, RC-LD(E)	Number of registered places: 7
Number of residents accommodated on day of inspection: 6	Weekly tariff at time of inspection: Weekly rate is based on individual identified need.

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan from the last inspection, notifications of accidents and incidents.

We met with two residents, three care staff and the manager. No visiting professionals and no resident's visitors/representatives were present.

The following records were examined during the inspection: care records of three residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 23 April 2015. The completed QIP was returned and approved by the Inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendation		Validation of compliance
<b>Recommendation 1</b> <b>Ref: Standard 21.1</b> <b>Stated: First time</b> <b>To be Completed by: 30 September 2015</b>	The registered manager should ensure that policy and procedures specific to Struell Lodge are developed which relate to the area of dying and death of a resident.  <b>Action taken as confirmed during the inspection:</b> Examination of documentation confirmed that policy and procedures specific to Struell Lodge were developed which relate to the area of dying and death of a resident.	Met

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

The manager confirmed to us that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or representative.

In our discussions with the manager and staff members they confirmed that residents' meetings were held monthly. Minutes of these meetings were recorded along with any actions which may be required.

We noted that there were policies in place regarding consent and communication however these policies were not current. We made a recommendation in this regard. In our discussions with the manager and staff we confirmed that the area of complaints was covered during staff induction and in staff training.

#### Is care effective? (Quality of management)

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the manager and with care staff we confirmed that satisfaction questionnaires were provided annually to residents and to families. Residents were encouraged to have independent assistance, if required, to complete these questionnaires. The returned satisfaction questionnaires identified that residents and representatives were happy with the service provided. We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded.

We inspected monthly monitoring visit reports which confirmed that resident views on the services provided were sought. We noted that in one monitoring report the name of an individual resident had been used. We made a requirement that the identity of residents must be protected in all future monitoring reports.

#### Is care compassionate? (Quality of care)

In our discussions with staff and one resident we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

#### Areas for improvement

There were two areas of improvement within the standard inspected. This standard was met.

Number of requirements:	1	Number of recommendations:	1
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

We met with two residents who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. We observed other residents who appeared comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "I like it here. I get help and they (staff) are good to me."
- "It's good. All well."

### **5.4.2 Staff views**

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

### **5.4.3 Staffing**

At the time of inspection the following staff members were on duty:

1 manager  
1 shift leader  
6 support workers  
1 cook  
1 domestic  
1 laundry assistant

One shift leader and five support workers were scheduled to be on duty later in the day. One shift leader and two support workers were scheduled to be on overnight duty. The manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### **5.5.4 Environment**

The home was found to be clean and tidy. Décor and furnishings were of a high standard.

### **5.5.5 Care practices**

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **5.5.6 Accidents/Incidents**

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### 5.5.7 Complaints/compliments

In our examination of the complaints records we identified that two complaints had been made since the last care inspection. The record of one complaint did not indicate whether the complainant was satisfied with the outcome of the investigation. The record was not signed. A recommendation was made, therefore, that the recording of complaints should be fully detailed, as outlined in the Trust's policy. The home had received several written compliments. Staff advised us that compliments are usually provided verbally.

#### Areas for improvement

There was one area of improvement within the additional areas inspected.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager Paul Gemmell as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory requirements</b>			
<b>Requirement 1</b>	The registered provider must ensure that the identity of residents is protected in all future monitoring reports.		
<b>Ref:</b> Regulation 29 (3) (c)	<b>Response by Registered Person(s) detailing the actions taken:</b> All future quality monitoring reports will be compiled using the correct individual socare identification numbers to ensure residents confidentiality is maintained.		
<b>Stated:</b> First time			
<b>To be completed by:</b> From date of inspection and ongoing			
<b>Recommendations</b>			
<b>Recommendation 1</b>	The manager should ensure that the Trust is advised of the need to update the policy documents relating to consent and to communication; the home should develop local procedures specific to Struell Lodge in relation to consent and to communication.		
<b>Ref:</b> Standard 21.1			
<b>Stated:</b> First time			
<b>To be completed by:</b> 12 February 2016	<b>Response by Registered Person(s) detailing the actions taken:</b> The Trust is aware of the requirement to update the Trustwide policies for consent and communication through the Risk Management Department. Local ISO procedures will be developed and implemented for use within Struell Lodge Residential Home.		
<b>Recommendation 2</b>	The manager should ensure that the recording of complaints is fully detailed, as outlined in the Trust policy.		
<b>Ref:</b> Standard 17.10			
<b>Stated:</b> First time			
<b>To be completed by:</b> 12 February 2016	<b>Response by Registered Person(s) detailing the actions taken:</b> The Manager will ensure that the recording requirements for the management of all complaints is fully recorded and detailed as per Trust policy.		
<b>Registered Manager completing QIP</b>	Gordon Moore	<b>Date completed</b>	23/11/15
<b>Registered Person approving QIP</b>	<i>B. Morgan</i>	<b>Date approved</b>	23/11/15
<b>RQIA Inspector assessing response</b>	<i>Alice McGavish</i>	<b>Date approved</b>	1/12/15

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**