

Unannounced Care Inspection Report 5 January 2017



Struell Lodge

Type of service: Residential care home
Address: 2 Ardglass Road, Downpatrick, BT30 6JG
Tel no: 028 4451 3850
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Struell Lodge took place on 5 January 2017 from 10.45 to 16.50.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in regard to individual written agreements.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

One recommendation was made in regard to emergency planning and/or end of life care.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Paul Gemmell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 June 2016.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Hugh Henry McCaughey	Registered manager: Mr Paul Gemmell
Person in charge of the home at the time of inspection: Mr Paul Gemmell	Date manager registered: 31 March 2016
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with two residents and observed three others and spoke with five care staff and the registered manager. No visiting professionals and no residents' representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training records

- Care records of three residents
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 17 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Thirteen questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 2 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 2 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: Second time To be completed by: 28 October 2016	The registered manager should ensure that local procedures specific to Struell Lodge are developed in relation to consent. Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that local procedures specific to Struell Lodge were developed in relation to consent.	Met
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 28 October 2016	The registered person should ensure that senior trust managers are advised of the need to:- <ul style="list-style-type: none"> • review and implement the policy and procedures relating to adult safeguarding in line with the most up to date regional guidance 	Met

	<ul style="list-style-type: none"> review all policies and procedures every three years or more frequently should changes occur 	
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that senior trust managers were advised of the need to address these issues.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 20.6</p> <p>Stated: First time</p> <p>To be completed by: 28 October 2016</p>	<p>The registered person should ensure that the home's Statement of Purpose and Residents Guide are updated to describe any restrictive practices employed within the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the home's Statement of Purpose and Residents Guide confirmed that these were updated to describe any restrictive practices employed within the home.</p>	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with staff members. Staff indicated that no agency staff was used in the home and that a small number of trust bank staff, who were familiar with the needs of the residents, was used to ensure that residents were supported to avail of recreational opportunities in the evenings and at weekends.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A recently appointed member of staff described the programme of induction as being very structured and comprehensive.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The recruitment and selection policy and procedure was reviewed during the last care inspection and it was confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern

Ireland) 2005 and that records were retained at the organisation's personnel department. Enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment.

The registered manager and staff confirmed that arrangements were in place to monitor the registration status of staff with their professional body (where applicable) and that staff were reminded during regular supervision of the importance of maintaining registration.

The registered manager advised that the trust had reviewed adult safeguarding policy and procedures to ensure these were consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established. Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within the home.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and staff, review of care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The registered manager advised that, due to the complex and intense nature of the care delivered to residents within Struell Lodge, all care staff were trained in assessing risk.

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors and keypad entry systems. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager and examination of accident and incident records

confirmed that when individual restraint was employed, the appropriate persons or bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place relating to the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure during the last care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 2 June 2016. Two of the four recommendations arising from this assessment were noted to be appropriately addressed and there was evidence of liaison with trust estates department who were to attend to the remaining recommendations.

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Twelve respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One respondent, however, expressed dissatisfaction about how two issues of adult safeguarding were managed. Each of these issues was previously investigated by the trust and was appropriately reported to RQIA.

A comment received from a resident's representative was as follows:

- "The staff are friendly and are always available to talk. The surroundings are clean and well looked after."

Comments received from staff were as follows:

- “Numbers of staff have increased in the facility. This would be based on the risk from service users to themselves and others. I would be very happy with the numbers on duty, although very infrequently these would be less, due to short notice sick leave, for example.”
- “I feel all aspects of care are satisfactory within my workplace. I am happy and feel supported during every shift. I am happy coming to work each day.”
- “I am working as bank staff. I look forward to doing a shift in Struell Lodge as I feel supported through staff and management. Also, the service users are well looked after. I am always asked to fulfil my training needs as this gives me a better understanding and a better experience working with these residents.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. behaviour support plans, swallow assessments) were reviewed and updated on a regular basis or as changes occurred. Records were stored safely and securely in line with data protection; all staff had received training in data protection.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were aware of person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the individual care needs and preferences of residents and how these were best met.

Inspection of the care records identified, however, that although individual agreements setting out the terms of residency were in place and appropriately signed, they had not been kept up to date. A recommendation was made in this regard, with a timeframe set to allow for any changes in the fees for residential care to come into operation in April 2017.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The registered manager advised that the residents accommodated in the home had difficulty in communicating and that resident meetings were not always the most effective way to consult residents about their views on the services and facilities offered in the home; all residents had a Speech and language communication assessment completed and staff ensured that residents were approached individually, using specialist communication methods where necessary. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. The registered manager confirmed that staff had received training in communication, Makaton and TEAACH, a training and education programme for people with autism.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Thirteen completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident’s representative was as follows:

- “We are kept informed on all aspects (of care).”

Comments received from staff were as follows:

- “I am very satisfied with the quality of care given to residents. Their personal needs would be met and socially they would be well catered for.”
- “All aspects are carried out well and often, with clients’ interests a priority. Always encouraged with training courses relevant to working with clients, enabling me to carry out my job the best I can.”
- “Great team, work well together.”

Areas for improvement

One area for improvement was identified in relation to maintaining individual written agreements.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any distressed reactions in a timely and appropriate manner and that prescribed medications were administered as recommended by the trust's behavioural nurse specialist. Whilst the residents in the home were young and in fairly good physical health, it was acknowledged that acute illness could occur at any time. It was noted that the area of emergency planning and/or end of life care had not been considered. A recommendation was made in this regard.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions, as far as possible, regarding their life, care and treatment. The registered manager confirmed that consent was sought in relation to care and treatment. Where it had been established that residents were unable to give consent, a best interests' pathway was agreed and documented. Observation of care practice and social interactions between residents and staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected.

Discussion with staff, a resident and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, their representatives and staff were sought and taken into account in all matters affecting them. Residents and representatives were encouraged to attend an annual review of care in the home. Residents and their representatives were consulted with, at least annually, about the quality of care and environment. Resident consultation was presented in a pictorial format to suit the needs of those who had limited verbal communication. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful and stimulating activities. Staff described how residents, their representatives and staff had enjoyed a recent Christmas party and how there were plans to arrange further social events. There were also arrangements in place for residents to maintain links with their friends, families and wider community.

A resident spoken with during the inspection made the following comment:

- "I like it here. It's good."

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents’ representatives were as follows:

- “Our (relative) is extremely happy and is treated with great respect. We feel free to make suggestions we feel may help.”
- “No spiritual support offered.”

Areas for improvement

One area for improvement was identified in relation to emergency planning and end of life care.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

The registered manager advised that no complaints had been received since the last care inspection. Review of the records of previous complaints confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. In the event of regular complaints, the registered manager confirmed that an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts,

safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, Makaton. Two staff members were to undertake a five day training course in TEAACH. Staff had also received training in S.Q.E. (Standards, Quality and Experience), a trust initiative to support quality improvement.

There was evidence of managerial staff being provided with additional training in governance and leadership, for example, the registered manager had completed training in Positive Behaviour Support and in mentoring of staff.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the trust's Registered Services Manager was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

A comment received from a resident's representative was as follows:

- “All staff are professional and are knowledgeable on how to carry out their job. The atmosphere is always good with good relationships between members of staff both with each other and with the residents.”

A comment received from a staff member was as follows:

- “The unit is managed well, although I would like to see more effort put into meaningful staff meetings. I feel communication is very important and face to face gathering of groups is a good way of communicating.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

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

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 4.6

Stated: First time

To be completed by:
31 May 2017

The registered provider should ensure that individual agreements setting out the terms of residency are kept up to date.

Response by registered provider detailing the actions taken:

Individual agreements setting out terms of residency for all residents have been updated and will be further updated in April 2017.

Recommendation 2

Ref: Standard 14

Stated: First time

To be completed by:
31 May 2017

The registered provider should ensure that arrangements for emergency planning and/or end of life care are established for each resident.

Response by registered provider detailing the actions taken:

Arrangements for emergency and/ or end of life care will be established for all residents in collaboration with families/ carers, identifiable in each case in a plan, which will be reviewed at least yearly at the annual review or before if required.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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