



# Unannounced Care Inspection Report 6 February 2019



## Struell Lodge

**Type of Service: Residential Care Home**  
**Address: 2 Ardglass Road, Downpatrick BT30 6JG**  
**Tel No: 028 4451 3850**  
**Inspector: Alice McTavish**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with seven beds that provides care for adults who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust  <b>Responsible Individual:</b> Hugh McCaughey	<b>Registered Manager:</b> Stephen Moffett – application not yet submitted
<b>Person in charge at the time of inspection:</b> Blaine Connolly, Residential Worker	<b>Date manager registered:</b> 27 June 2018
<b>Categories of care:</b> Residential Care (RC) LD - Learning disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 7

### 4.0 Inspection summary

An unannounced care inspection took place on 6 February 2019 from 10.20 to 14.10.

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

The inspection assessed progress with the area for improvement identified during last care inspection. This inspection also examined how communication and exchange of information was used to support the delivery of safe, effective, compassionate and well led care. Fire safety arrangements were also reviewed.

Evidence of good practice was found in relation to staff knowledge and ability to communicate using a range of techniques. The home also used a range of ways to ensure that information was correctly and effectively shared for the benefit of residents.

No areas requiring improvement were identified.

Residents who were present in the home were unable to communicate verbally with the inspector. The residents were seen to be comfortable and relaxed and there were warm interactions observed between residents and staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Blaine Connolly, person in charge and later with Stephen Moffett, manager, by telephone.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 May 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge and three support workers. No visiting professionals and no residents' representatives were present.

A total of six questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned, both from residents' representatives, within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Care files of three residents
- Minutes of staff meetings
- Staff shift plan/safety brief
- Records of meetings between professionals, staff and representatives
- Reports of visits by the registered provider
- Fire risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- RQIA certificate of registration

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 24 May 2018**

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

**6.2 Review of areas for improvement from the last care inspection dated 24 May 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27.(2)(b) <b>Stated:</b> Second time	The registered person shall ensure the following environmental improvements are made: <ul style="list-style-type: none"> <li>• The identified bedrooms, corridors, living area and architraves are repainted and repaired</li> <li>• The identified sofa is replaced</li> </ul> Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of the premises confirmed that the necessary improvements were made.	

**6.3 Inspection findings**

**Communication between residents and staff**

Residents who live in Struell Lodge may have limited verbal communication and rely on other systems to express or indicate their needs and choices. Staff were able to describe in detail how the different systems were used to support each resident according to their individual needs. Some residents used Makaton, a system of communication which uses signs and symbols and staff were trained in this. Other residents used the Picture Exchange Communication System (PECS), which allows people to start and maintain conversation with others.

Some residents used TEACCH, a training and education programme for people with autism, and this was used in a variety of ways, for example, to provide a visual schedule for residents. This was important as residents had the comfort of knowing what they would be doing each day, when they would be doing it and the order in which activities were arranged. This reduced anxiety or distress to residents as they could easily see the structure of each day.

Staff in the home described how the method of communication with individual residents was often affected by the home's structure. The central lounge space was large with a high ceiling which did not allow for a quiet environment. Residents sometimes became agitated and needed quieter areas to relax and engage with staff. Staff advised that Occupational Therapy staff were in the process of reviewing the communication needs of residents and would make recommendations for how the physical environment could be improved. Some building work would be needed and some rooms would be repurposed. In a telephone conversation with the manager after the inspection, advice was provided in regard to the actions required to inform RQIA of any changes.

### **Exchange of information to support safe, effective and compassionate care**

Staff in the home described how each resident had a diary which recorded general details of each resident's health, sleep, meals and drinks taken and activities. This diary was used to support effective two-way communication between staff in the home and in day care and ensured, as far as possible, continuity of care.

Staff described how residents' families were kept up to date and involved, as far as possible, in the care of residents. Some families liked to keep in contact the home, sometimes daily, by telephone or by regular visits. This provided good opportunity for staff to keep representatives up to date with progress. Some residents used Skype to maintain contact with family members and this was supported by staff in the home.

Staff advised that there were good handover arrangements between shifts to ensure that accurate and useful information was exchanged about the care of each resident. Staff reported that they found this beneficial and it supported safe and effective care. A review of the staff shift plans/safety briefs confirmed that these were completed in detail.

Staff meetings were held regularly. This provided an opportunity for all staff to discuss and be kept up to date with the care of each resident and with any changes in the home.

A review of the care files of three residents established there were communication passport completed for residents. This supported staff to understand residents' individual communication needs and could also be used to assist hospital staff in the event of a hospital admission or outpatient attendance. The person in charge advised that the communication passport was discussed during the annual care review and updated accordingly, if necessary.

Staff in the home kept detailed daily records for each resident. Care plans, which were used to direct staff in the delivery of care, were comprehensive and up to date; they were written in a professional manner which was respectful of each resident.

The care plans clearly reflected the individual needs, choices and preferences of residents and included specific reference to communication needs. The care plans contained information about how residents would communicate any anxiety or distress and how staff could engage with them to reduce this. In one file there was written information prepared by a family member

offering background information and insights into how the resident responded in certain situations. This was integrated into the care plan of the resident. Support plans were provided in easy read, pictorial formats to further ensure that residents were involved in the planning of their own care, where possible.

The care records also contained risk assessments, where appropriate. These were completed in a high degree of detail and took account of any current and changing needs. There were behaviour support plans in place which were devised by the Behaviour Nurse Therapist.

The person in charge reported that all incidents were reported appropriately. This information was regularly analysed by the Behaviour Nurse Therapist. Should there be increased episodes of behaviours which challenge, weekly or monthly meetings were held between the Behaviour Nurse Therapist, staff and resident representatives to explore the causes and agree how behaviours could be best managed. Records of such meetings were reviewed during the inspection and found to be satisfactory.

The person in charge described how intensive preparations were made for new residents transitioning into the home. Pre-admission information was received by the home for each resident and staff worked closely with the resident, their representative, other trust staff, the Behaviour Nurse Therapist and the Intensive Support Team. Written information was exchanged to support the multi-disciplinary working. Where restrictive practices were used, these were fully documented and best interest considerations were noted.

Staff described how they were supported in their professional development through regular supervision and annual appraisals. This allowed staff to discuss their practice with the manager and identify any areas for additional training. This further supported safe and effective care for residents.

A review of the staff supervision schedule identified that supervision was provided to staff very regularly, often on alternative months. The person in charge advised that this level of supervision was appropriate as work in the home was often intensive and highly demanding, hence professional supervision was crucial. New staff were provided with frequent support through formal and informal supervision during their induction and throughout their probationary period.

Residents and their representatives were provided with a resident guide outlining what could be expected of life in Struell Lodge. There was information provided on how issues could be raised and complaints made, if necessary. There was written information on a variety of topics available or displayed in the home.

Senior management in the Trust were kept informed about the running of the home through telephone calls, emails and visits to the home. A visit by the registered provider was completed monthly and a report prepared on all aspects of the operation of the home. The report of the visit took account of the views of residents, their representatives and staff. An action plan was developed to address any issues identified which included timescales and person responsible for completing the action. The report was made available for residents, their representatives, staff, RQIA and any other interested parties to read. This supported well led care.

## Fire safety arrangements

The latest fire risk assessment available in the home was dated August 2017. The manager advised that a fire risk assessment was completed on 28 August 2018 but the report had not yet been made available to him. The manager later forwarded the fire risk assessment to the inspector along with written confirmation that all recommendations had been addressed.

A review of records of fire drills confirmed that these were completed on a regular basis and included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and fire-fighting equipment and means of escape were checked daily. All equipment and systems were regularly maintained.

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents' representatives were as follows:

- "My (relative) has been looked after amazingly well. The staff are wonderful and really care about him. As a family are made to feel extremely welcome at Struell Lodge by all staff. I have nothing but praise for them – well done Struell Lodge, carers, staff and managers."
- "Our (relative) is very well cared for in Struell Lodge. All staff are friendly and approachable. We would not want our (relative) to be anywhere else."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the range communication techniques used between residents, staff and others where necessary. There were also clear methods of exchanging information between all relevant parties. This supported safe, effective and compassionate care for residents and evidenced that staff in the home were well led.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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