



The Regulation and
Quality Improvement
Authority

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

Inspector: Alice McTavish
Inspection ID: IN021693

Tel:0284451 3850
Email: gordon.moore@setrust.hscni.net

Unannounced Care Inspection
of
Struell Lodge
23 April 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

1. Summary of Inspection

An unannounced care inspection took place on 23 April 2015 from 09.40 to 14.30. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. 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, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the person in charge, Mr Colin Quinn. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Struell Lodge/ Hugh Henry McCaughey	Registered Manager: Manager position currently vacant; a temporary management arrangement is in place.
Person in Charge of the Home at the Time of Inspection: Mr Colin Quinn, residential worker	Date Manager Registered: N/A
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: £470

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 14: The Death of a Resident is Respectfully Handled as They Would Wish.

Theme: Residents Receive Individual Continence Management and Support.

4. Methods/Process

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

We met with two care staff and one visiting professional.

We inspected three care records, complaints records, staff training records, accidents and incidents records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 18 November 2014. The completed QIP was returned and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2) (b)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state or repair externally and internally;</p> <ul style="list-style-type: none"> Reference to this is made in that the identified bathroom must be repainted. 	Met
	<p>Action taken as confirmed during the inspection: Examination of the identified bathroom confirmed that it had been repainted.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <ul style="list-style-type: none"> Reference to this is made in that senior management within the Trust should be made aware that the policy document, 'Management of Aggression and use of Restraint' should be updated to include that RQIA must be notified on each occasion restraint is used. 	Met
	<p>Action taken as confirmed during the inspection: Examination of the policy document confirmed that it had been updated accordingly.</p>	
Recommendation 2 Ref: Standard 10.6	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <ul style="list-style-type: none"> Reference to this is made in that any accident or incident which affects the health, care or welfare of the resident should be reported to RQIA. 	Met
	<p>Action taken as confirmed during the inspection: Examination of the accident and incident file and discussion with the person in</p>	

	charge confirmed that any accident or incident which affects the health, care or welfare of the resident is reported to RQIA.	
Recommendation 3 Ref: Standard 10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <ul style="list-style-type: none"> Reference to this is made in that the Statement of Purpose and Resident's Guide should be updated to fully describe any restrictions employed. <p>Action taken as confirmed during the inspection: Examination of the Statement of Purpose and Resident's Guide and discussion with the person in charge confirmed that these have been updated to fully describe any restrictions employed.</p>	Met
Recommendation 4 Ref: Standard 13.1	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <ul style="list-style-type: none"> Reference to this is made in that a suitable policy should be developed. <p>Action taken as confirmed during the inspection: Examination of policies and procedures confirmed that a suitable policy had been developed.</p>	Met
Recommendation 5 Ref: Standard 29.1	<p>There is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> Reference to this is made in that the registered manager should initiate liaison with the Trust's Estates Department regarding one outstanding action in the current Fire Risk Assessment. <p>Action taken as confirmed during the inspection: Discussion with the person in charge and examination of email correspondence confirmed that the registered manager had liaised with the Trust's Estates Department regarding one outstanding action in the current Fire Risk Assessment.</p>	Met

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident.

In our discussion with the person in charge we were advised that the resident group was relatively young and no resident accommodated had a poor prognosis. There had been no deaths within Struell Lodge. It was recognised by the staff team, however, that some residents had particular health needs and that serious illness could occur unexpectedly. An Advanced Care Plan had been completed by the General Practitioner (GP) for one resident and was present in the resident's file.

Is Care Effective? (Quality of Management)

The home did not have policy and procedures in place for Dying and Death of a Resident. We made a recommendation that a policy and procedure should be developed. The policy should be specific to Struell Lodge; this should include that notification of a death is made to all relevant parties in a timely manner. We found that the current best practice guidance relating to dying and death was available to staff within the home.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc).

Staff confirmed to us that there was a supportive ethos within the management of the home and that, if required, residents, family members and staff would be supported in the area of dealing with dying and death.

Is Care Compassionate? (Quality of Care)

In our discussion with the person in charge he confirmed that arrangements could be put in place to provide spiritual care for residents who are dying, if they so wish. Family members, friends and staff who may wish to offer comfort for a resident who is dying would be enabled to do so, if the resident wishes. Following a death, the body of the deceased resident would be handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

In our discussion with the person in charge he further advised that the deceased resident's belongings would be handled with care and their representative would be consulted about the removal of these belongings. The home would give generous time to families to remove belongings from the room of the deceased resident.

Areas for Improvement

We identified one area of improvement in relation to this standard. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	1
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

Staff members had received training in continence management. The staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community District Nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and discussion with the person in charge we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is Care Effective? (Quality of Management)

The home had written policies and procedures relating to continence management and staff had received appropriate training. We reviewed the care records of one resident with more complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures were fully considered. We noted also that a full continence assessment had been completed by the community specialist nurse.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

Is Care Compassionate? (Quality of Care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect by staff.

Areas for Improvement

We identified no areas of improvement in relation to this theme. Overall, this theme is assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents' views

The residents present in the home during the inspection had limited verbal communication and were unable to express their views on the home and the services provided. We observed staff interactions with residents which evidenced residents being treated with dignity and respect.

5.5.2 Staff views / Staff questionnaires

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

Some comments included:

- "I feel the quality of care provided here is excellent. The staff team is very well trained and highly motivated; the staff work very well with each other, support each other and communicate well with each other for the benefit of residents and staff. This is a great place to work. The residents couldn't be in a better place."
- "The residents are looked after very well. Staff are always thinking up new activities to do to improve residents' experiences. The residents are always offered choices and, although help is given when it is needed, staff try to promote independence as much as possible. Residents seem to be happy with their lives in the home. There are good relationships between residents and staff. I believe the quality of care provided is of a very good standard."

5.5.3 Visiting professionals' views

We met with one visiting professional on the day of inspection. This person spoke positively of the care provided, the knowledge and skills of staff in managing high levels of challenging behaviours. This person also commented on the high level of staff commitment to improving the lives of the residents who live within Struell Lodge.

5.5.4 Environment

We found that the home was clean and tidy. Décor and furnishings were of a good standard and a programme of redecoration was under way.

5.5.5 Staffing

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

1 residential worker (person in charge)

5 support workers

1 cook

1 domestic

1 laundry assistant

Two residential workers and five support workers were scheduled to be on duty later in the day. One residential worker and three support workers were scheduled to be on overnight duty. The staffing levels were in line with the assessed needs of the residents and with RQIA guidance.

Areas for Improvement

We identified no areas of improvement in relation to the additional areas examined.

Number of Requirements	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge, Mr Colin Quinn. 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 DHSPSS 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 will be completed by the registered manager to 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 by the registered manager. 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 21.1 Stated: First time To be Completed by: 30 September 2015	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. Response by Registered Manager Detailing the Actions Taken: An ISO procedure 'dying and death of a resident' is in the process of being developed specific to Struell Lodge Residential Home which will reference regional and Trust policy guidance.
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Registered Manager Completing QIP	Gordon Moore	Date Completed	12.06.15
Registered Person Approving QIP	Bria Mongan	Date Approved	21.07.15
RQIA Inspector Assessing Response	Alice McTavish	Date Approved	21 July 2015

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