

# Unannounced Care Inspection Report

## 23 June 2017



## Struell Lodge

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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 residents with a learning disability.

### 3.0 Service details

<b>Registered organisation/registered person:</b> South Eastern Health and Social Care Trust / Mr Hugh McCaughey	<b>Registered manager:</b> Mr Paul Gemmell
<b>Person in charge of the home at the time of inspection:</b> Paul Gemmell, registered manager, until 10:30. Maggie Feenan, senior care assistant, from 10:30.	<b>Date manager registered:</b> 31 March 2016
<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 23 June 2017 from 08:10 to 13:00.

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 any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision, risk management, listening to and valuing residents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to the completion of unannounced fire drills and the consistent completion of weekly fire safety checks.

A resident said that they were happy with the care and support provided.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Maggie Feenan, senior care assistant, as part of the inspection process and Mr Paul Gemmell following the inspection. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent medicines management inspection**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent medicines management inspection on 12 April 2017.

#### **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 care inspection report, the returned QIP and notifications of accidents and incidents.

During the inspection the inspector met and/or observed all residents present in the home. The inspector spoke with one resident, the registered manager and three care staff.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for one new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two residents' care records
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints records
- Accident/incident/notifiable events register
- Individual resident agreement
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Records of activities

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection. The inspector also provided feedback to the registered manager following the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 5 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2017	The registered provider should ensure that individual agreements setting out the terms of residency are kept up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following review of one record and discussion with the registered manager.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 14  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2017	The registered provider should ensure that arrangements for emergency planning and/or end of life care are established for each resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following review of two records and discussion with the registered manager.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

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 a resident or staff.

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

Review of a completed induction record and 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 corporate induction and a service specific induction was in place.

Discussion with staff and a review of a returned staff views questionnaire confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

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.

Discussion with the registered manager confirmed that staff were 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 registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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, review of accident and incident notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of

abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be 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 confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and pressure alarm mats. 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 not adequately described in the former document. The inspector also advised of other improvements required to be made to these documents. The registered manager gave assurances that these would be addressed immediately.

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/bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. 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. Control of Substances Hazardous to Health (COSHH) and fire safety.

Staff training records confirmed that all staff had received training in infection prevention and control (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. However, a number of facilities did not have covered toilet roll holders and one pull cord was not wipe-able. Following the inspection, the registered manager confirmed that these had been requested and anticipated a quick response to address. 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. One returned staff views questionnaire commented that the cleanliness of the home could be improved. This was shared with the registered manager who verified that ancillary cover at the weekend had recently been introduced and that he monitors quality on a monthly basis. The home has a large enclosed level garden. Some outdoor equipment was available for residents use such as a basketball net and a swing ball. This area has the potential for development to improve and further enhance residents' use and enjoyment of this space. The registered manager confirmed that discussions had taken place with senior management including a sensory area and a walking path.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe and accessible to residents, staff and visitors. Although the home was not designed and built with the needs of these residents in mind, the registered manager and staff were fully aware of the environmental limitations, had taken reasonable measures to minimise these and had escalated unresolved identified environmental issues to senior management. 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 June 2016 and all recommendations were noted to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Although a number of unannounced fire drills had been completed as a result of incidents, there was no plan in place to ensure that regular unannounced fire drills took place. An area for improvement was identified: action was required to comply with the standards. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, emergency lighting and means of escape had been checked monthly and were regularly maintained. Fire alarm systems had not been checked consistently every week. The inspector advised the registered manager how the recording template could be improved for ease of management and to prevent a re-occurrence. An area for improvement was identified: action was required to comply with the standards. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- "Induction is very good. I feel well supported"
- "Teamwork is generally very good. We support each other very well, especially during a crisis"

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal and risk management.

## Areas for improvement

Two areas for improvement were identified in regard to conducting unannounced fire drills and completion of weekly fire alarm system checks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

#### **The right care, at the right time in the right place with the best outcome**

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 two care records 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/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, behaviour where appropriate) were reviewed and updated on a regular basis or as changes occurred. An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with 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 a person centred approach underpinned practice. Staff, for example, spoke about the individualised activity programmes in place for each resident.

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, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

One resident and staff spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. 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.

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

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

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, including preferences for end of life care, were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Staff, for example, spoke of the importance of knowing the residents very well and of using their observational skills to identify residents' likes and dislikes.

The registered manager and staff confirmed that consent was sought in relation to care and treatment. Discussion with a resident and staff, along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to demonstrate how residents' confidentiality was protected. The registered manager, for example, stated that in response to a concern raised by a resident's representative in regard to a possible privacy issue, one way film was applied to a window.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Staff confirmed that residents' views and preferences and their representatives' views and opinions were taken into account in all matters affecting them.

Discussion with staff 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, and or their representatives, were sought and taken into account in all matters affecting them. These included, for example, annual reviews and regular contact with residents' representatives.

Residents’ representatives were consulted with, at least annually, about the quality of care and the environment. The registered manager stated that improvements identified, which included provision of a new vehicle, as a direct result of the consultation had been raised with senior management within the trust. The registered manager also spoke of his hope to obtain sensory equipment to enable the home to offer sensory activities for residents.

Discussion with staff, a resident, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. Staff, for example, spoke of the success of a Wednesday sports club to develop residents’ skills, which is located in a community building.

Staff and a resident spoken with during the inspection made the following comments:

- “They help you” (resident)
- “It’s excellent (the standard of care). The staff just love to see them (residents) thrive. It’s not just a job” (staff)
- “We do jigsaws and three to four walks every day” (staff)
- “We have very caring staff here. It’s a lovely atmosphere” (staff)

Three completed questionnaires were returned to RQIA from a resident, a resident’s representative and one staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

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. The registered manager confirmed that these are systematically reviewed in line with trust policy.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display within the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records 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.

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 continuous quality improvement which included regular audits, satisfaction surveys and feedback from staff. The registered manager spoke of a recent process undertaken to improve the meals which involved staff and a resident. One returned staff views questionnaire stated that 'more healthy meals for residents' could be provided. This was shared with the registered manager who confirmed that this area continues to be monitored and reviewed.

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. Additional training included epilepsy awareness, swallowing awareness and promoting quality care.

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 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 QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

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 and that management would 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.

Staff spoken with during the inspection made the following comments:

- “It’s very good (management support). Paul is very approachable, he sorts out issues quickly”
- “They have been looking at the menus recently, they are improving”

Three completed questionnaires were returned to RQIA from a resident, a resident’s representative and one staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maggie Feenan, senior care assistant, as part of the inspection process and Mr Paul Gemmell following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered person shall ensure that unannounced fire drills are carried out at suitable intervals and that records are retained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Regular unannounced fire drills, will be arranged by the Registered Manager, in conjunction with the facility nominated fire officers, on a regular basis, with a view to ensuring all staff are involved in the required drills annually.</p> <p>A schedule will be developed, in conjunction with rota planning, to ensure all staff are proactively targetted regarding participation in unannounced fire drills, and a record will maintained of same.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 29.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered person shall ensure that weekly fire alarm system checks are carried out consistently and that records are retained.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Weekly fire alarm system checks will be completed within the facility, and the Registered Manager will ensure a prompt and responsive system is in place to ensure compliance with same and records are completed and retained to demonstrate compliance.</p>

*\*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\**



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