

**Report of Registered Providers Monitoring Report –
Residential Care**

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
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| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| Date and Time of Visit | 8/1/24 |
| Name and designation of the monitoring officer | Mary Quinn |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw Registered Manager |

| Actions from previous visit | Progress |
|---|--|
| <u>QIP August 2023</u> | |
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available for inspection | Achieved |
| 2.Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | Achieved |
| 3. Standard E8 Call bell point fitted to [REDACTED] bedroom | Ongoing discussion with Estates and RQIA vis a vis nature of service and capacity of residents |
| 4.Standards 12.4 and 13.4 Daily menu planner and program of activities is displayed in a suitable format for service users and in an appropriate location within the home | Achieved |
| 5. Standard 25 Recruitment to permanent posts | Recruitment to permanent staff |

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| 6. Standard 24 Appraisal and supervision no less than six monthly | Supervision in date for band 3. Band 5 is ongoing |
| 7. Standard 25.3 Annual competency assessments for all staff | Ongoing |
| 8. Standard 25.8 Staff meetings at least every three months | Schedule of meetings established |
| Filing system to be organized | Achieved |
| Team meeting to take place | Achieved 6.12.23 |

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| Number of service users | 5 |
| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> <p>The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> <p>████ Mum commented in respect of continuity of care with the recruitment of new staff and whilst sharing her apprehensions about this and how it may affect her son also said that █████ seems to have responded well to the changes. It was also noted that it would be helpful to have an aligned member of staff with whom all communication can be channeled.</p> <p>Concern was expressed over the delay in getting █████ vaccinated given his predisposing health conditions. Better attention needs to be considered in this area of █████ care plan.</p> <p>Overall it was felt that s was “well cared for” that █████ was “content and well looked after”.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> <p>Registered manager and new deputy manager both consulted.</p> <p>A summary of the service position at present is as follows:</p> <p>A newly recruited cohort of staff have completed their induction and mandatory training. All new staff have also completed their shadow period.</p> <p>The new two bedroom extension has been completed. At a recent meeting with RQIA there were a number of areas identified to project manager for completion. Project works team to still follow up on areas identified – door alarms, fire exit signs and certificates. Registered manager has followed up with the project team. Variation therefore is pending.</p> <p>Furniture order is awaiting approval.</p> |

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| | <p>Encompass has gone relatively smoothly for the service. Encompass training team has been contacted for request for training .A few new staff still to complete half day face to face session. Currently accessing system through temporary log in.</p> <p>Christmas afternoon organised for residents, family and staff in Struell Lodge on 16.12.23 went fantastically. It was mentioned on the SE Trust Facebook page</p> |
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| 4. | <p>Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL</p> |
| | <p>Comments from a member of the mdt who had recently delivered staff training:</p> <p>“HI Mary</p> <p>... three training session were provided for both new and existing staff around the clients Positive Behaviour Support Plans. Staff who attended these sessions engaged well, both new and existing staff. Staff are passionate about provide a quality level of care to the clients in Struell Lodge.....”</p> |

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| 5. | <p>The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL</p> |
| | <p>Datix x 19:Service user behavior incidents 3 requiring MAPA and x 1 attempted absconding</p> |

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| 5(a) | <p>Have all incidents been reported to the RQIA? S/E/C/WL</p> |
| | <p>Yes</p> |

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| 6 | <p>Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL</p> |
| | <p>There are a number of DoLS in place to reflect MCAs for all five residents in the home as follows: Finances Medication</p> |

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| | <p>Personal property, Keypad access to the building, Locked doors, access in / out of the garden. These are documented in all five resident's files. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service.</p> |
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| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None recorded |
| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL |
| | RQIA inspection took place on 09/08/23. Please see progress of QIP outlined above |

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| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | Not reported |

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| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL |
| | <p>Struell Lodge is well presented, tidy and fresh smelling. Extension work has recently been completed with snagging issues currently being addressed. Extension door alarms and staff attack still to be linked with current system. Extension meeting with RQIA – a number of areas identified to project manager for completion – awaiting sign off for variation. Furniture order in process subject to approval</p> |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL |
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| Service users' finance S/E/C/WL – | |
| Finances in order as outlined with the tenants' finance agreements? | Yes |
| Record the number of tenants' files audited | 2 |
| Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |
| Have there been any recommendations within internal audit reports that remain outstanding? | |
| Have all relevant staff been trained in the agency's procedures on "handling service users money"? | |
| Medication | |
| Are all training records up to date and recorded appropriately? | |
| Record the number of training topics audited. | Recently completed training as follows - Fire Safety, Fire Warden, Epilepsy & Midazolam, PBS, Child protection, Induction training for new staff, Managing Service User Finances completed in November, Advanced MAPA. Face to face medication this week. |
| Supervision Records – | |
| Supervision/appraisal records up to date and in line with agency policy? | All band 3 supervisions up to date, work on band 5 supervisions and appraisals are underway. |
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| Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| If yes, how many? | 1 |

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| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
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14.

| Actions | By Whom | Date |
|--|--------------------|------------------|
| Alignment of senior staff to residents | Registered manager | Review Feb visit |

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|---|------------|
| Signed: | Mary Quinn |
| Date completed: | 9/1/24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 23/1/24 |

**Report of Registered Providers Monitoring Report –
Residential Care**

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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|---|--|
| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
|---|--|

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|--|--|
| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| Date and Time of Visit | 12/2/24 |
| Name and designation of the monitoring officer | Mary Quinn |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | John Paul McKendry deputy manager |

| Actions from previous visit | Progress |
|---|--|
| <u>QIP August 2023</u> | |
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available for inspection | Achieved |
| 2.Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | Achieved |
| 3. Standard E8 Call bell point fitted to bedroom | Ongoing discussion with Estates and RQIA vis a vis nature of service and capacity of residents |
| 4.Standards 12.4 and 13.4 Daily menu planner and program of activities is displayed in a suitable format for service users and in an appropriate location within the home | Achieved |
| 5. Standard 25 Recruitment to permanent posts | Achieved |

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|---|---|
| 6. Standard 24 Appraisal and supervision no less than six monthly | Supervision in date for band 3. Band 5 is ongoing |
| 7. Standard 25.3 Annual competency assessments for all staff | Ongoing |
| 8. Standard 25.8 Staff meetings at least every three months | Schedule of meetings established |

| | |
|--------------------------------|--|
| Number of service users | 5 |
| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> <p>The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> <p>Tel call to family of █████ – no response received</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> <p>Registered manager on annual leave and update provided by deputy manager. Recruitment of additional staff has allowed for more outings for service users and more enhanced care plans to include attendance at social clubs, sports clubs etc. A new member of staff interviewed said that he had commenced in post last October and had found his peers to be extremely supportive and an open door policy from management. He felt his induction to be comprehensive and is completing the NISCC Induction Handbook. Formal supervision has not taken place. This was subsequently discussed with the deputy manager who advised that he will be taking on responsibility for newly recruited staff and is completing a supervision schedule. This will be noted in the action plan.</p> |

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| 4. | <p>Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL</p> <p>The aligned care manager was emailed for feedback but did not respond.</p> |
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| | Clinical Psychologist providing staff support sessions was also contacted but advised that only one session had occurred to date. Agreed to regroup in a few months time again. |
| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | Datix x 19:Service user behavior incidents 3 requiring MAPA and x 1 attempted absconding |
| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | Yes |
| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | There are a number of DoLS in place to reflect MCAs for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. These are documented in all five resident's files. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service. |
| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None recorded |
| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL |
| | RQIA inspection took place on 09/08/23. Please see progress of QIP outlined above |

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| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | None reported |

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| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL |
| | Struell Lodge is well presented, tidy and fresh smelling. Extension work has recently been completed with the addition of two new bedrooms. Awaiting sign off for variation. Some furniture delivered with order in process for remainder. |

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| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL |
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| | Service users' finance S/E/C/WL – |
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| Finances in order as outlined with the tenants' finance agreements? | Yes |
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| Record the number of tenants' files audited | 2 |
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| Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |
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| Have there been any recommendations within internal audit reports that remain outstanding? | An internal audit is planned with the aligned care manager. Monitoring officer had discussed this with care manager November 2023. The registered manager has ongoing liaison with the Finance department |
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| Have all relevant staff been trained in the | Yes |
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| | agency's procedures on "handling service users money"? | |
| | Medication | |
| | Are all training records up to date and recorded appropriately? | RQIA inspection carried out in Jan. Report is pending |
| | Record the number of training topics audited. | Recently completed training as follows: - Managing Service User Finances, Advanced MAPA, Datix training, debrief training completed in January/February. Booked – Debrief, Datix, clinical holds training. |
| | Supervision Records – | |
| | Supervision/appraisal records up to date and in line with agency policy? | Newly recruited B3 staff interviewed today has not had supervision |
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| | Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| | If yes, how many? | 1 |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | | |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
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14.

| Actions | By Whom | Date |
|---|--------------------|-----------------|
| Supervision B3 (see above) | Registered manager | Review March 24 |
| Service user [redacted] file – list of professionals involved to be updated | Registered manager | Review March 24 |

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| Signed: | Mary Quinn |
| Date completed: | 12/2/24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 21/2/24 |



Report of Registered Providers Monitoring Report – Residential Care

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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|---|--|
| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
|---|--|

| | |
|--|--|
| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| | |
| Date and Time of Visit | 13/3/24 |
| Name and designation of the monitoring officer | Mary Quinn |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw |

| Actions from previous visit | Progress |
|---|--|
| Supervision B3 | Completed Feb 23 |
| Service user MA file –list of professionals involved to be updated Registered manager | Updated |
| <u>QIP August 2023</u> | |
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available for inspection | Achieved |
| 2.Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | Achieved |
| 3. Standard E8 Call bell point fitted to [REDACTED] bedroom | Ongoing discussion with Estates and RQIA vis a vis nature of service and capacity of residents |
| 5. Standard 25 Recruitment to permanent posts | Ongoing |

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| 6. Standard 24 Appraisal and supervision no less than six monthly | Supervision in date for band 3. Band 5 is ongoing |
| 7. Standard 25.3 Annual competency assessments for all staff | Ongoing |
| 8. Standard 25.8 Staff meetings at least every three months | Staff meetings presently monthly to help support team building with new staff |

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|--------------------------------|---|
| Number of service users | 5 |
| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> <p>The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report. However, from observations service users appeared relaxed in their surroundings and genuine warmth was evident in staff interactions.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> <p>Family member contacted referred to recruitment of new staff and while this was initially unsettling for her brother, he has since made a positive adjustment . New staff were described as friendly polite and welcoming. Second family contacted did not respond to request for comments.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> <p>Five staff opinions sought today (four permanent and one bank). Staff described a cohesive and happy team with good morale and camaraderie. Recently recruited staff (October 23) referenced the three day structured induction as being particularly helpful. Permanent staff team members advised that having new staff coming into post with their MAPA training in place was a very positive development.</p> <p><u>Registered manager update</u> – newly established monthly meetings have helped support and develop the team with the introduction of new staff. There were only three staff in attendance at the most recent meeting held 6.3.24. There are also scheduled “wellness” meetings which to date have not been well attended. However, staff have been consulted on the reasons for low uptake and it is hoped that with increased understanding of what the sessions are designed to deliver this will improve.</p> <p>One new Band 5 senior support worker allocated for Struell Lodge. Began post on the 05.02.24. Induction ongoing. Completed advanced MAPA. Encompass continues to run relatively smoothly for the service, however training is</p> |

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| | still not available. Ongoing work with Encompass to find suitable documentation for the facility. |
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| 4. | Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL |
| | Feedback sought from two staff in wider mdt 13 th and 18 th March. No response received at time of report's submission |

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| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | Datix x 15 including 3 x meds errors reported and subsequently screened out by rqia |

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| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | Three incidents reported and screened out |

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| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service. DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker. |

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| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None reported |

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| 8. | Requirements and recommendations specified in the RQIA's Quality |
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| Improvement Plan. S/E/C/WL | |
| <p>RQIA inspection took place on 09/08/23. Please see progress of QIP outlined above. Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. The following measures have been put in place - <u>Pharmacy has been informed.</u> <u>Staff team informed and updated via email and supervision to ensure both the Kardex and Mars sheet descriptions match. Staff to check when completing the intake of medications and to inform the pharmacy if required to be corrected.</u></p> | |

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| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | None reported |

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| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL | |
| | <p>Struell Lodge is well presented, tidy and fresh smelling. Extension work has recently been completed with the addition of two new bedrooms. Still awaiting sign off for variation. New bed and bed side table positioned in one of the room. Delay over extension bedroom doors. Currently issue between project manager and RQIA Estates. Ongoing liaison between RM, Estates dept and rqia.</p> | |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL | |
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| | Service users' finance S/E/C/WL – | |
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned care manager to update financial assessments in line with finance policy introduced 2022 |
| | Record the number of tenants' files audited | |
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| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |
| | Have there been any recommendations within internal audit reports that remain outstanding? | An internal audit was completed with finance in Oct 2023. Benefit entitlement for all residents reviewed and agreed. |
| | Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Yes November 2023 and Feb 2024 |
| | Medication | |
| | Are all training records up to date and recorded appropriately? | Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. |
| | Record the number of training topics audited. | Recently completed - Advanced MAPA, Datix training, debrief training completed in January/February. Induction of new staff Booked – MAPA, Debrief, Datix, clinical holds training, medication, BLS |
| | Supervision Records – | |
| | Supervision/appraisal records up to date and in line with agency policy? | All reviewed and in date |
| | | |
| | | |
| | Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| | If yes, how many? | 1 |
| | Were they recruited from a domiciliary care | Yes |

| | | |
|--|--|-----|
| | agency registered with RQIA? | |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | | |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
| | | |

14.

| Actions | By Whom | Date |
|--|---|-----------------|
| Service user finance assessment in line with agreed procedure | Registered manager and aligned care manager | Review April 24 |
| Registration of new extension | RM | Review April 24 |
| Attendance at team meetings | RM | Review April 24 |
| Pharmacy inspection - to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. | RM | Review April 24 |

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|---|------------|
| Signed: | Mary Quinn |
| Date completed: | 13/3/24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 29/3/24 |

Report of Registered Providers Monitoring Report – Residential Care

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| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
|---|--|

| | |
|--|--|
| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| | |
| Date and Time of Visit | 17.04.24 10 -11.30 am |
| Name and designation of the monitoring officer | Mary Quinn |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw |

| Actions from previous visit | Progress |
|--|--|
| Service user finance assessment in line with agreed procedure | Reviews including financial reassessments are ongoing for all residents |
| Registration of new extension | Still pending |
| Attendance at team meetings | Team meeting booked for the 24.04.24 – Staff wellbeing sessions are being separated from the team meetings. Staff well-being session to take place – dates being arranged for May. |
| Pharmacy inspection - to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. | Measures in place to address QIP. Increased assurance measures undertaken by staff |
| <u>QIP August 2023</u> | |
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available | Achieved |

| | |
|---|--|
| for inspection | |
| 2. Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | Achieved |
| 3. Standard E8 Call bell point fitted to [REDACTED] bedroom | Ongoing discussion with Estates and RQIA vis a vis nature of service and capacity of residents |
| 5. Standard 25 Recruitment to permanent posts | Ongoing |
| 6. Standard 24 Appraisal and supervision no less than six monthly | Supervision in date for band 3. Band 5 is ongoing |
| 7. Standard 25.3 Annual competency assessments for all staff | Ongoing |
| 8. Standard 25.8 Staff meetings at least every three months | Staff meetings presently monthly to help support team building with new staff |

| | |
|--------------------------------|--|
| Number of service users | 5 |
| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> <p>The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> <p>Family contacted [REDACTED] did not respond to request for comments.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> <p><u>RM service update:</u> Still awaiting sign off for variation due to the extension addition. RM has maintained contact with RQIA Estates regarding final works. No compliments/ complaints. Encompass half day sessions have become available and staff allocated to attend to ensure their ability to access encompass and complete documentation. Trust estates department carried out a fire audit of the building – recommendations/report to follow. <u>Recently completed training</u> - Advanced MAPA, Midazolam and Epilepsy, Management of medicines (Booklet training), clinical holds training, COSHH, basic life support.</p> |

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| | <p>Booked – Fire training, Management of medicines (Booklet training), clinical holds training, COSHH; encompass training, basic life support. <u>Team meeting booked for the 24.04.24</u> Staff wellbeing sessions are being separated from the team meetings. Staff well-being session to take place – dates being arranged for May. Appraisals and supervisions are currently in the process of being completed.</p> |
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| 4. | Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL |
| | Attempted to contact aligned care manager but advised there is no valid email address |

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|----|---|
| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | Datix x 12 behavioural. Use of MAPA x 3 |

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|------|--|
| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | Four incidents reported and screened out –use of MAPA x 3 Medication x 1 |

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|---|--|
| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | <p>There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through “Struell Links” meetings which are chaired by the Trust’s Intensive Support Service. DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker.</p> |

| | |
|----|---|
| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None reported |
| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL |
| | <p>RQIA inspection took place on 09/08/23. Please see progress of QIP outlined above. Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. The following measures have been put in place - <u>Pharmacy has been informed.</u> <u>Staff team informed and updated via email and supervision to ensure both the Kardex and Mars sheet descriptions match. Staff to check when completing the intake of medications and to inform the pharmacy if required to be corrected.</u></p> |

| | |
|----|---|
| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

| | |
|-----|--|
| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | None reported |

| | |
|-----|---|
| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL |
| | <p>Struell Lodge is well presented, tidy and fresh smelling. Extension work has recently been completed with the addition of two new bedrooms. Still awaiting sign off for variation. New bed and bed side table positioned in one of the room. Delay over extension bedroom doors. Currently issue between project manager and RQIA Estates. Ongoing liaison between RM, Estates dept and rqia.</p> |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL |
| | |
| | Service users' finance S/E/C/WL – |

| | | |
|--|---|--|
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned care manager to update financial assessments in line with finance policy introduced 2022 |
| | Record the number of tenants' files audited | |
| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |
| | Have there been any recommendations within internal audit reports that remain outstanding? | An internal audit was completed with finance in Oct 2023. Benefit entitlement for all residents reviewed and agreed. |
| | Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Yes November 2023 and Feb 2024 |
| | Medication | |
| | Are all training records up to date and recorded appropriately? | Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. |
| | Record the number of training topics audited. | Recently completed - Advanced MAPA, Midazolam and Epilepsy, Management of medicines (Booklet training), clinical holds training, COSHH, basic life support. Booked – Fire training, Management of medicines (Booklet training), clinical holds training, COSHH; encompass training, basic life support. |
| | Supervision Records – | |

| | | |
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| | | |
| | Supervision/appraisal records up to date and in line with agency policy? | All reviewed and in date |
| | | |
| | | |
| | Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| | If yes, how many? | 1 |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | | |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
| | | |

| 14. | | |
|--|---|---------------|
| Actions | By Whom | Date |
| Service user finance assessment in line with agreed procedure | Registered manager and aligned care manager | Review May 24 |
| Registration of new extension | RM | Review May 24 |
| Attendance at team meetings | RM | Review May 24 |
| Pharmacy inspection - to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. | RM | Achieved |

| | |
|---|------------|
| Signed: | Mary Quinn |
| Date completed: | 3/5/24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 3/5/24 |

Report of Registered Providers Monitoring Report – Residential Care

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

| | |
|---|--|
| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
|---|--|

| | |
|--|--|
| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| | |
| Date and Time of Visit | 22 nd May 2024 9.30 am-12 |
| Name and designation of the monitoring officer | Mary Quinn |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw |

| Actions from previous visit | Progress |
|---|--|
| Service user finance assessment in line with agreed procedure | Care reviews incorporating financial assessments for four service users have now been completed with remaining review scheduled for May 24 th . An internal Trust finance audit is due to take place today |
| Registration of new extension | Still pending |
| Attendance at team meetings | Full team meeting held 24.04.24 – Staff wellbeing sessions are being separated from team meetings. Additional staff update meeting with new interim senior manager psychologist held 8th May. |
| <u>QIP August 2023</u> | |

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|---|--|
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available for inspection | Achieved |
| 2.Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | Achieved |
| 3. Standard E8 Call bell point fitted to [REDACTED] bedroom | Ongoing discussion with Estates and RQIA vis a vis nature of service and capacity of residents |
| 5. Standard 25 Recruitment to permanent posts | Ongoing |
| 6. Standard 24 Appraisal and supervision no less than six monthly | Supervision in date for band 3. Band 5 is ongoing |
| 7. Standard 25.3 Annual competency assessments for all staff | Ongoing |
| 8. Standard 25.8 Staff meetings at least every three months | Staff meetings presently monthly to help support team building with new staff |

| | |
|--------------------------------|---|
| Number of service users | 5 |
| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> <p>The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> <p>Family feedback [REDACTED] indicated overall satisfaction with quality of care, however, felt that staffing changes are difficult for [REDACTED] to process and that this may account for some more recent self-injurious behaviours.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> <p>One staff member available for consultation this morning said that he was relatively new to the service (approx. 7 months) and found Struell to be a good place to work with good peers and a supportive manager. He said he was able to keep his training up to date, that team meetings were taking place routinely as did his supervision. He said there were challenges to working with the service users but that this was the nature of the job and he felt adequately skilled to cope with</p> |

| | |
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| | <p>the demands of the job. The remaining staff team were on training. <u>Registered manager update:</u> Staff had recently been advised of a new standardised rota and additional operational matters which may impact their work routine. This has received negative reaction resulting in a number of staff absences on sick leave. New extension is still awaiting sign off for variation. RM remains in regular contact with RQIA and Estates regarding final works. Recruitment is continuing – 1 x Band 3 support worker took up post on 01.04.24. 1 x staff resignation and replacement staff currently going through recruitment checks. Further recruitment event scheduled for June. No compliments/ complaints received. The service requires additional IT equipment in order to Encompass requirements. Mandatory training is ongoing and audited through supervision</p> |
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| 4. | Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL |
| | Newly appointed social worker does not have an email address. Behaviour practitioner emailed. No response received. |

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| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | Datix x 31 behavioural. Use of MAPA x 10 Discussion with RM indicated a need for revised incident reporting by staff. This has been addressed by senior management and governance lead and staff have been reminded about protocols in respect of reporting incidents. Incidents are discussed at monthly meetings with Intensive Support Service. |

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| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | Ten incidents reported to RQIA |

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|---|---|
| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, |

| | |
|--|--|
| | <p>Locked doors, access in / out of the garden.</p> <p>DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications.</p> <p>DoLS are also reviewed monthly through “Struell Links” meetings which are chaired by the Trust’s Intensive Support Service.</p> <p>DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker.</p> |
|--|--|

| | |
|----|--|
| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None reported |
| 8. | Requirements and recommendations specified in the RQIA’s Quality Improvement Plan. S/E/C/WL |
| | <p>RQIA inspection took place on 09/08/23.</p> <p>Please see progress of QIP outlined above.</p> <p>Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber’s most recent instructions.</p> <p>The following measures have been put in place - <u>Pharmacy informed.</u> <u>Staff team informed and updated via email and supervision to ensure both the Kardex and Mars sheet descriptions match. Staff to check when completing the intake of medications and to inform the pharmacy if required to be corrected.</u></p> |

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|----|---|
| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | None reported |

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|-----|---|
| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL |
| | <p>Struell Lodge is well presented, tidy and fresh smelling. Extension work has recently been completed with the addition of two new bedrooms.</p> <p>Note : Trust estates department carried out a fire audit of the building – recommendations discussed with RM and are now implemented.</p> |

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|---|--|
| 12. Other improvements planned as a result of observations during this visit. S/E/C/WL | |
| Service users' finance S/E/C/WL – | |
| Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced 2022 |
| Record the number of tenants' files audited | |
| Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |
| Have there been any recommendations within internal audit reports that remain outstanding? | A Trust internal finance audit is due to be completed 22/5/24. |
| Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Yes November 2023 and Feb 2024 |
| Medication | |
| Are all training records up to date and recorded appropriately? | Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. |
| Record the number of training topics audited. | Recently completed - Advanced MAPA, Midazolam and Epilepsy, Management of medicines (Booklet training), clinical holds training, COSHH, basic life support. Booked – Fire training, Management of medicines (Booklet training), clinical holds training, COSHH; encompass training, basic life support. |

| | | |
|--|--|--------------------------------|
| | | |
| | Supervision Records – | |
| | Supervision/appraisal records up to date and in line with agency policy? | All reviewed and in date |
| | | |
| | | |
| | Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| | If yes, how many? | 1 |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | | |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
| | | |

| | | |
|---|--|----------------|
| 14. | | |
| Actions | By Whom | Date |
| Service user finance assessment in line with agreed procedure | Registered manager and aligned social worker | Review June 24 |
| Registration of new extension | RM | Review June 24 |
| Staff sickness and recruitment | RM | Review June 24 |

| | |
|---|------------|
| Signed: | Mary Quinn |
| Date completed: | 22/5/24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 31/5/24 |

Report of Registered Providers Monitoring Report – Residential Care

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

| | |
|---|--|
| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
|---|--|

| | |
|--|--|
| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| | |
| Date and Time of Visit | 17th June 2024 12pm |
| Name and designation of the monitoring officer | Carrie Robson |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw |

| Actions from previous visit | Progress |
|---|---|
| Service user finance assessment in line with agreed procedure | Care reviews incorporating financial assessments for four service users have now been completed with remaining review held on May 24 th . Finance audit completed 12/06/24. Finance assessments ongoing. |
| Registration of new extension | Still awaiting sign off for variation for extension due to call points. Currently being addressed by Estates and Project Management team. Claire has maintained contact with RQIA Estates regarding final works. |
| Attendance at team meetings | Team meeting booked for 19/06/24. Staff wellbeing sessions are being separated from team meetings. |
| <u>QIP August 2023</u> | |

| | |
|---|--|
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available for inspection | Achieved |
| 2.Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | Achieved |
| 3. Standard E8 Call bell point fitted to [REDACTED] bedroom | Ongoing discussion with Estates and RQIA vis a vis nature of service and capacity of residents |
| 5. Standard 25 Recruitment to permanent posts | Ongoing |
| 6. Standard 24 Appraisal and supervision no less than six monthly | Supervision in date for band 3. Band 5 is ongoing |
| 7. Standard 25.3 Annual competency assessments for all staff | Ongoing |
| 8. Standard 25.8 Staff meetings at least every three months | Staff meetings presently monthly to help support team building with new staff |

| | |
|--------------------------------|--|
| Number of service users | 5 |
| 1. | Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL |
| | The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report, however one service user was noted to be in a communal area and appeared happy to be completing a task with supervision of staff. |
| 2. | Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL |
| | "I find everything good at Struell. Happy with how staff treat my son and all the others and we are made to feel very welcome when we visit. I have nothing to complain about, everything is good." – Mother of service user [REDACTED] |
| 3. | Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL |
| | Two staff consulted x Band 3. One staff member new to the team expressed that she is nervous around travelling to the temporary accommodation in which 2 of the tenants are living and would prefer not to travel there. Staff member discussed that she feels that lots of staff are currently off sick in relation to the new rota system being introduced, she discussed that she is unhappy with this change due |

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| | <p>to her family circumstances. The staff member discussed communication and support as issues.</p> <p>Another staff member consulted was positive and is understanding there are some changes coming. The staff member discussed that some staff are considering moving on due to the changes however this is not the case for her.</p> <p><u>Registered manager update:</u> New Senior Manager appointed – Diana McIntyre-Patel. Awaiting variation sign off for extension due to call points. Currently being addressed by Estates and Project Management Team, Registered Manager has maintained contact with RQIA Estates regarding final works.</p> <p>Encompass half day training attended for some staff that were outstanding with the remaining staff booked on.</p> <p>Team meeting / service update booked for 19/06/24. Service is currently going through a management of change process due to standardisation of rotas. Registered Manager linking with Business Partner, finance, equality team and union.</p> |
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| 4. | Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL |
| | Contact attempted with Social Worker via telephone with no success, follow up email sent. |

| | |
|----|---|
| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | Datix x 28 behavioural. 1 x theft of item buy co-tenant. 1 x medication - tablet found on floor. |

| | |
|------|---|
| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | 4 notifications all screened out. 2x self abuse and Safety Intervention used. 1x service user to service user assault. 1 x medication incident. |

| | |
|---|---|
| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | There are a number of DoLS in place for all five residents in the home as follows: |

| | |
|--|---|
| | <p>Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service. DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker.</p> |
|--|---|

| | |
|----|---|
| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None reported |
| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL |
| | <p>RQIA inspection took place on 09/08/23. Please see progress of QIP outlined above. Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. The following measures have been put in place - <u>Pharmacy informed.</u> <u>Staff team informed and updated via email and supervision to ensure both the Kardex and Mars sheet descriptions match. Staff to check when completing the intake of medications and to inform the pharmacy if required to be corrected.</u></p> |

| | |
|----|---|
| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

| | |
|-----|--|
| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | 1 x service user to service user assault – screened out. |

| | |
|-----|--|
| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL |
| | During the visit, Struell Lodge was clean and tidy with no unpleasant odours. |

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| | Service users appeared happy and comfortable in surroundings. | |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL | |
| | Sign off for variation for extension on hold due to issues with call points. | |
| | Service users' finance S/E/C/WL – | |
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced in 2022. |
| | Record the number of tenants' files audited | 1 |
| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |
| | Have there been any recommendations within internal audit reports that remain outstanding? | Finance audit completed 12/06/24 and finance assessments ongoing. |
| | Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Yes November 2023 and Feb 2024 |
| | Medication | |
| | Are all training records up to date and recorded appropriately? | Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. |
| | Record the number of training topics audited. | Recently completed – Advanced Safety Intervention, Midazolam and Epilepsy, Management of medicines (Booklet training), clinical holds training, COSHH, basic life support, Encompass. |

| | | |
|------------------------------|--|--|
| | | Booked – Fire training, Management of medicines (Booklet training), clinical holds training, COSHH training, basic life support. |
| Supervision Records – | | |
| | Supervision/appraisal records up to date and in line with agency policy? | All reviewed and in date |
| | | |
| | Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| | If yes, how many? | 1 |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
| | | |

14.

| Actions | By Whom | Date |
|---|--|---|
| Service user finance assessment in line with agreed procedure | Registered manager and aligned social worker | Finance audit took place 12/06/24 Review July 24 |
| Registration of new extension | Registered Manager | Review June 24 |

| | | |
|--------------------------------|--------------------|---|
| | | |
| Staff sickness and recruitment | Registered Manager | Interviews being held 29/06/24. Review July 24 |

| | |
|---|--------------------------|
| Signed: | |
| Date completed: | <i>C Robson</i> 05/07/24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 05/07/24 |

Monitoring Checklist 24/7

Service Struell Lodge Date

17.06.2024

| Person in charge | Claire Shaw - Manager | | |
|----------------------------------|---|---------------------------------------|---|
| Designated officer B5 | | | |
| No. of service users in | | | |
| Service users name | Soscare No. | Carer & Phone Number | Professional & phone number |
| [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | Social Worker – Ciara McEvoy 02844611215 |
| [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | Social Worker – Ciara McEvoy 02844611215 |
| [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | Social Worker – Ciara McEvoy 02844611215 |
| [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | Social Worker – Ciara McEvoy 02844611215 |
| [REDACTED] | [REDACTED] | [REDACTED] [REDACTED] | Social Worker – Ciara McEvoy 02844611215 |
| Number of staff on duty & grades | Band 5 Residential Worker x Band 3 Support workers x | | |
| Datix since last visit | Number | Type of incident | Follow up/outcome |
| See snips below | | | |
| 1a RQIA notifications | Number | Type | Follow up/outcome |
| | [REDACTED] | Self-abuse – MAPA | Screened Out |
| | [REDACTED] | Self-abuse – MAPA | Screened Out |
| | [REDACTED] | Service user on Service user assault. | Screened Out |

| | | | |
|------------------------------------|---|---------------------|--------------|
| | | Medication Incident | Screened Out |
| Safeguarding APP1 New & ongoing | APP1 completed in relation to NT378657 – screened out | | |
| Reviews since last visit | <p>Review held on the 24.05.24. happy with progress in Struell but would like to see him in a supported living environment. Information passed onto the social worker.</p> | | |
| Training planned | <p>Recently completed - Advanced MAPA, Midazolam and Epilepsy, Fire training, Management of medicines (Booklet training), basic life support, Diabetes training, Encompass.</p> <p>Booked – Fire training, clinical holds training; encompass training, basic life support, nominated fire warden training and further Diabetes training.</p> | | |
| Developments/QI since last visit. | <p>New Senior Manager appointed – Diana McIntyre Patel.</p> <p>Still awaiting sign off for variation for extension due to call points. Currently being addressed by Estates and Project Management team. Claire has maintained contact with RQIA Estates regarding final works.</p> <p>No compliments/ complaints.</p> <p>Encompass half day sessions have been attended by some staff that were outstanding. Some staff are still outstanding but have booked onto upcoming dates.</p> <p>Team meeting/ Service update booked for the 19.06.24.</p> <p>Service is currently going through the management of change process due to standardisation of rotas. Claire linking with HR business partner, finance, equality team and union.</p> <p>Appraisals and supervisions – ongoing</p> <p>Finance audit completed 12.06.24. Finance assessments – ongoing</p> | | |

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| | Staff recruitment interviews being held on the 29/06/24 at Mountview day centre. |
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Please provide copies of the following documents ticked

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| Staff duty rota for today | |
| Complaints/compliments file | |
| 2 service users files including MCA paperwork | |
| Activity timetable | |
| Minutes of significant staff meetings, staff briefs etc | |
| Statement of purpose | |
| Fire Safety Records | |
| Service user guide | |
| Annual report RQIA | |
| Fire safety records | |
| Staff Supervision Schedule | |
| Staff induction records – new staff | |
| Staff recruitment records | |
| NISCC checklist | |
| SLT guidelines/placemats/recommendations | |
| Medication management records | |
| Infection prevention control records | |
| Financial records | |
| | |

Report of Registered Providers Monitoring Report – Residential Care

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
|---|--|

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|--|--|
| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| Date and Time of Visit | 16th July, 2024 11.30 am - 2.45pm |
| Name and designation of the monitoring officer | Mary Quinn |
| Was this visit announced or unannounced | Unannounced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw |

| Actions from previous visit | Progress |
|---|--|
| Service user finance assessment in line with agreed procedure | Care reviews incorporating financial assessments for five service users have now been completed Finance audit completed 12/06/24. Finance assessments ongoing. |
| Registration of new extension | Additional bedroom now registered |
| Attendance at team meetings | Team meeting held 19/06/24. Separate staff wellbeing sessions are also being offered. |
| <u>QIP August 2023</u> | |
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available for inspection | Achieved Amicus system introduced by the trust has expedited this process. |

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| 2. Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | <u>Some staff training in these areas has been highlighted as not in date. Training matrix discussed at length with the registered manager and requires updating in time frames.</u> |
| 3. Standard E8 Call bell point fitted to bedroom | Ongoing discussion with Estates and RQIA vis a vis nature of service and capacity of residents |
| 5. Standard 25 Recruitment to permanent posts | Recruitment fair at the end of June – 13 staff successful and seven have accepted posts pending checks etc |
| 6. Standard 24 Appraisal and supervision no less than six monthly | <p>Appraisals are in date.</p> <p><u>A number of supervision files reviewed were not.</u></p> <p><u>A staff member Band 3 commenced employment 6/2/24 did not receive supervision until 12/5/24.</u></p> <p><u>Supervision file 2 – no up to date NISCC certificate filed, last recorded supervision minutes 30.1.24.</u></p> <p><u>Discussed with RM who advised that supervision had taken place x 3 and were in hand written format awaiting typing.</u></p> <p><u>File 3 – no up to date NISCC certificate filed. Last recorded supervision 18.01.24</u></p> <p><u>File 4 commenced employment 25.9.23 No supervision minutes recorded</u></p> |
| 7. Standard 25.3 Annual competency assessments for all staff | <u>Five noted as outstanding</u> |
| 8. Standard 25.8 Staff meetings at least every three months | Staff meetings presently 4-6 weekly to help support team building with new staff |

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|--------------------------------|---|
| Number of service users | 5 |
| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> |
| | <p>The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report.</p> |

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| | <p>A number of the service users who attend day support were at home today as the day centre was closed for annual holidays. The impact of this could be observed in service user behaviours, some of which were requiring MAPA techniques to be deployed.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> <p>Two families contacted. Feedback received as follows :</p> <p>Lots of staff changes in the home and a high level of sickness leading to short staffing. [redacted] was exhibiting self injurious behaviours last week and this may be due to his unfamiliarity with staff. Behaviours required MAPA holds and then a review by the GP last week prescribed antibiotics. Thankfully this has improved things. On the positive side when I was on holiday last week [redacted] was getting out.</p> <p>Family 2 :happy with care. [redacted] back to routine in last few months and is getting to mass on Saturday evenings. This is important to [redacted] as he does the collection. He is recognized by the congregation and it connects [redacted] to his local community. Routine is very important to [redacted] and directly impacts his behaviours. Yesterday he assaulted staff. A family member had been home from America on three weeks holiday and went back yesterday so [redacted] could have been reacting to this.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> |
| | <p>Registered manager advised there were four staff on duty this morning, however, one had just commenced shift at 11 am. This is in breach of the minimum requirement for safe staffing of the service. Registered manager had been in contact with the operations manager for regulated services and had informed her of the situation.</p> <p>Staff on duty were fully engaged with service users given the level of heightened behaviours. Minimal information was therefore available, however, staff did say that there had been a lot of frustration and poor morale for a number of months given the high levels of sickness and unpredictability of staffing.</p> <p>One experienced staff said she had been assaulted a number of times today already. Staff said that the service users were finding the change of routine from being in day care very difficult. This was being exacerbated by the high incidence of staff absence which prevented the required bespoke 1-1 support being available to some service users.</p> <p>Staff were advised they could contact [redacted] independently of today's visit but no further contact has been received to date.</p> <p><u>Registered manager update:</u> High staff sickness levels are having a negative impact on staff morale . Sixteen staff are on sickness absence. Three staff have left. One has retired. From a staff team of sixty, this leaves forty four.</p> |
| 4. | <p>Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL</p> |

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| | <p>Social Worker comments via email:</p> <p>I have only recently started in my role and still getting to know staff and service users in Struell Lodge but so far I have had a very positive experience during my couple of visits. Staff appear to have excellent knowledge of the service users needs and how best to meet these.</p> |
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| 5. | <p>The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL</p> |
| | <p>Datix x 28 including x 1 medication . Others were behavior related.</p> |

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| 5(a) | <p>Have all incidents been reported to the RQIA? S/E/C/WL</p> |
| | <p>Ten incidents reported between 25.6.24 -17.7.24 All screened out.</p> |

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| 6 | <p>Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL</p> |
| | <p>There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service. DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker.</p> |

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| 7. | <p>Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL</p> |
| | <p>1 x complaint received regarding presentation of staff at recent formal held in Slieve Donard. Addressed at team meeting.</p> |
| 8. | <p>Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL</p> |
| | <p>RQIA inspection took place on 09/08/23.</p> |

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| | Have there been any recommendations within internal audit reports that remain outstanding? | Finance audit completed 12/06/24. No report was available for review and this has been requested. |
| | Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Yes November 2023 and Feb 2024 |
| | Medication | |
| | Are all training records up to date and recorded appropriately? | Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. |
| | Record the number of training topics audited. | |
| | Supervision Records – | |
| | Supervision/appraisal records up to date and in line with agency policy? | Appraisals are in date. Supervisions are referenced in point 6 of action plan above. |
| | | |
| | | |
| | Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| | If yes, how many? | 1 |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service | |

Please see progress of QIP outlined above.
 Pharmacy inspection carried 9.01.24 with advice to ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions.
 The following measures have been put in place -
Pharmacy informed.
Staff team informed and updated via email and supervision to ensure both the Kardex and Mars sheet descriptions match. Staff to check when completing the intake of medications and to inform the pharmacy if required to be corrected.

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| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | 1 x service user exposing himself to another service user. Screened out. |

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| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL | |
| | Environment is clean, tidy and well maintained. | |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL | |
| | Supervision schedule to be brought up to date | |
| | Service users' finance S/E/C/WL – | |
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced in 2022. |
| | Record the number of tenants' files audited | 2 |
| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |

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| | user(s)? |
| | Yes |
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| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? |
| | Yes – copy in file |
| | |

14.

| Actions | By Whom | Date |
|---|--|---|
| Service user finance assessment in line with agreed procedure | Registered manager and aligned social worker | Finance audit took place 12/06/24 <u>Awaiting report</u> |
| Registration of new extension | Registered Manager | Variation to six bed unit now approved by the regulator |
| Staff sickness and recruitment | Registered Manager | Interviews held 29/06/24 and seven have accepted subject to checks etc. |
| Staff training to be reviewed | Registered Manager | Review August |
| Training matrix to be reviewed to incorporate up to date requirements | Registered Manager | Review August |
| Supervision – Please see point 6 of action plan above | Registered Manager | Review August |
| Complete competency assessments for all staff | Registered Manager | Review August |

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| Signed: | <i>Mary Quinn</i> |
| Date completed: | 16/7/24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: <u>Please note draft report forwarded 17/7/24 in light of observations made</u> | 24/07/24 |

during monitoring visit.

**Report of Registered Providers Monitoring Report –
Residential Care**

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
| Name of the registered provider and their position in the organisation | Roisin Coulter Chief Executive Trust Headquarters Ulster Hospital BT16 1RH |
| Date and Time of Visit | 19th August 2024 10.00 am -12:30pm |
| Name and designation of the monitoring officer | Jenny Haller –Interim manager Hillhall Home |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw |

| Actions from previous visit | Progress |
|---|--|
| Service user finance assessment in line with agreed procedure | Finance audit completed 12/06/24. Finance assessments ongoing. Awaiting Finance report. |
| Registration of new extension | Completed with registration of additional bedroom in situ from 24 th June 24 |
| Staff Sickness and Recruitment | Interviews held 29.06.24 Fourteen staff recruited with six staff accepting post subject to checks. Ongoing. Further recruitment scheduled for Sep 24. |
| Staff training to be reviewed | Admin has emailed all staff for training dates. Ongoing |
| Supervision- point 6 of action plan | Ongoing - Advertisement of band 6 staff |

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| Complete competency assessments for all staff | Ongoing – one outstanding |
| Training Matrix to be reviewed to incorporate up to date requirements. | Admin staff will update matrix once she has received up to date information from staff. |
| <u>QIP August 2023</u> | |
| 1.Reg 21 (1) (b) Plan to ensure a checklist is available evidencing completion of all pre-employment checks and have these available for inspection | Achieved Amicus system introduced by the trust has expedited this process. |
| 2.Standard 23.3 Mandatory training in fire safety and safeguarding vulnerable adults | Some staff training in these areas has been highlighted as not in date. Training matrix discussed with the registered manager and requires updating in time frames. |
| 3. Standard E8 Call bell point fitted to [REDACTED] bedroom | Ongoing discussion with Estates and RQIA. Extension work currently underway. SMT have emailed RQIA regarding call bell awaiting response. |
| 5. Standard 25 Recruitment to permanent posts | Recruitment fair will take place in September. Manager has dummy req in situ for event. |
| 6. Standard 24 Appraisal and supervision no less than six monthly | Appraisals are in date. Supervision files reviewed: A staff member Band 3 commenced employment 6/2/24 did not receive supervision until 12/5/24. Supervision file 2 – not up to date NISCC certificate filed, last recorded supervision minutes 30.1.24. Discussed with RM who advised that supervision had taken place x 3 and were in hand written format awaiting typing. File 3 – no up to date NISCC certificate filed. Last recorded supervision updated and completed File 4 commenced employment 25.9.23 No supervision minutes |

| | |
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| | recorded Notes to be located. |
| 7. Standard 25.3 Annual competency assessments for all staff | One noted as outstanding |
| 8. Standard 25.8 Staff meetings at least every three months | Staff meetings presently 4-6 weekly to help support team building with new staff Meetings took place on 14 th & 21 st July 2024. |

| | | |
|--------------------------------|--|---|
| Number of service users | | 5 |
| 1. | Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL | |
| | The service users in the unit have very limited communication and would not be able to reflect their views for the purposes of this report. A number of the service users who attend day support were at home today as their allocation of days has not resumed to full capacity. | |
| 2. | Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL | |
| | Three families contacted: Family one: Happy with the level of care that their son receives reiterating that he is always clean and tidy wearing the best of clothes. Family expressed slight concern over the amount that their son eats but acknowledged that staff are doing their best. Family felt that their son tends to sit a lot but again recognized that staff try to encourage their son to go out. Family accepted that their son prefers to sit. Family two: (██████████) contact made x2 with no response Family Three: (██████████) contact made x 2 - no response | |
| 3. | Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL | |
| | Registered manager advised that there were six staff on duty this morning. Staff on duty were observed to be fully engaged with service users. Consultation with two staff: <ol style="list-style-type: none"> 1. One staff enjoyed working in Struell helping where they could with deficit shifts. 2. One staff chatted about the high volume of sickness and the impact this is having not only on service users but the staffing team as a whole. Staff felt that the high level of sickness is having an impact on the quality of care that | |

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| | <p>service users are currently receiving. Staff did acknowledge that service users were able to get out and enjoy activities over the summer when they had adequate staffing levels. Staff talked about the increased risks that they are currently being presented with on a daily basis due to the shortfall of staff. The staff also informed me that they felt there might be a fear of change within the staff team, which may be having an impact towards staff sickness levels. Staff felt that good leadership and communication between management and the team is not great with a lack of direction. Staff felt that better communication from management could not only put staff at ease but also help to alleviate concerns or worries. Staff did acknowledge that more staff would be recruited to Struell however expressed concerns over the quality of induction that they may receive given current staffing pressures. Staff felt that the service is very disjointed at this time due to lack of leadership.</p> <p><u>Registered manager update:</u> High staff sickness levels are having a negative impact on staff morale. 17 staff are on sickness absence. Ongoing meetings between the RM and HR are ongoing to address the high level of sickness. One staff has been temporary redeployed. Service is currently going through the management of change process to standardize the rotas. Manager is linking in with HR business partner, finance, equality team and the union – this is currently ongoing. Training – advanced MAPA and nominated fire officer training completed. Training booked – Epilepsy awareness, PBS, Manual handling Variation signed off by RQIA. Certificate received for registration of 6 bedded unit. Team meetings took place - 24th July & 14th Aug 24.</p> |
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| 4. | <p>Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL</p> |
| | <p>Team lead comments via email:</p> <p>I have had limited contact with Struell staff and clients recently although from two recent visits in Struell and linking in with staff for Links meetings I can advise that-</p> <p>Struell staff continue to support the clients to engage in community activities. Staff highlight any concerns as necessary which may impact their ability to care for the clients. Staff show concern for the clients physical health raising concerns with the GP as and when necessary.</p> |

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| 5. | <p>The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL</p> |
| | <p>Datix x 10 7 x inappropriate/aggressive behaviour 1 x self-injurious behaviour</p> |

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| | 1 x unsafe staffing levels 1 x property |
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| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | Two |

| | |
|---|--|
| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | <p>There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service. DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker.</p> |

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| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | 1 x Compliment received regarding good practice by staff. RM has shared with the team. |
| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL |
| | <p>RQIA Pharmacy inspection took place on 09.01.24</p> <p>Recommendations: Ensure personal medication records and medication administration records match and reflect prescriber's most recent instructions. The following measures have been put in place - <u>Pharmacy informed.</u> Staff team informed and updated via email and supervision to ensure both the Kardex and Mars sheet descriptions match. Staff to check when completing the incoming medications and to inform the pharmacy if required if correction is required.</p> |

RQIA care inspection took place August 2024
Please see progress of QIP outlined above

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| 9. | Commentary on progress made on planned improvements. |
| | Please see progress of QIP outlined above |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | Nil |

| | | |
|-----|---|--|
| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL | |
| | Environment is clean, tidy and well maintained. | |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL | |
| | Training matrix to be brought up to date | |
| | Service users' finance S/E/C/WL – | |
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced in 2022. If capacity assessment has been completed by the social worker form 6 can be completed |
| | Record the number of tenants' files audited | Two |
| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes |
| | Have there been any recommendations within internal audit reports that remain outstanding? | Finance audit completed 12/06/24. No report was available for review and this has been requested. |

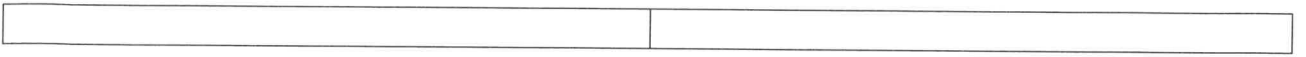
| | | |
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| | | |
| | Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Yes June 2024 |
| | Medication | |
| | Are all training records up to date and recorded appropriately? | Staff training and competencies are up to date. |
| | Record the number of training topics audited. | |
| | Supervision Records – | |
| | Supervision/appraisal records up to date and in line with agency policy? | Appraisals are in date for those staff that are currently not absent from work. Supervisions are referenced in point 6 of action plan above. On going high level of sickness within the team. |
| | | |
| | | |
| | Have staff from any other domiciliary care agency been used in the past month? | Admin covering maternity leave |
| | If yes, how many? | 1 |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | | |

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| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
| | | |

14.

| Actions | By Whom | Date |
|---|--|--|
| Service user finance assessment in line with agreed procedure | Registered manager and aligned social worker | Finance audit took place 12/06/24 Awaiting report |
| Staff sickness and recruitment | Registered Manager | Interviews held 29/06/24 Fourteen staff recruited and six have accepted subject to checks etc. |
| Staff training to be reviewed | Registered Manager | Review September |
| Training matrix to be reviewed to incorporate up to date requirements | Registered Manager | Review September |
| Supervision – Please see point 6 of action plan above | Registered Manager | Review September |
| Complete competency assessments for all staff | Registered Manager | Review September |
| Standard E8 Call bell point fitted to all bedrooms | Registered Manager | Review September |

| | |
|---|---------------------|
| Signed: | <i>Jenny Haller</i> |
| Date completed: | 19.08.24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 03.09.24 |



**Report of Registered Providers Monitoring Report –
Residential Care**

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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|---|--|
| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
|---|--|

| | |
|--|--|
| Name of the registered provider and their position in the organisation | Roisin Coulter |
| | Chief Executive Trust Headquarters Ulster Hospital |
| | BT16 1RH |
| Date and Time of Visit | 23/09/24 12.30 |
| Name and designation of the monitoring officer | Sarah-Lee Miley Interim Deputy Manager Bangor Supported Living |
| Was this visit announced or unannounced | Announced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw Registered Manager |

| Actions from previous visit | Progress |
|--|--|
| Previous monitoring report received, carried out by Jenny Haller 19.8.24 | |
| Service user finance assessment in line with agreed procedure | Finance report Received today to be reviewed |
| Standard E8 call bell point fitted to all bedrooms | Ongoing-featured in last years QIP from RQIA. |
| Staff sickness and recruitment | 14 Staff on long term sickness, CS meeting HR business partner to discuss. |

| | |
|---|---|
| | 23 posts available, 8 replacement posts due to retirement/leaving service etc. Recruitment taking place 28.9.24 |
| Staff training to be reviewed | Training up to date and evidenced at RQIA inspection. RQIA inspection raised the issue that all staff should take place in a fire drill at least once a year and this is to be recorded as fire drill training |
| Training matrix to be reviewed to incorporate up to date requirements | Fire drill training added. All staff up to date, new staff working through mandatory training at present |
| Supervision files | Appraisals are in date. 3 supervision files audited- 1-staff had last supervision carried out in January however, 2 periods of sick leave were noted, the most recent in August and RTW form had been completed. 2-Staff member had induction in December, Supervision in February, Competency in August and had completed NISCC workbook. 3-Agency file with profiles and local inductions signed off. |
| Standard 25.3 Annual competency assessments for all staff Five noted as outstanding | All competencies now updated except for 1 band 5 who is on sick leave |
| Staff meetings at least every three months | Yes-increased due to proposed arrival of new service user |

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| Visit Details- | |
| <p>Was given a tour of the building including new extension & garden. Was shown improvements in service user's bedrooms including a colourful mural on service user's bedroom wall. Two service users at home at time of visit and others arriving home during. All appeared content and interacting positively with staff.</p> <p>Staff on Duty- Rota reflected safe staffing levels-5 Trust staff on duty AM/PM 2 Agency staff on rota (1 did not arrive for shift and other staff utilised for in reach)</p> | |
| Number of service users | 5 |
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| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> |
| | <p>The service users in the unit have limited communication and would not be able to reflect their views for the purposes of this report.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> |
| | <p>One family contacted ██████- “I am absolutely delighted. (██████) loves it and all the staff there.” ██████ commented that her son had limited communication to express himself but it was “plain to see” just how much he enjoys living there. When the family take him out, he is always keen to return. She commented, “staff are all so friendly and welcoming and we are made to feel like family.” She mentioned that Struell staff had supported her son to attend a family christening recently. ██████ said she was more than happy with the facility, commenting that her son will use the lounge on occasion but he has the option to relax in his own space, which is very important to him. She has noticed that in the 2.5 years, her son has been in the facility that his medication has reduced and he appears much more settled.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> |
| | <p>Agency Staff member- Commented he had been made to feel very welcome by the team and was enjoying his time at Struell Lodge. (Supplied by NC Healthcare)</p> <p>B5 staff member- Noted that there was some dissatisfaction around the management of change in relation to length of shifts but understands this is happening across all services. Commented that team is still adapting to use of encompass system however one of the senior staff members has a good understanding and has been sharing useful information with rest of team. Staff member has been in the service for a number of years and has a good relationship with team members and service users they support. Commented that the sensory room is being put to good use for one service user. There had been an increase in medication errors noted and staff are carrying out frequent medication counts.</p> <p>Registered Manager update- High levels of absence being addressed with HR. New standardised rotas now in place, which has caused some dissatisfaction in the team, however the reasoning behind this has been explained thoroughly and is in line with other services. Acting band 6 deputy manager may not remain in role due to health concerns.</p> |
| 4. | <p>Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL</p> |
| | <p>1 referring professional consulted and provided email feedback- “During my recent visits to Struell I have observed the staff supporting clients with their care needs and encourage their engagement in community activities. Staff actively following up concern re: client’s physical health appropriately and raise concerns they have regarding the welfare of the clients or any changes in clients presentations timely.”</p> |

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| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | Datix 8/9/24-22/9/24 19 incidents recorded 5 of which are medication errors |

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| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | 10 1A notifications screened out |

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| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service. DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker. |

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| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None |
| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL |
| | RQIA inspection took place on 10.9.24 QIP recommendations- See training, Fire drills to be added Standard E8 call bell point fitted to all bedrooms |

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| 9. | Commentary on progress made on planned improvements. |
| | <p>Ongoing-focus has been on amendments required in extension</p> <p>In reach continuing for new service user</p> <p>Staff training-Bespoke training in MAPA considering helmet and splints, also PBS, SLT, Communication, Epilepsy management</p> <p>Recruitment event in Balloo day centre. Open day 7th Sept and interviews 28th September.</p> <p>3 new starts confirmed from June recruitment.</p> |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | None recorded |


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| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL | |
| | Environment is clean, tidy and well maintained. New extension area is bright and spacious. Service user's rooms were well maintained and personalised. Great outdoor space. | |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL | |
| | Supervisions to be brought up to date | |
| | Service users' finance S/E/C/WL – | |
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced in 2022. Form's 4/6 to be completed. |
| | Record the number of tenants' files audited | 2 |
| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage | Yes, working towards updating these |

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| | their money? | |
| | Have there been any recommendations within internal audit reports that remain outstanding? | Tracey Watts has completed finance review. Inventory sheets being completed. |
| | Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Staff training in date |
| Medication | | |
| | Are all training records up to date and recorded appropriately? | Yes |
| | Record the number of training topics audited. | Medication incidents have increased, investigation being completed RQIA involvement Staff completed competencies All staff completed NISCC medication training. |
| Supervision Records – | | |
| | Supervision/appraisal records up to date and in line with agency policy? | Not at present |
| | | |
| | Have staff from any other domiciliary care agency been used in the past month? | Yes |
| | If yes, how many? | 25 |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes Advanced and NC healthcare |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an | |

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| | ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? |
| | Yes |
| | Needed for in reach support |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? |
| | Yes – copy in file |
| | |

14.

| Actions | By Whom | Date |
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| Supervision files up to date | | |
| Standard E8 call bell point fitted to all bedrooms | | |
| Update on staff absences | | |
| Finance report Received today to be reviewed | | |
| Update of SU financial support plan | | |

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| Signed: |  |
| Date completed: | 23.9.24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 1.10.24 |

Report of Registered Providers Monitoring Report – Residential Care

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
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| Name of the registered provider and their position in the organisation | Roisin Coulter |
| | Chief Executive Trust Headquarters Ulster Hospital |
| | BT16 1RH |
| Date and Time of Visit | 19.11.24 10am Data reviewed for month of October |
| Name and designation of the monitoring officer | Sarah-Lee Miley Interim Deputy Manager Bangor Supported Living |
| Was this visit announced or unannounced | Unannounced |
| Name of person in charge of the agency during the monitoring visit | Claire Shaw Registered Manager (Not on duty at time of visit) |

| Actions from previous visit | Progress |
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| Supervision files up to date | Evidenced that this is being addressed 13 supervisions taking place in October |
| Standard E8 call bell point fitted to all bedrooms | Being fitted 19.11.24 |
| Staff sickness and recruitment | 8 successful interviewees for Struell at last recruitment event – 6 accepted. 4 new staff started from June recruitment. 1 has handed in their resignation. |

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| Staff training to be reviewed | Training matrix audit completed and email sent to all staff of outstanding training/ dates required. |
| Finance report to be reviewed & Update of SU financial support plan | Update to be provided |

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| Number of service users | | 5 |
| 1. | Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL | |
| | <p>The service users in the unit have limited communication therefore would not be able to reflect their views for the purposes of this report.</p> <p>2 service users were present at time of visit and there was adequate staffing. Service users interacting positively with staff present. 1 service user was preparing to go out with staff on the bus and was going to purchase an ice cream while out. Service users appeared happy in the environment.</p> | |
| 2. | Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL | |
| | <p>NOK of resident ██████████ contacted and commented that her brother was “very settled” at present. She felt that “Staff are always lovely” however there had been a “huge change in staff” and she did not know them as well as the previous staff yet. She said that she would have thought that these changes would have had a negative impact on her brother; however, he has managed well even though he would “miss the staff he was close to”. She feels that the facility meets his needs; he always asks to return when he goes out and that it is a very friendly environment. She commented that she enjoys that she can “just pop in” to see her brother and is always made to feel welcome.</p> | |
| 3. | Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL | |
| | <p>Two staff members interviewed-</p> <p>1. Staff member believes that changes to shift patterns and rotas have had a negative impact on morale. Staff member noted that there have been a number of resignations and they have concerns about staff retention. Commented that this is difficult for service users as when new staff are recruited it takes time for them to develop relationships and rapport with them.</p> <p>2. Staff member has not had supervision for some time. Training is up to date and is allocated plenty of time to complete courses. Staff member said there are regular staff meetings particularly with new service user due to move in. Senior management have been present. Mentioned high levels of staff sickness.</p> | |

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| 4. | Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL |
| | Professional contacted via phone and email but have not provided response. |

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| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | Datix review 1st-31st October 24 18 Incidents reported 16 Behaviour 1 Fall, 1 property Damage 1 Medication |

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| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
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| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service. DoLS folder has been introduced for the five residents and this updates renewals as agreed by aligned social worker. |

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| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL |
| | None |
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| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL |
| | <p>RQIA inspection took place on 10.9.24</p> <p>QIP recommendations-</p> <p>See training, Fire drills to be added to Matrix, this training has been facilitated on site.</p> <p>Standard E8 call bell point fitted to all bedrooms-Being fitted 19.11.24</p> |

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| 9. | Commentary on progress made on planned improvements. |
| | <p>Ongoing-focus has been on amendments required in extension</p> <p>Recruitment event held in Balloo day centre. 8 successful for Struell – 6 accepted.</p> <p>4 new staff started from June recruitment. 1 has handed in their resignation.</p> <p>Ongoing team meetings being held with update on new admission</p> <p>Management of Change completed and new rotas commenced on 9th Sept.</p> <p>Appraisals and supervisions – ongoing</p> <p>In reach continuing for new service user</p> <p>Staff training-Bespoke training in MAPA considering helmet and splints, also PBS, SLT, Communication, Epilepsy management</p> |

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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | None recorded |


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| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL |
| | <p>Environment is clean, tidy and well maintained. New extension area is bright and spacious. Service user's rooms were well maintained and personalised. Great outdoor space.</p> |

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| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL | |
| | Supervisions to be brought up to date | |
| | Service users' finance S/E/C/WL – | |
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced in 2022. Form's 4/6 to be completed. |
| | Record the number of tenants' files audited | 2 |
| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes, working towards updating these |
| | Have there been any recommendations within internal audit reports that remain outstanding? | Tracey Watts has completed finance review. Inventory sheets being completed. |
| | Have all relevant staff been trained in the agency's procedures on "handling service users money"? | Training audit complete and staff with outstanding training made aware |
| | Medication | |
| | Are all training records up to date and recorded appropriately? | Yes |
| | Record the number of training topics audited. | Medication incidents had increased however a reduction reflected in this months Datix review. Staff completed competencies- Evidence of ongoing training and competencies being completed noted at monitoring visit. |

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| Supervision Records – | | |
| Supervision/appraisal records up to date and in line with agency policy? | | 2 band 3 supervision files audited, both had up to date appraisal and evidence of return to work interviews being completed. One file missing staff information sheet and NISCC registration details however, this is monitored by checking online register as per B5 on shift. Both files supervisions out of date but evidence that this is being addressed at present with 13 supervisions taking place in October. |
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| | | |
| Have staff from any other domiciliary care agency been used in the past month? | | Yes |
| If yes, how many? | | 25 |
| Were they recruited from a domiciliary care agency registered with RQIA? | | Yes Advanced and NC healthcare |
| Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | | |
| | | Yes |
| Needed for in reach support | | |
| Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | | |
| | Yes – copy in file | |
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| 14. | | |
| Actions | By Whom | Date |
| Supervision files up to date | | |

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| Training to be brought up to date, sample of courses looked at during visit- Vulnerable adults 6 outstanding and all new staff to complete Epilepsy management- 9 outstanding and new staff to complete | | |
| Update on staff absences | | |

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| Signed: |  |
| Date completed: | 19.11.24 |
| Date report forwarded/discussed with the registered manager and monitoring individual: | 19.11.24 |

Report of Registered Providers Monitoring Report – Residential Care

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
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| Name of the registered provider and their position in the organisation | Roisin Coulter |
| | Chief Executive Trust Headquarters Ulster Hospital |
| | BT16 1RH |
| Date and Time of Visit | 26th November, 2024 12.45pm-3.30 pm |
| Name and designation of the monitoring officer | Patsie McManus senior manager and Mary Quinn |
| Was this visit announced or unannounced | Unannounced |
| Name of person in charge of the agency during the monitoring visit | Holly Carlisle and John Paul McKendry |

| Actions from previous visit | Progress |
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| Supervision | Staff files audited indicates supervision remains outstanding. See main body of report for additional information. |
| Standard E8 call bell point fitted to all bedrooms | Progressed just awaiting parts for final completion |
| Staff sickness and recruitment | 4 staff started from June recruitment. 1 has since handed in their resignation. |
| Staff training | Training matrix audit indicates a continuing number of outstanding modules |

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| Number of service users | 5 |
| 1. | <p>Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL</p> |
| | <p>The service users in the unit have limited communication therefore would not be able to reflect their views for the purposes of this report.</p> |
| | <p>Five service users were present at time of visit as day services were closed for a training day. Staff were observed to be supporting and interacting with all residents.</p> |
| | <p>1 service user could be heard singing along to music.</p> |
| 2. | <p>Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all relatives/friends each month. S/E/C/WL</p> |
| | <p>█ mum contacted – voicemail and email details left. No response received. █ mum – comments can be summarized as follows: I don't have such positive feedback this time around. I don't get to physically visit as much as I'd like because of knee surgery and a subsequent fall so I have to rely on telephone contact. This isn't always great as there are a lot of new staff and I don't feel they know █ that well. Staff JH (keyworker) and JPMcK are very good to █ and took him up to the north coast for a short break recently to celebrate his birthday. There is a high turnover of staff and this can be difficult and unsettling for █ as he takes time to get to know people. Staff morale is very low. Disappointed and frustrated that there has been no progress with █ getting his own room despite this being promised by the previous temporary manager. Someone is coming now form Muckamore but families are being kept very much in the dark about this.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> |
| | <p>Two staff members interviewed. Both referenced the significant number of staff absences, resignations, high number of agency staff and poor morale. 1 band 5 staff interviewed said she had resigned her post reluctantly but had become very demoralized with the management of the unit, particularly the manner in which a new shift pattern had been introduced and the lack of perceived meaningful engagement, consultation or negotiation around this. Other band 5 staff commented “ There have been meetings but we haven't been listened to just told what would be happening” Staff in charge cited a whistleblowing report to RQIA on Monday 25th November and the subsequent contacts from the aligned inspector. The issue relayed by staff was relating to staff from supported living and Struell Lodge covering across both services. Staff report that RQIA have been misinformed as to the duty rota and</p> |

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| | <p>they are continuing to liaise with senior management to clarify this. Monitoring officers observed this ongoing liaison at today's visit.</p> <p>There are five Band 5 posts vacant as two staff are on long-term sick leave and three have accepted new employment.</p> <p>Staff referenced their concerns regarding the impact of high numbers of agency staff on residents. The success of some residents' care plans was described as "relying on trust and the development of a rapport with staff" This is unable to be fulfilled at present". Staff further went on to say that this situation will be exacerbated from December 2nd when rotas are indicating that 50% of staffing will be from agencies. Staff expressed concerns about the impact of this on residents' quality of life.</p> <p>Staff advised of "burn out" due to poor work / life balance and cited being on duty for nine consecutive days.</p> <p>Difficulties being able to undertake supervision with Band 3s as well as online training</p> <p>The registered manager is on sick leave. Staff reported difficulties with accessing the manager on call. Senior manager is aware and will be addressing this.</p> |
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| 4. | <p>Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL</p> |
| | <p>ISS staff member "During my recent visits to Struell Lodge I have found staff to be supportive towards clients".</p> <p>Manager of Mountview stated "Staff accompany service users to day care which is of great support as we are continuing to rebuild the BSU. Recently it has been agency staff who don't know the guys. I have liaised with the manager as there was 1 day the staff member accompanying fell asleep and another when the agency staff member didn't respond appropriately to behavior of concern. The manager was very amenable and has ensured core staff now accompany to day care"</p> |

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| 5. | <p>The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL</p> |
| | <p>Since last monitoring visit and for the period 19/11/24-26/11/24 there were total of 9 DATIX incidents reported in Struell Lodge.</p> <p>All 9 related to Behaviour</p> <p>4 – physical aggression towards staff</p> <p>5 – self harming behaviour</p> <p>Given the manager is on sickness leave, we were unable to view Datix on the day however the service manager provided the information. Datix to be reviewed on</p> |

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| | system next visit. |
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| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | <p>Advised by staff 2 notifiable incidents to RQIA. One safeguarding (screened out) 1 medication found on bathroom floor. Doesn't tally with section 5 but may have been in previous reporting period as unable to access Datix system to confirm. Action for December.</p> |

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| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | <p>There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, Locked doors, access in / out of the garden.</p> <p>DoLS folder reviewed for all five residents and this is updated as required. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through "Struell Links" meetings which are chaired by the Trust's Intensive Support Service.</p> |

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| 7. | Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL | |
| | No complaints reported | |
| 8. | Requirements and recommendations specified in the RQIA's Quality Improvement Plan. S/E/C/WL | |
| | Requirements | Completion Date Progress |
| | RQIA inspection completed 10th September,2024. QIP as follows: | |
| | <u>Reg 20 (1)(c) The registered person shall ensure that all mandatory training is kept up to date for staff.</u> | 1 Jan 2025 Evidence of some training planned – PBS, MAPA specific, SLT however matrix would need |

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| <p><u>Reg 27 (2)(1) The registered person shall ensure that there is suitable storage provision for the purposes of the home.</u></p> <p><u>Reg 27 (4)(a) The registered person shall ensure that the Fire Risk Assessment remains current and up to date and that any required actions are completed within the specified time frame.</u></p> <p><u>Standard E8 The registered person shall ensure that a call bell point is fitted in the one identified bedroom. Stated for the second time (May 23)</u></p> <p><u>Standard 31 The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber's most recent instructions.</u></p> <p><u>Standard 24 The registered person shall ensure all staff have a recorded supervision no less than every six months.</u></p> <p><u>Standard 29.6 The registered person shall ensure all staff participate in a fire drill at least once a year</u></p> <p><u>Standard 27 The registered person shall ensure that the administration store and domestic store are tidied and any items are removed from the floor.</u></p> <p><u>Standard E27 The registered person shall ensure that the cupboards in the dining /lounge area are secured to the wall</u></p> | <p>1 Jan 2025</p> <p>By December 24</p> <p>2/5/23. Not reviewed as part of the inspection, to be carried forward</p> <p>16th January 2024 Not reviewed as part of the inspection, to be carried forward</p> <p>1 December 2024</p> <p>1 Jan 2025</p> <p>1 Dec 2025</p> <p>1 Dec 2025</p> | <p>updated. (see section 9)</p> <p>Business case in process</p> <p>On-going liaison with estates re Fire risk assessment. Current.</p> <p>Fitting is partially completed.</p> <p>Medications files reviewed on an on-going basis.</p> <p>Not currently compliant – 2 files reviewed today (see section 9)</p> <p>Training scheduled. Matrix shows 26 staff out of date and would need updated.</p> <p>Achieved and viewed today</p> <p>Achieved and viewed today.</p> |
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| 9. | Commentary on progress made on planned improvements. |
| | <p>Reg 20 (1) (c) Training matrix reviewed today, however, it is difficult to gauge reliability of the information if matrix not updated in the managers absence.</p> <ul style="list-style-type: none"> • Fire safety was noted to be out of date for 26 staff. |

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| | <ul style="list-style-type: none"> • Safeguarding is outstanding for seven newly appointed staff. • NISCC registrations appear to be outstanding for some staff, however, this is reflected as up to date in a separate manual folder. Noted that some staff on online register are no longer employed in the service. <p>Reg 27 (2) (1) A business case is in process to provide suitable storage space throughout the building – on-going</p> <p>Standard E8 - Not inspected by RQIA, however, fitting is partially completed, some outstanding parts required.</p> <p>Standard 24 Supervision to take place no less than every six months, records don't reflect compliance with this however difficult to confirm in absence of manager Two files reviewed for two different grades of staff. Files were found not to cross reference with supervision schedule. <u>Band 5</u> staff last recorded supervision minutes dated January 2024. Schedule records supervision for May and July. Staff meeting minutes dated 15.10.24 are in supervision file as supervision record but do not contain any signatures. The file contains no evidence of induction. <u>Band 3</u> induction is incomplete. There is no signed supervision agreement on file. No evidence of supervision minutes.</p> <p>Standard 29.6 All staff to participate in annual fire drill Training scheduled. Matrix shows 26 staff out of date for fire safety and would need updated.</p> <p>Standard 27 Administration store and domestic store to be tidied – Achieved</p> <p>Standard E27 Cupboards in dining / lounge area to be secured to the wall - Achieved</p> |
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| 10. | <p>The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL</p> |
| | <p>One reviewed and discussed with staff on duty. Advised was screened out.</p> |

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| 11. | <p>Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL</p> |
| | <p>Environment is clean, tidy and well maintained. New extension area is bright and spacious. Service user's rooms were well maintained and personalised. Great outdoor space. There has been an artist involved in completing artwork around the building. This is in process</p> |
| 12. | <p>Other improvements planned as a result of observations during this visit.</p> |

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| S/E/C/WL | |
| Service user finance and other records require signatures from community social workers Service user finance files – staff signature sheet requires updating | |
| Service users' finance S/E/C/WL – | |
| Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced in 2022. Forms 4/6 to be completed. Staff advised that most are below required threshold |
| Record the number of tenants' files audited | 2 |
| Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes, working towards updating these |
| Have there been any recommendations within internal audit reports that remain outstanding? | <i>Tracey Watts has completed finance review. Inventory sheets being completed.</i> Unable to get an update in managers absence. For action plan |
| Have all relevant staff been trained in the agency's procedures on "handling service users money"? | <i>Training audit complete and staff with outstanding training made aware</i> Unable to get an update in managers absence. For action plan |
| Medication | |
| Are all training records up to date and recorded appropriately? | Unable to confirm in managers absence |
| Record the number of training topics audited. | Please see section 9 & action plan |
| Supervision Records – | |
| Supervision/appraisal records up to date and in line with agency policy? | Please see section 9 & action plan |
| | |
| Have staff from any other domiciliary care | Yes |

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| | agency been used in the past month? | |
| | If yes, how many? | 25 advised by staff |
| | Were they recruited from a domiciliary care agency registered with RQIA? | Yes Advanced and NC healthcare |
| | Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)? | |
| | | Yes |
| | Needed for in reach support | |
| | Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| | Yes – copy in file | |
| | Need to review profiles action | |

| 14. | | |
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| Actions | By Whom | Date |
| Staff comments. To be relayed to person in charge in absence of the manager to ensure awareness | Patsie McManus | Review December |
| Supervision remains outstanding and may require plan to resolve due to being QIP action for completion by Dec 2024 | Person in charge | Review December |
| Training/training matrix either outstanding or matrix not updated. Again is a QIP action and due for completion Jan 2025 | Registered manager | Review December |
| Agency staff profiles to be available for review in December | Person in charge | Review December |
| Medication training Unable to confirm training in managers absence | Person in charge | Review file in December |
| Access to Datix system for monitoring purposes and to ensure reportable incidents tally. | Person in charge | Review December |

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| Update NISCC online register | Person in charge | Review December |
| Update required on financial audit and finance training. | Person in charge | Review December |
| Social worker signatures required in finance files in line with procedure | Registered manager | Ongoing issue |
| Staff recruitment | Registered manager | Ongoing issue |

Report Conclusion

I confirm that this report is an accurate reflection of the unannounced monitoring to Struell Lodge on **Date:** 27/11/24

| Registered provider/designated person completing this report | |
|---|--|
| Signature: | <i>Mary Quinn</i> <i>P. Adams</i> |
| Date report completed: | 9/12/24 |
| Date report forwarded / discussed with the manager : | 16/12/24 |
| Registered manager/acting manager/person in charge | |
| Signature: | |
| Date: | |
| Designation: | Registered Manager/Person in charge |

Report of Registered Providers Monitoring Report – Residential Care

(S/E/C/WL)

SAFE, EFFECTIVE, COMPASSIONATE, WELL LED. Service.

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| Name and address of the domiciliary care agency | Struell lodge Residential Home Downpatrick BT30 6JG |
| Name of the registered provider and their position in the organisation | Roisin Coulter |
| | Chief Executive Trust Headquarters Ulster Hospital |
| | BT16 1RH |
| Date and Time of Visit | 16th December,2024 10.30 am-12 md Subsequent visit carried out 6th Jan 2025 to address areas of outstanding information. A number of these remain outstanding as indicated. Email sent to Senior manager 6/1/24 who clarified she is current registered manager and will update information. No update received 22/1/25-final report issued |
| Name and designation of the monitoring officer | Mary Quinn |
| Was this visit announced or unannounced | Unannounced |
| Name of person in charge of the agency during the monitoring visit | Colin Edgar B5 |
| | Manager Claire Shaw–sickness leave Registered manager – Diana McIntyre Patel |
| Actions from previous visit | Progress |
| Supervision remains outstanding and will require plan to resolve due to being QIP action for completion by Dec 2024 | Staff spoken with today (2 x B3) said they had received one supervision since starting in post over a year ago. |

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| | See main body of report for additional information. Not advised of any plan in place. |
| Standard E8 call bell point fitted to all bedrooms | Progressed just awaiting parts for final completion |
| Staff sickness and recruitment | Recruitment to B5 EOI posts being interviewed today. Staff sickness remains high. |
| Medication training Unable to confirm training in managers absence | Staff in charge advised their training had been completed via NISCC and was not aware of any further training undertaken / delivered. |
| Agency staff profiles to be available for review in December | Four profiles reviewed. No issues pertaining. |
| Staff training | Training/training matrix either outstanding or matrix not updated. <u>Again is a QIP action and due for completion Jan 2025</u> |
| Update required on financial audit and finance training. | Staff in charge did not have the information on 16.12.24 or 6.1.25 monitoring visits |
| Social worker signatures required in finance files in line with procedure | Staff in charge did not have the information on 16.12.24 or 6.1.25 monitoring visits |
| Update NISCC online register | Staff in charge did not have the information on either 16.12.24 or 6.1.25 monitoring visits |

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| Number of service users | | 5 |
| 1. | Number of service users consulted and summary of their views on the quality of care and support provided by the agency. This section should reflect a selection of all service users each month. S/E/C/WL | |
| | The service users in the unit have limited communication therefore would not be able to reflect their views for the purposes of this report. | |
| | Three service users were present at time of visit. One service user was being supported by two staff to go on a short outing. Third service user who does not attend daycare was also being supported to choose an activity. Another service user was having a visit from his mum. Staff were observed to be supporting and interacting with all residents. | |
| 2. | Number of relatives/friends consulted and summary of their views on the quality of care and support provided by the agency. This section should | |

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| | <p>reflect a selection of all relatives/friends each month. S/E/C/WL</p> <p>Parent of one service user consulted. Feedback can be summarised as follows: doing ok and familiar staff who know him were on duty last Monday. This helped to calm down after a very difficult time the previous day. He was supposed to come home for a visit but there were a number of unfamiliar staff on duty and reacted to this through hitting out. Incidents continued for most of the day lasting until around 9pm and so S was unable to come home. This caused him to repeatedly say "Comber" because he couldn't understand why the visit hadn't happened.</p> <p>Concern expressed over lack of management cover. Band 5 staff "running the place".</p> <p>Loss of long serving staff, concern that others may resign and impact on the residents.</p> <p>Visits to the home and finding a "strained" atmosphere. "Staff putting on a brave face but morale seems very low".</p> <p>The introduction of a new resident with high level staff support and no trust communication with families. Finding out "accidentally" from staff that this was happening. Staff appeared to be "uptight" and "not fully informed".</p> <p>Visiting the home on Wednesday (18.12.24) and finding the new resident being introduced and a meeting taking place.</p> <p>She noted that a high number of agency staff who are unfamiliar to the residents.</p> |
| 3. | <p>Number of staff on duty interviewed and summary of their comments on the standard of care provided. S/E/C/WL</p> |
| | <p>Five staff were present in the unit this morning – 1 x B5 and 4 x B3. All staff were consulted. Two B3 staff expressed concern at the continuing high incidence of sickness absence and staff resignations and the considerable number of agency staff in the service. When asked how they felt these factors impacted the standard of care provided staff commented that service user activities were being compromised, that staff were doing their best to compensate but that overall it seemed unfair that "service users should miss out".</p> <p>One staff member said she had been called away from the residential home to administer medication in supported living. Staff reported a further alteration to their shift pattern since the last monitoring visit and said this had not been consulted upon.</p> <p>Staff reported dissatisfaction with the Datix recording system advising that there is no opportunity to record the increased frequency of "known behaviours" and cited an escalation in two particular service users' behaviours, one of whom required three staff for a considerable part of the previous day.</p> <p>Staff referenced the arrival of a new service user but said the date for this was not yet finalised. Earliest date suggested is 30th December. It is advised that some core staff have been trained in bespoke MAPA. A number of NC agency staff are on an in reach programme of assessment and familiarization.</p> <p>Senior staff on duty reported inconsistency with management cover (the registered manager is on sick leave). When asked who he would contact today he named the manager on call.</p> <p>Two further Band 3 staff were consulted. Both are relatively new to the service and commented that while Struell was a good place to work, things were "challenging" recently.</p> <p>B5 staff said "We feel this situation is deteriorating. No one is listening. It's</p> |

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| | frustrating. RQIA are in here inspecting the new flat and they are turning a blind eye”. |
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| 4. | Number of referring professional interviewed/consulted and a summary of their comments on the standard of care provided by the agency. S/E/C/WL |
| | Email comments from CNLD “I am aware at present of high level of staff sickness and short staffing issues. These issues have an overall impact on the ethos and morale of staff which can be evident. On a positive note, when I have contact with staff members regarding residents care they are knowledgeable, caring and compassionate and are dedicated to the care of the residents. The environment itself is homely and person centred”. |

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| 5. | The number of accidents/incidents or other untoward events, including restrictive interventions, restraint as defined by the DHSS 2005 guidance on restraint. S/E/C/WL |
| | 6th January 2025 The recently registered manager for the service, Diana Patel was on annual leave. There was therefore no access to Datix information from the period between last monitoring visit 26 th November and 16 th December. The deputy manager on duty was able to provide manual recordings of incidents from 24 th December – 6 th January. These will be represented in January’s monthly monitoring report. No Datix recorded in this report for period before 24/12/24 as deputy manager unable to access. To be priority for next visit. |

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| 5(a) | Have all incidents been reported to the RQIA? S/E/C/WL |
| | Information is outstanding from November monitoring report in respect of two notifiable incidents – 1 x safeguarding 1 x medication found on bathroom floor, however, may have been included in previous reporting period. Registered manager to clarify. No update available by 22/1/25. |

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| 6 | Restrictive Practice Review (Taking into account weekly operations RP report) Comment on any concerns / actions requiring resolution e.g. outstanding Best Interest meetings etc. S/E/C/WL |
| | There are a number of DoLS in place for all five residents in the home as follows: Finances Medication Personal property, Keypad access to the building, |

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| | <p>Locked doors, access in / out of the garden.</p> <p>DoLS folder reviewed for all five residents and this is updated as required. DoLS are cross referenced in care plans. All restrictive practices are reviewed annually with the multidisciplinary team and MCA applications. DoLS are also reviewed monthly through “Struell Links” meetings which are chaired by the Trust’s Intensive Support Service.</p> |
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| 7. | <p>Key findings from looking at the records of complaints during this and the previous month. S/E/C/WL</p> |
| | <p>No complaints reported</p> |

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| 8. | <p>Requirements and recommendations specified in the RQIA’s Quality Improvement Plan. S/E/C/WL</p> |
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| Requirements | Completion Date | Progress |
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| <p>RQIA inspection completed 10th September,2024. QIP as follows:</p> | | |
| <p><u>Reg 20 (1)(c) The registered person shall ensure that all mandatory training is kept up to date for staff.</u></p> | <p>1 Jan 2025</p> | <p>Evidence of some training planned – PBS, MAPA specific, SLT however matrix would need updated. (see section 9)</p> |
| <p><u>Reg 27 (2)(1) The registered person shall ensure that there is suitable storage provision for the purposes of the home.</u></p> | <p>1 Jan 2025</p> | <p>Business case in process</p> |
| <p><u>Reg 27 (4)(a) The registered person shall ensure that the Fire Risk Assessment remains current and up to date and that any required actions are completed within the specified time frame.</u></p> | <p>By December 24</p> | <p>On-going liaison with estates re Fire risk assessment. Current. <u>6.1.25 – information outstanding</u></p> |
| <p><u>Standard E8 The registered person shall ensure that a call bell point is fitted in the one identified bedroom. Stated for the second time (May 23)</u></p> | <p>2/5/23. Not reviewed as part of the inspection, to be carried forward</p> | <p>Fitting is partially completed.</p> |
| <p><u>Standard 31 The registered person shall ensure that personal medication records and medication administration records match and reflect the prescriber’s most recent instructions.</u></p> | <p>16th January 2024 Not reviewed as part of the inspection, to be carried forward</p> | <p>Medications files reviewed on an on-going basis.</p> |

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| <u>Standard 24</u> The registered person shall ensure all staff have a recorded supervision no less than every six months. | 1 December 2024 | Not currently compliant – 2 staff interviewed today |
| <u>Standard 29.6</u> The registered person shall ensure all staff participate in a fire drill at least once a year | 1 Jan 2025 | Training scheduled. Matrix shows 26 staff out of date and would need updated. Not currently compliant. |
| <u>Standard 27</u> The registered person shall ensure that the administration store and domestic store are tidied and any items are removed from the floor. | 1 Dec 2024 | Achieved and viewed at November visit |
| <u>Standard E27</u> The registered person shall ensure that the cupboards in the dining /lounge area are secured to the wall | 1 Dec 2024 | Achieved and viewed at November visit |

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| 9. | <p>Commentary on progress made on planned improvements.</p> <p><u>Reg20</u> (1) (c) Training matrix reviewed today, however, it is difficult to gauge reliability of the information if matrix not updated in the managers absence.</p> <ul style="list-style-type: none"> • Fire safety was noted to be out of date for 26 staff. • Safeguarding is outstanding for seven newly appointed staff. • NISCC registrations appear to be outstanding for some staff, however, this is reflected as up to date in a separate manual folder. Noted that some staff on online register are no longer employed in the service. <p><u>Reg27</u> (2) (1) A business case is in process to provide suitable storage space throughout the building – on-going</p> <p><u>Standard E8</u> - Not inspected by RQIA, however, fitting is partially completed, some outstanding parts required.</p> <p><u>Standard 24</u> Supervision to take place no less than every six months. Supervision for staff interviewed today is in breach of this. Band 3 x 2 staff last supervision reported to have taken place in March. Staff said they have asked for supervision on two separate occasions.</p> <p><u>Update 6.1.24 - supervision schedule completed for Band 5 staff to commence week beginning 20.01.25</u></p> <p><u>Standard 29.6</u> All staff to participate in annual fire drill Training scheduled. Matrix shows 26 staff out of date for fire safety and would need updated as not compliant.</p> <p><u>Standard 27</u> Administration store and domestic store to be tidied – Achieved</p> <p><u>Standard E27</u> Cupboards in dining / lounge area to be secured to the wall - Achieved</p> |
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| 10. | The number of vulnerable adult incidents reported to the HSC Trust S/E/C/WL |
| | Information not available on both monitoring visits 16.12.24 and 6.1.25. No update by 22/1/25 |

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| 11. | Condition of the environment in which care is delivered and detail any action to be taken. S/E/C/WL | |
| | Staff have made a concerted effort to decorate the building for Christmas. Environment is clean, tidy and well maintained. New extension area is bright and spacious. Service user's rooms were well maintained and personalised. Great outdoor space. There has been an artist involved in completing artwork around the building. | |
| 12. | Other improvements planned as a result of observations during this visit. S/E/C/WL | |
| | Service user finance and other records require signatures from community social workers Service user finance files – staff signature sheet requires updating. Information not available on both monitoring visits 16.12.24 and 6.1.25 | |
| | Service users' finance S/E/C/WL – | |
| | Finances in order as outlined with the tenants' finance agreements? | Ongoing liaison with the aligned social worker to update financial assessments in line with finance policy introduced in 2022. Forms 4/6 to be completed. Staff advised that most are below required threshold |
| | Record the number of tenants' files audited | 2 |
| | Does each service user have a financial support plan which accurately reflects the way in which they are supported to manage their money? | Yes, working towards updating these |
| | Have there been any recommendations within internal audit reports that remain outstanding? | <i>Tracey Watts has completed finance review. Inventory sheets being completed.</i> |

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| | | <p>Unable to get an update in managers absence.</p> <p>Information not available on both monitoring visits 16.12.24 and 6.1.25</p> <p>For action plan.</p> |
| | <p>Have all relevant staff been trained in the agency's procedures on "handling service users money"?</p> | <p><i>Training audit complete and staff with outstanding training made aware</i></p> <p>Unable to get an update in manager's absence.</p> <p>For action plan.</p> |
| <p>Medication</p> | | |
| | <p>Are all training records up to date and recorded appropriately?</p> | <p>Unable to confirm in managers absence.</p> <p>Information not available on both monitoring visits 16.12.24 and 6.1.25.</p> <p>No update by 22/1/25.</p> <p>For action plan.</p> |
| | <p>Record the number of training topics audited.</p> | <p>Please see section 9 & action plan</p> |
| <p>Supervision Records –</p> | | |
| | <p>Supervision/appraisal records up to date and in line with agency policy?</p> | <p>Please see section 9 & action plan</p> |
| | <p>Have staff from any other domiciliary care agency been used in the past month?</p> | <p>Yes</p> |
| | <p>If yes, how many?</p> | <p>Approximately advised to be similar to November i.e 25</p> |
| | <p>Were they recruited from a domiciliary care agency registered with RQIA?</p> | <p>Yes Advanced and NC healthcare</p> <p>Profiles of four Advanced Care staff reviewed. No issues pertaining in respect of NISCC registration or training.</p> |
| | <p>Did the responsible person ensure that all the information specified in regulation 13 Schedule 3 had been met, in particular proof of identity, two references, and an ACCESS NI check prior to the supply of the worker to work in the home of service user(s)?</p> | |

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| | Yes |
| Needed for in reach support | |
| Has the status of staff who are foreign nationals been checked prior to the supply of the worker to work in the home of service user(s)? | |
| Yes – copy in file | |
| Need to review profiles action | |

| 14. | | |
|---|--------------------|--------------------------|
| Actions | By Whom | Date |
| Supervision Standard 24 July 2023 QIP | Person in charge | January monitoring visit |
| Training/training matrix either outstanding or matrix not updated. Again is a QIP action and due for completion Jan 2025 | Person in charge | January monitoring visit |
| Agency staff profiles to be available for review – Given the current high reliance on agency staff this will remain a standard action on all reports until further notice | Person in charge | January monitoring visit |
| Medication training Unable to confirm training in managers absence | Person in charge | January monitoring visit |
| Access to Datix system for monitoring purposes and to ensure reportable incidents tally. | Person in charge | January monitoring visit |
| Update NISCC online register | Person in charge | January monitoring visit |
| Update required on financial audit and finance training. | Person in charge | January monitoring visit |
| Social worker signatures required in finance files in line with procedure | Person in charge | Ongoing issue |
| Fire evacuation –fire drill for all staff | Person in charge | January monitoring visit |
| Staff recruitment | Registered manager | Ongoing issue |
| | | |

Report Conclusion

I confirm that this report is an accurate reflection of the unannounced monitoring to Struell Lodge on **Date:** 16/12/24, 6/1/25

| Registered provider/designated person completing this report | |
|---|--|
| Signature: | <i>Mary Quinn</i> |
| Date report completed: | 16/12/24 with request for outstanding information to person in charge on 20.12.24. Follow up monitoring visit carried out 6.1.25 and report updated accordingly |
| Date report forwarded / discussed with the manager : | 20/12/24 for updates Completed report forwarded to registered manager 6.1.25 for update. Final report sent 22/1/25 - |
| Registered manager/acting manager/person in charge | |
| Signature: | |
| Date: | |
| Designation: | Registered Manager/Person in charge |