

# Inspection Report

**24 August 2023**



## Strawberry Fields

**Type of Service: Residential Care Home**

**Address: 129b Staffordstown Road,  
Randalstown BT41 3LH**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Strawberry Fields  <b>Responsible Individual (RI):</b> Mrs Roisin McCann	<b>Registered Manager:</b> Mr Justin McCann  <b>Date registered:</b> 15 September 2022
<b>Person in charge at the time of inspection:</b> Mr Justin McCann, 9.30 am-2.00 pm Ms Rosanna McCann, 2.00 pm -3.20 pm	<b>Number of registered places:</b> 6  Category RC-DE (Dementia) applies to two named persons only
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b>  6
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to six residents.  The home occupies the ground floor of a house. Residents have individual bedrooms and access to a large spacious communal lounge, a dining room and communal bathrooms. Residents have access to a garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 August 2023, from 9.30 am to 3.20 pm by a care inspector.

This inspection assessed progress with all areas for improvement identified in the home at the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them and completing daily living tasks in a respectful and pleasant manner.

Residents told us that they were happy in Strawberry Fields and spoke highly of the staff and the management team.

Staff told us that Strawberry Fields was a good place to work and that the manager was approachable and supportive.

Specific comments received from residents and staff are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other. Staff were knowledgeable with regards to the residents' assessed needs and preferences.

New areas requiring improvement were identified in relation to care plans, record keeping and notifiable incidents and accidents. One area for improvement with regards to supervision has been stated for a second time and one area for improvement has been carried forward to the next inspection.

RQIA were sufficiently assured that the delivery of care and service provided in Strawberry Fields was safe and compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents told us that they were happy in Strawberry Fields and described the staff as, “great”. Residents’ comments included, “I would recommend this place to anyone, I have no complaints.” Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

Staff spoke positively in terms of the provision of care in the home. One staff member told us, “I love working here, it feels more like a family.”

Residents’ relatives told us “this is a great place; we have no concerns.”

No additional feedback was provided by residents, relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment viewed thanked staff for the “love and care” provided in the home.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 January 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)(Version 1.2: December 2022)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time	The Registered Person must ensure that references received are fully completed and provide meaningful information.	<b>Carried forward to next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>	The registered person shall ensure that all staff have formal recorded supervision no	<b>Partially met</b>

<b>Ref:</b> Standard 24.2 and 24.5  <b>Stated:</b> First time	less than every six months and a formal recorded appraisal annually.	
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been partially met and has been stated for a second time.  Please refer to section 5.2.1 for details.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each meal time.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 11.1 and 11.2  <b>Stated:</b> First time	The registered person shall ensure that a formal review of the residents' placement in the home is organised yearly and records are kept of the review meeting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 13.1 and 13.3  <b>Stated:</b> First time	The registered person shall ensure that the home offers a structured programme of varied activities and events.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time	The registered person shall ensure that infection prevention and control measures and practices are robust and that there is a robust system in place for regular monitoring.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. An area for improvement had been identified during a care inspection on 18 November 2021. No new staff have been recruited from this time; therefore, this area for improvement was not reviewed and this is carried forward to the next inspection.

There were systems in place to monitor staffs' registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that relevant staff were either registered with NISCC or with their own professional body.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated good knowledge of their roles and responsibilities regarding Adult Safeguarding and Infection Control.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

Staff had still not received formal supervision within the calendar year, this was discussed with the manager for immediate action. An area for improvement was identified for a second time.

One Residents' relative told us, "this place is very accommodating, the staff are so helpful."

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display in the lounge area.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, however care plans had not been updated to reflect this. Discrepancies were identified between the care plans and the individual care summary sheets, for example, some medical conditions were not recorded in the care summary sheet but were highlighted in the care plans. This was discussed with the manager during feedback for review and action. An area for improvement was identified.

Some records viewed were difficult to read and had not been signed, while others were inaccurate; for example, two files had the name of a different home on the clothing inventory page. This was discussed with the manager for action, an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Corridors were free from clutter or hazards and fire doors were unobstructed.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. The latest fire risk assessment was completed on 14 April 2023 and all actions are in the process of being completed within the required timeframe.



There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, there was ample supply of Personal Protective Equipment (PPE) throughout the home.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. For example, some residents expressed a wish to have a lie in and this was accommodated.

Residents' needs were met through a range of individual and group activities. For example, gardening, taking short walks in the garden and completing puzzles.

An activities planner was made available to the residents and was on display on a noticeboard.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mr Justin McCann has been the Manager in this home since 15 September 2022.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and described him as supportive, approachable and always available for guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. A representative of the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The financial arrangements with regards to one named resident was discussed with the manager. This information was shared with the RQIA finance inspector and escalated to the relevant Health and Social Care Trust for their action and review.



It was established that the manager had a system in place to monitor accidents and incident that happened in the home. However; RQIA had not been notified of some accidents and incidents. This was discussed in detail with the manager for immediate action. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:1)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4*

\* the total number of areas for improvement includes one standard that has been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Rosanna McCann, person in charge, as part of the inspection process. Further feedback was provided to Mr Justin McCann, Registered Manager, via telephone on the 25 August 2023. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 24 August 2023	The registered person shall ensure that all accidents and incidents are reported promptly to the Regulation and Quality Improvement Authority (RQIA).  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> The registered person will ensure all notifiable accidents and incidents are reported via the portal within 24 hours of the event.

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection	The Registered Person must ensure that references received are fully completed and provide meaningful information.  5.1 & 5.2.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.2 and 24.5  <b>Stated:</b> Second time  <b>To be completed by:</b> From date of inspection 24 August 2023	The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.  Ref 5.1 & 5.2.1
	<b>Response by registered person detailing the actions taken:</b> management have undertaken supervision and maintenance of supervision records, to be carried out every 6 months going forward.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 24 August 2023	The registered person shall ensure that all care plans are kept under review and amended as changes occur to accurately reflect the needs of the residents.  Ref 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Care plans are reviewed every 6 months and updated as and when a residents care need change. The summary sheets have been updated to reflect the most accurate care need for each resident. The summary sheets will be reviewed every 6 months.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 24 August 2023	The registered person shall ensure that all care plans are kept under review and amended as changes occur to accurately reflect the needs of the residents.  Ref 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Care plans are reviewed every 6 months and updated as and when a residents care need change. The summary sheets have been updated to reflect the most accurate care need for each resident. The summary sheets will be reviewed every 6 months.

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 24 August 2023	The registered person shall ensure that all records are legible, accurate, up-to-date, signed and dated by the person making the entry.  Ref 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The manager will maintain legible, up to date and accurate records going which will be signed and dated by those completign the entry.

***\*Please ensure this document is completed in full and returned via Web Portal\****



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