

Unannounced Care Inspection Report 6 March 2018



Strawberry Fields

Type of Service: Residential Care Home
Address: 129b Staffordstown Road, Randalstown, BT41 3LH
Tel No: 028 9447 3089
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with six beds that provides care for residents within categories of care as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Strawberry Fields Responsible Individual(s): Roisin McCann	Registered Manager: Justine Quigg
Person in charge at the time of inspection: Kim McMillan, Senior Care Assistant then joined for a period of time by Justin McCann, Proprietor	Date manager registered: 11 September 2012
Categories of care: 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	Number of registered places: 6

4.0 Inspection summary

An unannounced care inspection took place on 6 March 2018 from 10:15 to 13:00 hours.

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

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to adult safeguarding, care records, infection prevention and control and the home's environment. There was also evidence of good practice found in relation communication between residents, staff and other key stakeholders and maintenance of good working relationships.

Two areas requiring improvement were identified. These were in relation to wedging opening fire safety doors and updating a smoking risk assessment.

Feedback from residents throughout this inspection was all positive and complimentary about the provision of care, the kindness and support received from staff and the atmosphere and homeliness of the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Kim McMillan, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 31 August 2017.

5.0 How we inspect

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

During the inspection the inspector met with six residents, one member of staff and Mr McCann the proprietor.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Residents' care files
- Residents' progress records
- Complaints and compliments records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 August 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 31 August 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The senior care assistant in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

The senior care assistant advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager and records of competency and capability assessments were retained.

An inspection of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the senior care assistant confirmed that no new staff have been recruited and staffing in the home is very stable.

Arrangements were in place to monitor the registration status of staff with their professional body.

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

The senior care assistant was knowledgeable and had a good understanding of adult safeguarding principles. She was also aware of staff obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The proprietor advised that no issues of adult safeguarding had arisen since the last care inspection. Any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records would be retained.

The proprietor advised there were risk management procedures in place relating to the safety of individual residents. Discussions also confirmed that the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The proprietor confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The person in charge advised there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

An inspection of a smoking risk assessment found that this had not been reviewed for some considerable period of time with the level of risk indicated as high. This risk assessment(s) needs to be updated in accordance with current safety guidelines. This has been identified as an area of improvement in accordance with standards.

Inspection of documentation confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Staff were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

There have been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents’ bedrooms were found to be personalised with photographs, memorabilia and personal items.

The lane to the home had been upgraded with tarmacadam with good effect.

An area of improvement in accordance with legislation was identified with a fire safety door in the corridor being wedged open. There were no other obvious risks to residents, staff or visitors observed at the time of this inspection.

The home had an up to date fire risk assessment in place dated February 2018. The one recommendation from this assessment was reported to being dealt with.

An inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Fire safety records identified that fire alarm systems were tested weekly and emergency lighting was tested fortnightly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation training, supervision, adult safeguarding, infection prevention and control, and the home’s environment.

Areas for improvement

Two areas requiring improvement were identified. These were in relation to updating a smoking risk assessment and wedging opening fire safety doors.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection.

An inspection of the care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident or their representative.

Discussion with the senior care assistant confirmed that a person centred approach underpinned practice. This was evident in that she was able to describe in detail the individual care needs, preferences and choices of individual residents.

The proprietor advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The proprietor advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers.

The senior care assistant confirmed that management operated an open door policy in regard to communication within the home.

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

An inspection of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspector met with the six residents in the home at the time of this inspection. In accordance with their capabilities all residents confirmed that they were happy and content with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “This is a great place. I am very happy here”
- “The staff and the management are all so kind and caring. They are 100%. No complaints what so ever ”
- “I simply love it here. They are all so good to me and I feel the better for it”

There was a range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with residents and staff confirmed that residents’ spiritual and cultural needs, including preferences for end of life, were met within the home.

Discussion with residents staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced with inspection of care records.

Residents and staff confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, monitoring visits and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read, with an action plan as appropriate.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents at the time of this inspection were relaxing enjoying the company of one another, watching television and/or

reading. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from residents and general observations of care practices and atmosphere in the home.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The proprietor outlined the management arrangements and governance systems in place within the home. It was also confirmed that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

The home's complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with the senior care assistant confirmed that there were no expressions of dissatisfaction and complaint for some considerable period of time.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home's accident/incident/notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example;

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Discussion with the proprietor identified that the registered manager had understanding of their role and responsibilities under the legislation. The registered provider was also involved in the day to day management of the home.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with senior care assistant confirmed that she would have no hesitation in reporting any concerns to management and acknowledge that these would be acted on positively. Discussions also confirmed that there were good working relationships within the home and that management were responsive to suggestions.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kim McMillan, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2018</p>	<p>The registered person shall ensure that no fire safety doors are wedged open at any time.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Firedoors have been repaired and are no longer wedged.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2018</p>	<p>The registered person shall update the any smoking risk assessment in accordance with current safety guidelines.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Smoking risk assessments have been updated inline with current safety guidelines.</p>



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