

# Inspection Report

18 November 2021



## Strawberry Fields

**Type of Service: Residential Care Home**

**Address: 129b Staffordstown Road,**

**Randalstown BT41 3LH**

**Tel No: 028 9447 3089**

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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> Mrs Justine Quigg  <b>Date registered:</b> 11 September 2012
<b>Person in charge at the time of inspection:</b> Mrs Justine Quigg – Registered Manager	<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 facility provides a homely environment with care being delivered in a domestic style house with individual bedrooms, a large spacious lounge and bright dining room adjacent to the kitchen.	

## 2.0 Inspection summary

An unannounced inspection took place on 18 November 2021 from 9:40am to 1:30pm by a Care Inspector.

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

The outcome of the inspection confirmed that the care in Strawberry Fields was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

Residents were well supported by staff to meet their physical, psychological and social needs. There was a welcoming and homely atmosphere with residents chatting with one another throughout the morning.

As a result of this inspection areas for improvement were identified with the review of references as part of the recruitment processes within the home and the recording of the staff roster.

### **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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 and 'Tell Us' cards 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.

At the end of the inspection the Responsible Individual (RI) and Manager were provided with details of the findings.

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

All of the residents were spoken with and were unanimous in their praise for the staff and the manner in which they were cared for. They described the home in terms such as homely, relaxed and comfortable. Residents said they enjoyed the food and observation of the dining experience confirmed it was unhurried and social.

Staff were confident that residents were well cared for and were knowledgeable of residents care needs, their likes, dislikes and their preferred routines.

## 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 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (1) (e) <b>Stated:</b> Second time	The registered person shall ensure adherence to registered categories of care when undertaking pre-admission assessments.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review records and discussion with residents evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 19 (2) Schedule 4, 7 <b>Stated:</b> First time	The registered person shall ensure the duty rota maintained in the home accurately reflects all staff working in the home over a 24 hour period and the capacity in which they work.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement has not been met and is now stated for a second time. Duty rotas are further discussed in section 5.2.1.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 21.1(b) <b>Stated:</b> First time	The registered person shall ensure all relevant recruitment information including two references are obtained prior to staff commencing work in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that this area for improvement as stated has been met. Recruitment is further discussed in section 5.2.1.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard E7  <b>Stated:</b> First time	The registered person shall ensure call bells are positioned in an accessible way to meet the general needs of residents.  <b>Action taken as confirmed during the inspection:</b> Observations confirmed that call bells were within easy reach of each resident. This area for improvement has been met.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There was a system in place to ensure staff were safely recruited prior to commencing work. Whilst two references had been received, the second reference was only partially completed; this identified as an area for improvement. All staff were provided with an induction programme to prepare them for working with the residents. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when. The range of training provided was relevant to the needs of the residents.

Staff in the home were appropriately registered with a professional body and systems were in place to check that their registration remained live. Newly recruited staff were supported to complete their registration within the appropriate timeframe.

The staff duty rota in the home was maintained for two services. Each service must have a duty rota of the staff working in that service; this was identified as an area for improvement at the previous inspection and now is stated for a second time. It was noted that there was enough staff to respond to the needs of the residents in a timely way and to support flexible routines to suit residents' individual needs. Staff demonstrated a good understanding of residents' individual wishes and preferences. Residents spoke confidently about the staff, their attitude and the promptness with which they attended to them.

Residents told us that the staff were kind and helped them with everything they needed during the day. Staff interactions were familiar, comfortable and unhurried. Residents shared their experiences of living in the home freely in the company of staff.

### 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.

Residents were content and settled in their surroundings and in their interactions with staff. Residents looked well cared for; they were nicely dressed with good attention to the detail of their personal appearance.

A range of assessments were completed to identify residents' individual needs. Following these 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.

The Manager confirmed that arrangements were in place with the local district nursing service to ensure that support was available for any resident who required it, for example with wound care or continence issues .

If a resident had an accident or a fall a report was completed. Residents' next of kin and the appropriate organisations were informed of all accidents.

There was evidence that residents' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were maintained of how much residents had to eat and drink at each meal.

Residents had the choice of where to have their meals and a choice of dishes. Meals were served in the dining room or, at residents' request, in their bedroom or in the lounge area. There was a welcoming and homely atmosphere in the dining room with residents chatting with one another while waiting for their lunch. Tables were nicely set with cutlery and a choice of condiments. Residents were complimentary regarding the quality and selection of meals provided. Residents with individual dietary requests or requirements were willingly catered for. The meal served was homemade, nicely presented and smelt and looked appetising. Lunch was observed to be a positive dining experience for the residents. The Manager and RI were on hand throughout the meal to support the residents.

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

The home was warm, clean and fresh smelling throughout. The reception hall had recently been redecorated and new flooring laid; plans were in place to redecorate a number of the bedrooms.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. A fire risk assessment had been completed and a range of fire checks were carried out daily and weekly.

On arrival to the home our temperature was checked and a health declaration completed; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

There was an adequate supply of personal protective equipment (PPE) and no issues were raised by staff regarding the supply and availability. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and carried out hand hygiene.

Residents and staff participated in the regional monthly COVID 19 testing and staff continued to be tested weekly.

#### 5.2.4 Quality of Life for Residents

The Manager introduced us to residents using their preferred name; they were knowledgeable of the life experience of residents and it was obvious from the interactions between them that they were familiar with one and other. Residents were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Arrangements were in place for residents to receive visitors. Precautions such as a booking system and testing were in place.

Residents used expressions such as “homely”, “just like being at home”, “good food” and spoke of being content when talking about their experiences of the home and how they were treated. They were all familiar with the Manager and RI and confident that if they needed anything they only had to ask.

The RI explained that due to the number of residents in the home providing meaningful activities was a challenge. Some residents spoken with were not interested in activities and were content to spend the day doing their own thing. Three ladies were engaged with making Christmas wreaths in the morning time and enjoyed the support and interaction from staff. Staff recognised the benefits of activities and were enthusiastic in engaging residents to take part. The Manager explained that newspapers were delivered daily to the home and that the residents looked forward to receiving these.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager and RI are in the home daily and were knowledgeable of all aspects of the day to day running of the home. Staff commented positively about the management team and described them as supportive and approachable.

The home had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home’s safeguarding policy. Staff were required to complete adult safeguarding training on an annual basis; the staff member spoken with knowledgeable of their responsibilities and how to report any concerns.

A system of auditing was in place to monitor the quality of care and other services provided to residents. Regular audits were completed of the environment, accidents and incidents and infection prevention and control practices including hand hygiene.

There was a system in place to manage complaints and to record any compliments received about the home. There was good details of the nature of the complaint and it was good to note that minor dissatisfaction by the residents were included in the complaints book along with a record of the action taken.

A monthly report was completed which provided evidence of consultation with residents, their relatives and reviewed 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 addressed. The reports were available in the home for review by residents, their representatives, the Trust and RQIA if requested.

## 7.0 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 (August 2011).

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

\*the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Justine Quigg registered manager and Roisin McCann, RI as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4, 7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 16 December 2021</p>	<p>The registered person shall ensure the duty rota maintained in the home accurately reflects all staff working in the home over a 24 hour period and the capacity in which they work.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A new version of the duty rota has been developed, which details all the staff working over a 24 hour period within Strawberry Fields. Their designated role is indicated on the rota and allocated according to skill mix.</p>



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection.</p>	<p>The Registered Person must ensure that references received are fully completed and provide meaningful information.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> It is the Managements intention that any future employees will a have full, detailed and meaningful reference provided before they enter employment.</p>

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



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