



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Service and ID: Strawberry Fields (1326)
Date of Inspection: 27 August 2014
Inspector's Name: John McAuley
Inspection ID: IN017450

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Strawberry Fields (1326)
Address:	129b Staffordstown Road Randalstown BT41 3LH
Telephone Number:	02894472246
E mail Address:	strawberry-fields1@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Roisin McCann
Registered Manager:	Mrs Justine Quigg
Person in Charge of the home at the time of Inspection:	Ms Joanna Hamilton until 12.30 then Mrs Justine Quigg
Categories of Care:	RC-I, RC-MP(E), RC-PH/PH(E), RC-DE
Number of Registered Places:	6
Number of Residents Accommodated on Day of Inspection:	6
Scale of Charges (per week):	£461
Date and type of previous inspection:	10 October 2013 Unannounced inspection
Date and time of inspection:	27 August 2014 11.30am – 3.20pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods / Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents and two visiting relatives

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	6
Staff	2
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	3	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Strawberry Fields Residential Care home is situated in a rural location on the Staffordstown Road outside Randalstown County Antrim.

The residential home is owned and operated by Mr Justin and Mrs Roisin McCann. Their daughter, Mrs Justine Quigg is the registered manager and has been so for the past few years.

Accommodation for residents is provided single on a ground floor level.

A communal lounge and dining area are provided in a central location.

A number of communal sanitary facilities are available throughout the home. There is good access to the well-appointed grounds to the home.

The home is registered to provide care for a maximum of six persons under the following categories of care;

Residential Care

I – Old age not falling into any other category

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

DE – Dementia – for two named persons only.

8.0 Summary of Inspection

This unannounced primary care inspection of Strawberry Fields was undertaken by John McAuley on 27 August 2014 between the hours of 11.30am and 3.20pm. The registered manager Mrs Justine Quigg was available during the inspection and for verbal feedback at the conclusion of the inspection.

The one requirement made as a result of the previous inspection on 10 October 2013 was also examined. This requirement was found to be addressed satisfactorily.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, two visiting relatives, observed care practices, issued three staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

8.2 Inspection findings

8.2.1 Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is not used other than the locking of the doors, which was unobtrusive. A recommendation has been made for the home's policy on restraint and restrictive practices to be reviewed, to include more detail and reference on the Human Rights implications of such. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The staff are aware of their responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/ or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that the home is overall compliant with this substantially standard.

8.2.2 Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents and was enjoyable and fulfilling. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions.

The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

8.3 Stakeholder consultation

During the course of the inspection the inspector met with residents, staff and two visiting relatives. Three staff questionnaires were issued to be returned.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The visiting relatives expressed their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties and that they felt a good standard of care was provided for..

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. A nice ambience was in place and residents were observed to be comfortable, content and at ease with same.

8.5 General environment

The home was clean and tidy with a high standard of décor and furnishings being maintained.

A number of additional areas were also examined these include the management of complaints and fire safety. Further details can be found in section 11.0 of the main body of the report.

8.6 Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

One recommendation was made as a result of the primary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and the registered manager for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 October 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	30 (1) (f)	<p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of – (f) any accident in the home</p> <p>Reference to this is in respect of the occurrence of accident(s) as a result of a fall which necessitated medical intervention and was not notified to the Authority.</p>	A review of the accident / incident records confirmed that due notification was in place.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have a sound knowledge of each individual residents wants and needs, their usual conduct, behaviour and means of communication. Staff tailor responses to individual clients to meet there wants and needs and promote a positive outcome.	Compliant
Inspection Findings:	
<p>The home has a policy for responding to resident's behaviours. This gave detail and guidance on staff how to promote positive outcomes.</p> <p>Discussions with staff and management confirmed that they have a good knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. This knowledge and understanding was also clearly documented in the resident's care records.</p> <p>A review of a sample of four residents' care records confirmed that each had a care plan in place to support such interventions. Each of these care plans were individualised, with detailed interventions and evidence of resident consultation in this process.</p> <p>Observations of care practices throughout this inspection, found that staff interventions had a positive outcome for residents, in that it promoted their well being and there was a supportive, friendly ethos in place. Residents were found to be comfortable and at ease in their interactions with staff.</p>	Compliant

<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment If a residents behaviour is uncharacteristic, staff aim to seek the reason for this behaviour, provide reassurance to client and take necessary action. Staff report and record all uncharacteristic or concerning behaviour in clients daily notes making them available for staff handover and monitor same. Where necessary staff make relevant contact with appopriate professional services and the residents next of kin.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of residents' care records, found that any issues of need had a recorded statement of care / treatment given and effect of same. Discussions with staff also confirmed evidence of understanding how they dealt with any such issues with examples of same given.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a resident needs a consistent response from staff /reassurance from staff , this is detailed in the residents care plan. And if appropriate with client consent the residents representative is informed of the approach to be used.	Compliant
Inspection Findings:	
A review of residents' care plans found that there was good evidence in place of consultation with the resident and /or their representative in this process. Interventions were detailed, specific and base on assessed need. Interventions also reflected consultation with the aligned social worker, as found in the care review records.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
At present there are no clients in the home which require a specific behaviour management programme to be put in place.	Not applicable
Inspection Findings:	
There were no residents in the home who have a specific behaviour management programme. However if this were to be the case, evidence would indicate, from discussions with the registered manager and	Compliant

review of care review records that appropriate consultation would be put in place.	
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STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment At present there are no clients in the home which require a specific behaviour management programme to be put in place.	Not applicable
Inspection Findings: As highlighted in 10.4	Not able to review
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment If and when an incident occurs which is outside the scope of a residents care plan, this is recorded and reported to the necessary professionals or service, and a multidisciplinary care review is organised.	Compliant
Inspection Findings: A review of accident / incident records, residents' progress reports and discussions with staff confirmed evidence that due consultation with aligned professionals and services is put in place for such issues.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
Provider's Self-Assessment	
The home does not use restraint as a strategy for responding to residents behaviour as our current client group does not require same.	Not applicable
Inspection Findings:	
<p>There are no issues of restraint in the home.</p> <p>The doors of the home are locked but such are done in a non-obtrusive manner and there is no real sense of such. For example there is ready access to the grounds of the home, for which residents were observed being able to avail of.</p> <p>The home has a policy on restraint but this was found to be too basic and lacked any detail. A recommendation has been made for this to be reviewed accordingly and to provide clear guidance and directions on such, as well as the Human Rights implications of any restrictive practices.</p>	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
The homes current activities and events calender aims to provide activities which are based on the individual needs and interests of the client group.	Compliant
Inspection Findings:	
A programme of activities and events are in place, as well as a policy on the provision of such. In examining this programme in conjunction with a review of residents' care records, this was found to be based on the identified needs and interests of residents.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The homes activities calender aims to provide events which are purposeful, age and cullturally appropriate and takes in to account the views and response from clients. Activites aim to be meaningful and to promote social inclusion and intergration.	Provider to complete
Inspection Findings:	
<p>Discussions with residents confirmed that they felt the programme of activities were enjoyable, purposeful, age and culturally appropriate and that their spiritual needs were respected.</p> <p>The programme was flexible and responsive to residents' needs. For example one resident informed the inspector how she / he enjoyed attending to the chickens and how this benefitted his / her well-being, giving self-worth and fulfilment.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home partakes in regular residents meetings which allow clients to express their views and opinions in terms of activity provision in the home. This helps to form the basis of the activities schedule in the home. All residents are also given the opportunity to discuss with staff on a daily basis their wants and needs regarding same. Furthermore the homes suggestion box encourages residents and their representatives to express views about activities provision in the home.	Compliant
Inspection Findings:	
There are regular resident meetings as well as informal and formal platforms for residents to add suggestions. Added to this evidence was in place to support that the provision of activities is based on residents' individual assessment of needs. For example staff readily knew what television programmes individual residents liked and disliked and what particular interests residents enjoyed.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The homes activities schedule takes the form of a calender timetable and is displayed on the residents notice board in the day room, the entrance hall for visitors to the home and the staff notice board to ensure it is readily available within the home.	Compliant
Inspection Findings:	

This was found to be the case.	Compliant
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<p align="center">STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</p> <p align="center">The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</p>	
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Residents are encouraged and assisted as required to participate in the activities within the home through the provision of equipment, aids and support from staff where required.</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	
<p>There is good provision of aids and equipment to support the provision of activities, such as crafts, music, television, newspapers, and games. Staff confirmed that they have adequate time to facilitate such and because of their knowledge of residents' individual needs they enjoy facilitating such.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The activities timetable takes into account the needs and abilities of the residents participating and is tailored to their individual needs.</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with residents confirmed that the provision of activities took account of their needs and abilities, and that there was a relaxed atmosphere in place to enjoy such.</p>	<p align="center">Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The homes staff provides activities to clients and are adequately trained to do so, through induction and training, this is monitored through staff appraisal.	Not applicable
Inspection Findings:	
The home do not contract anyone into provide activities.	Not able to review
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
N/A	Not applicable
Inspection Findings:	
As highlighted in 13.7.	Not able to review

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home keeps a record in each individual clients care notes of participation or refusal to participate in activities on a daily basis. This record is signed by the individual leading the activity.	Compliant
Inspection Findings:	
This was confirmed to be the case.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activites programme is renewed on a monthly basis to ensure it meets residents changing wants and needs.	Compliant
Inspection Findings:	
The programme of activities is reviewed on a monthly basis.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with six residents individually. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Comments received included:

- "Everything is absolutely marvellous"
- "It's like a five star hotel"
- "things are wonderful"
- "Perfect in all ways, no complaints"

No concerns were expressed or indicated.

11.2 Relatives/representative consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

No concerns were expressed or indicated.

11.3 Staff consultation

The inspector spoke with two members of staff on duty, other than the home's management. Discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties and that they felt a good standard of care was provided for.

No concerns were expressed.

11.4 Visiting professionals' consultation

There were no visiting professionals in the home at the time of this inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that no complaints have been received since April 2013.

11.7 General environment

The home was found to be clean and tidy with a high standard of furnishings and décor being maintained.

Residents' bedrooms were observed to be homely and personalised. Facilities were comfortable and accessible to avail of.

The grounds of the home were nicely appointed with good access for residents to avail of.

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

The home's most recent fire safety risk assessment was on July 2014 although the report of such was not available. The registered provider, Mr Justin McCann confirmed that the one recommendation made from the assessment was being actioned.

Fire safety records confirmed that fire safety training for staff was being maintained on an up to date basis and that fire safety checks were in place, such as different fire alarms are tested weekly.

There were no obvious fire safety risks observed at the time of this inspection

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager Mrs Justine McCann, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Strawberry Fields

27 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager Mrs Justine Quigg either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the home's policy on restraint and restrictive practices needs to be reviewed / updated. In doing so the policy needs to include clear guidance and support for staff on same, as well as details of the Human Rights implications of any restrictive practises in the home.</p>	One	The homes policy for the use of restrictive practices and restraint has been reviewed/updated. To include staff guidance and support with regards to same. Human Rights has been taken into consideration in this policy.	27 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Justine Quigg 19/10/14
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Justin McCann

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	J.McAuley	29/9/14
Further information requested from provider			