



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 5 March 2019



## Strawberry Fields

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

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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 provider 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 registered to provide care and accommodation for six residents under the categories of care cited in its certificate of registration and detailed in 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Strawberry Fields  <b>Responsible Individual(s):</b> Roisin McCann	<b>Registered Manager:</b> Justine Quigg
<b>Person in charge at the time of inspection:</b> Roisin McCann	<b>Date manager registered:</b> 11/09/2012
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia – <b>Two named individuals</b> 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 registered places:</b> 6

### 4.0 Inspection summary

An unannounced inspection took place on 5 March 2019 from 11.30 to 13.10.

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

This primarily was a focused inspection to review the provision of meals and mealtimes.

Evidence of good practice was found in relation to feedback from residents, general observations of care practices and staffs' knowledge and understanding of residents' needs.

One area requiring improvement was identified during this inspection. This was in relation to reviewing an identified aspect in the arrangements in seeking emergency assistance.

Feedback from residents was all positive.

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
<b>Total number of areas for improvement</b>	0	1

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed with Justin McCann, proprietor, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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 29 August 2018.

#### **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, accident and incident reports and any verbal and written communication received since the previous inspection.

During the inspection the inspector met with four residents, one staff, and Roisin and Justin McCann, the proprietors.

The following records were examined during the inspection:

- Residents' progress records
- Two residents' care records
- Accident and incident reports
- Menus
- Two residents' care review records

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 29 August 2018**

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 29 August 2018**

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

## 6.3 Inspection findings

### 6.3.1 Meals and mealtimes

A varied and nutritious diet is provided which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a three weekly cycle. The menu offered a choice of meal each mealtime.

Residents are involved in the planning of menus.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of two residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with account of prescribed needs and evaluations of care.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

The lunch time meal was appetising and nicely presented. The dining room was nicely facilitated. Tables were nicely set with choice of condiments.

Discussions with residents during this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as;

- "The meals are simply great. Absolutely lovely"
- "You can always get what you like and there is always plenty."

The kitchen facility was tidy and well organised.

### 6.3.2 The environment

The home was clean and tidy with good standard of furnishing and décor being maintained.

Communal areas were comfortable and nicely facilitated. Residents' bedrooms were comfortable and personalised.

The home was appropriately heated and fresh smelling.

There were no obvious health and safety risks observed in the internal and external environment.

### **6.3.3 Residents' views**

The inspector met with all residents in the home at the time of this inspection. In accordance with their capabilities, all residents advised / confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made included statements such as;

- “This is a lovely wee home”
- “I am very happy here”
- “No problems or complaints at all”
- “I couldn’t be any better looked after. The staff are very kind.”

### **6.3.4 Care practices**

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties and training. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Discussion with the proprietor, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The proprietor stated there were risk management procedures in place relating to the safety of individual residents. It was also advised that the home did not accommodate any individuals whose assessed needs could not be met.

An inspection of a sample of two residents' care records identified an area of improvement with do not resuscitate instructions. These instructions were not clearly and readily available nor were there any formal record of this instruction. Advice was given in seeking guidance with the Resuscitation Council (UK) on this area of care and putting such guidance clearly in place.

The general atmosphere in the home was relaxed, homely and supportive. Residents appeared content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm.

### **Areas of good practice**

There were areas of good practice found in relation to feedback from residents, general observations of care practices and staffs' knowledge and understanding of residents' needs.

## Areas for improvement

One area of improvement was identified during the inspection. This was in relation to reviewing the management of do not resuscitate instructions in accordance with current guidance.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Justin McCann, proprietor, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 April 2019</p>	<p>The registered person shall ensure that do not resuscitate instructions are not clearly and readily available and that there is a formal record of this instruction. Guidance from the Resuscitation Council (UK) on this area of care needs to be put in place.</p> <p>Ref: 6.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The home has ensured that resuscitation information is readily available in clients notes. This remains an on-going process.</p>

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





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