

Unannounced Care Inspection Report 6 July 2016



Strawberry Fields

Type of Service: Residential

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

Tel No: 02894473089

Inspector: John McAuley

1.0 Summary

An unannounced inspection of Strawberry Fields Residential Home took place on 6 July 2016 from 10:30 to 12:45 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified with this domain.

One requirement was made for all staff to be in receipt of up to date fire safety training.

A recommendation was made for the policy and procedure on adult safeguarding to be revised and updated in accordance with current guidance and with the establishment of a safeguarding champion.

Is care effective?

No areas of improvement were identified within this domain. Areas of good practice were found during this inspection in discussions with one resident who described how the staff and management in the home, helped her with her healthcare appointments in a kind, caring manner by ensuring the journey to and from the appointment was done with comfort and assessed needs.

Is care compassionate?

No areas of improvement were identified within this domain. Areas of good practice were found during this inspection in relation to the overall atmosphere in the home being relaxed with residents clearly being included in what was happening.

Is the service well led?

No areas of improvement were identified within this domain. Areas of good practice were found during this inspection in relation to the registered manager having obtained specialist training in dementia which she plans to disseminate with staff.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Justine Quigg the registered manager, 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Roisin McCann Strawberry Fields	Registered manager: Justine Quigg
Person in charge of the home at the time of inspection: Kim McMillan senior care assistant then registered manager from 11:30 hours	Date manager registered: 11 September 2012
Categories of care: RC-DE, RC-I, RC-MP(E), RC-PH, RC-PH(E)	Number of registered places: 6
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 5

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with five residents, one senior care assistant staff, the registered provider's husband and the registered manager.

The following records were examined during the inspection:

- Two residents' care records
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- A competency and capability assessment
- Records of audits
- Record of complaints

- Policies in the home
- Accident and incidents records
- One staff member's recruitment records.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 27/11/15

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2015</p>	<p>In the format of recording accidents and incidents it must clearly be recorded who was notified of the event. This should include the resident's next of kin, care manager and RQIA, as appropriate.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the accident and incident records found that the format had been amended to include who was notified of the event.</p>	<p>Met</p>

4.2 Is care safe?

The registered manager 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 or staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager from 11:30 hours
- 1 x senior care assistant
- 1 x care assistant from 12:30 hours
- The registered provider's husband (Mr McCann) was also in attendance for a period of time

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

Inspection of a completed induction record and discussion with the registered manager and 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 was regularly provided. Staff training is being developed into an e learning training programme which is ready to be implemented with staff. A matrix was in place that listed the dates of mandatory training received by staff. An inspection of this document found that mandatory training for staff was being maintained on an up to date basis.

A competency and capability assessment was in place for any member of staff with the responsibility of being in charge in the absence of the registered manager. An inspection of this record found it to be maintained satisfactorily.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of one staff member's file was undertaken. Evidence was in place to confirm that this staff member was recruited in line with legislation.

The registered manager had arrangements in place to monitor the registration status of staff with their professional body.

An adult safeguarding policy and procedure was in place. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure did not include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the establishment of a safeguarding champion. A recommendation was made for this policy and procedure to be revised and updated accordingly.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken which found the home clean and tidy with a good standard of décor and furnishings being maintained. The overall appearance was akin to a domestic type setting.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained from the multi-disciplinary team, prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

There was observed to be no obvious restrictive care practices in place.

The home's most recent fire safety risk assessment was dated 5 October 2015. The three recommendations made from this assessment had corresponding evidence to confirm that these had been dealt with.

Review of staff training records confirmed that the last fire safety training was in June 2015. A requirement was made for staff to be in receipt of up to date bi annual fire safety training.

Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

There were two areas of improvement identified with this domain.

One requirement was made for all staff to be in receipt of up to date fire safety training.

A recommendation was made for the policy and procedure on adult safeguarding to be revised and updated in accordance with current guidance and with the establishment of a safeguarding champion.

Number of requirements	1	Number of recommendations:	1
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4.3 Is care effective?

Discussion with the registered manager established that the staff in the home responded appropriately to and met the assessed needs of the residents. Discussions with staff and management revealed they had good knowledge and understanding of residents' needs and prescribed care.

An inspection of two residents' care records confirmed that these were maintained in line with the legislation and standards. The care records included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussions with one resident in this regard confirm this.

This resident also described how the staff and management in the home, helped her with her healthcare appointments in a kind, caring manner by ensuring the journey to and from the appointment was done with comfort and assessed needs.

Discussion with the registered manager confirmed that a person centred approach underpinned practice. For example discussions revealed how one resident's distress was elevated with consultation with the resident's family and aligned social worker.

The two care records reflected multi-professional input into the residents' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. For example, the registered manager confirmed that audits were undertaken of care records and finances on a monthly basis, medication is audited daily and an audit is completed of each incident in the home. This information adds to the governance arrangements in place by the registered manager and any areas of improvement are acted upon accordingly.

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

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas of improvement were identified within this domain. Areas of good practice were found during this inspection in discussions with one resident who described how the staff and management in the home, helped her with her healthcare appointments in a kind, caring manner by ensuring the journey to and from the appointment was done with comfort and assessed needs.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met.

The inspector met with five residents at the time of this inspection. All spoke on a positive basis about their life in the home, their relationship with staff and the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "We all love it here and we all get on great"
- "I love it here and I just love the dog"
- "It's really a home from home"
- "They all really couldn't do enough for you. All is simply perfect"
- "They attend to me very well"

Observation of interactions found that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were watching television, resting or enjoying the company of one another. At the onset of this inspection a resident was helping the senior care assistant with light kitchen duties for which she was in fulfilment from. A staff member with approval of the registered manager had brought in her very well behaved dog. This dog was observed to bring great enjoyment to the residents and in particular one resident who clearly had a lift in mood with the company it gave to her.

Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident was celebrating her birthday at the time of this inspection. A lounge was nicely facilitated with cards and warm messages from family and staff members alike.

Discussion with staff and 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 were sought and taken into account in all matters affecting them.

The overall atmosphere in the home was relaxed with residents clearly being included in what was happening and general interactions with staff and management were polite and friendly.

Areas for improvement

No areas of improvement were identified within this domain. Areas of good practice were found during this inspection in relation to the overall atmosphere in the home being relaxed with residents clearly being included in what was happening.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

The registered manager has obtained specialist training in dementia which she plans to disseminate with staff. This is good practice.

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

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Inspection of the complaints records established that there were arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Learning from accidents and incidents was disseminated to staff through discussion at staff meetings.

The registered provider visits the home on a daily basis and her husband was available for part of this inspection.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Discussions with the registered manager found that she was knowledgeable about her role, legislation and standards. The registered manager explained how she had fitted into her role since being appointed and with enthusiasm explained plans she had in developing a quality assurance agenda for the home.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. Discussion with staff and general observations confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Areas for improvement

No areas of improvement were identified within this domain. Areas of good practice were found during this inspection in relation to the registered manager having obtained specialist training in dementia which she plans to disseminate with staff.

Number of requirements	1	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Justine Quigg the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27(4)
(e)

Stated: First
time

To be completed by:
6 August 2016

The registered provider must ensure that all staff are in receipt of up to date fire safety training.

Response by registered provider detailing the actions taken:

All staff have completed their mandatory fire safety training online. In conjunction with this in house fire safety training is booked for 5th September 2016, all staff members will be in attendance.

Recommendations

Recommendation 1

Ref: Standard 16.1

Stated: First time

To be completed by:
6 October 2016

The registered provider should revise and update the policy and procedure on adult safeguarding in accordance with current guidance and with the establishment of a safeguarding champion.

Response by registered provider detailing the actions taken:

A Safeguarding champion has been appointed. They will be attending a one day certified training course 'Keeping adults safe training for staff and volunteers' on sept 20th 2016. Following the completion of this course the champion will provide in house training to staff as well as an information session with clients, and clients' relatives should they wish to attend. All staff have completed their mandatory safeguarding of vulnerable adults training online.

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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