

Inspection Report

19 June 2024



Strawberry Fields

Type of service: Residential (RC)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Strawberry Fields Responsible Person: Mrs Roisin McCann	Registered Manager: Mr Justin McCann Date registered: 15 September 2022
Person in charge at the time of inspection: Mr Justin McCann	Number of registered places: 6 Category RC-DE (Dementia) applies to two named persons only
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 residents accommodated in the residential care home on the day of this inspection: 6
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to six residents. The home occupies the ground floor of a house. Residents have individual bedrooms and access to a large spacious communal lounge, a dining room and communal bathrooms. Residents have access to a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 19 June 2024, from 9.45 am to 3.30 pm by a care Inspector.

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

The home had a relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful manner throughout the day.

Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care.

Three new areas for improvement were identified regarding Mental Capacity Act training, evidence of resident collaboration in their care plan and manager audits.

RQIA found that there was safe, effective and compassionate care delivered in the home and the home was well led. Addressing the area for improvement will further enhance the quality of care and services in Strawberry Fields.

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 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.

The findings of the inspection were discussed with Mr Justin McCann, registered manager and Mrs Rosin McCann, registered person at the conclusion of the inspection

4.0 What people told us about the service

There was evidence that residents were happy and content in their surroundings. Residents comments included, "I have nothing to complain about, everything is ok," and "I am ok, there are no problems here."

Staff expressed no concerns about working in the home and said that they enjoyed working there.

Comments from one relative were shared with the registered manager for action as required.

No completed questionnaires or responses to the staff survey were received following the inspection

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 24 August 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all accidents and incidents are reported promptly to the Regulation and Quality Improvement Authority (RQIA).	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 19.2 Stated: First time	The Registered Person must ensure that references received are fully completed and provide meaningful information.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 2 Ref: Standard 24.2 and 24.5 Stated: Second time	The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that all care plans are kept under review and amended as changes occur to accurately reflect the needs of the residents.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 4 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that all care plans are kept under review and amended as changes occur to accurately reflect the needs of the residents.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 5 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that all records are legible, accurate, up-to-date, signed and dated by the person making the entry.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for a second time. Please refer to section 5.2.2 for details.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. An area for improvement had been identified during a care inspection on the 18 November 2021. No new staff have been recruited from this time, a review of the homes updated recruitment checklist and discussion with the manager confirmed that checks with regards to recruitment processes and references were now in place. Therefore, this area for improvement was met.

There were systems in place to monitor staffs' registrations with the Northern Ireland Social Care Council (NISCC) records in the home confirmed that the relevant staff were either registered with NISCC or with their own professional body.

There were systems in place to ensure staff were trained and supported to do their job. However, gaps were identified in regard to Mental Capacity Act training. This was highlighted to the manager and an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Residents spoken to expressed no concerns regarding the staffing arrangements in the home.

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. In addition, care records were maintained and accurately updated to reflect the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Although only one choice of meal was displayed at lunchtime, discussion with staff and observation of the lunchtime experience evidenced that residents were offered alternative options. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Residents commented positively on the food provided in the home. Comments from one relative with regards to the provision of meals was passed on to the manager for action if required.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial 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. Care records were held confidentially. However, there was no evidence of resident involvement in the planning of their own care, this was discussed with the manager during feedback. An area for improvement was identified.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and care plans had been updated to reflect this.

Some records viewed remained difficult to read, while in other records were inaccurate; for example, some resident summary sheets had not been updated. This was discussed with the manager during feedback and an area for improvement was identified for a second time.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. Residents bedrooms were personalised with photographs and other items or memorabilia. One resident said, "My room is kept clean and tidy, I am happy with it."

Corridors were clean and free from clutter or hazards, fire doors were unobstructed. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 11 April 2024; actions from this assessment were signed off as having been met.

There was evidence that systems and processes were in place to ensure the management of risks associated with infections. For example, a review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of Personal Protective Equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was calm and relaxed. Residents were observed spending time watching TV, enjoying the football while other residents were observed to be reading or completing puzzles.

Observation of the homes activity folder evidenced that residents had been consulted on their preferred activities, the manager told us that often the resident refuse activities and prefer to watch TV. The manager agreed to review the activities offered in the home and this will be reviewed at the next inspection.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Justin McCann has been the Manager in this home since 15 September 2022.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However, auditing of both care and services was inconsistent. Audits of care files, falls and restrictive practices were not being carried out on a regular basis. this was discussed with the manager during feedback. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

A monthly report was completed which provided evidence of consultation with residents, their relatives and staff and to examine all 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 correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	0*	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Justin McCann, registered manager and Mrs Rosin McCann, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 8.5 Stated: Second time To be completed by: From date of inspection 24 August 2023	The registered person shall ensure that all records are legible, accurate, up-to-date, signed and dated by the person making the entry. Ref 5.2.2
	Response by registered person detailing the actions taken: The registered person has taken steps to improve the legibility of written notes
Area for Improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 31 July 2024	The registered person shall ensure that staff receive Mental Capacity Act training in line with their roles and responsibilities. Ref: 5.2.1
	Response by registered person detailing the actions taken: MCA Training has been arranged for 15.08.2024 with Caring for Care and all staff have been advised that this is mandatory
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 31 July 2024	The registered person shall ensure that, all care plans are up to date and where appropriate there is evidence of resident involvement in the care planning process. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered person has taken steps to ensure resident involvement is reflected in their Care Plans and they are kept up to date

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2024</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has taken steps to ensure that all Audit processes are effective and are signed off by appropriate persons</p>
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