



# Unannounced Care Inspection Report 20 August 2019



## Strawberry Fields

**Type of Service: Residential Care Home**  
**Address: 129b Staffordstown Road, Randalstown, BT41 3LH**  
**Tel No: 02894473089**  
**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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to six residents within the categories of care detailed in the home's certificate of registration and 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Strawberry Fields  <b>Responsible Individual:</b> Roisin McCann	<b>Registered Manager and date registered:</b> Justine Quigg – 11 September 2012
<b>Person in charge at the time of inspection:</b> Justin McCann proprietor	<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>Total number of residents in the residential care home on the day of this inspection:</b> 6

### 4.0 Inspection summary

This unannounced inspection took place on 20 August 2019 from 10.00 to 13.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since 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.

Evidence of good practice was found in relation to the homely atmosphere in the home and observations of staff interactions with residents. Good practices were also found in relation to the managerial oversight their knowledge of residents' needs and care interventions.

Two areas of improvement were identified during this inspection. These were in relation to submitting an action plan in response to the recommendations made at the most recent legionella risk assessment and adherence to the registered categories of care in the pre-admission assessment process.

Residents described living in the home as being a good experience/in positive terms.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

Details of the Quality Improvement Plan (QIP) were 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 inspection dated 5 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2019. Other than the one action detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspection findings, registration information, and any other written or verbal information received, for example accident and incident notifications.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff training records
- three residents' records of care
- complaint records
- accident/incident records
- legionella risk assessment
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 5 March 2019**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.5  <b>Stated:</b> First time	The registered person shall ensure that “do not resuscitate” instructions are 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These instructions have put in place accordingly.	

**6.2 Inspection findings**

**6.3 Is care safe?**  
  
**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

**Staffing**

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

The proprietor advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed.

Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

### **Staff induction, supervision and appraisal**

Discussions with staff confirmed that they had received supervision and appraisal on a regular basis. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

### **Staff training**

Inspection of staff training records found that mandatory requirements and other training areas were being met.

### **Safeguarding**

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were displayed.

### **Environment**

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

Residents' bedrooms were comfortable and personalised.

The communal area was nicely facilitated and provided a relaxing space for residents to enjoy the company of one another. Seating was comfortable and clean.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The grounds of the home were accessible and well maintained.

### **Legionella risk assessment**

The home's most recent legionella risk assessment, as dated 30 April 2019, was inspected. There were nine recommendations made as a result of this assessment. However there was no corresponding evidence of actions taken in response to these. This was identified as an area of improvement in accordance with regulation. In doing so, an action plan with timescales needs to be submitted to the home's aligned estates inspector detailing how these recommendations will be addressed.

## Fire safety

The home's most recent fire safety risk assessment was dated 15 March 2019. There were no recommendations made as a result of this assessment.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, support and the environment.

## Areas for improvement

There was one area of improvement identified in relation to submitting an action plan in response to the recommendations made at the most recent legionella risk assessment.

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

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with the proprietor and staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

## Care records

An inspection of a sample of three residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the two care records inspected.

## Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and a walking aid were clean and appeared in good working order.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

## Areas for improvement

There were no areas of improvement identified in relation to this domain during this inspection.

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

### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with residents were found to be friendly, polite and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

## Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. Residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included;

- "I love it here. Everything is great and so is all the staff".
- "The home is very good. No problems. I love the meals. I have no complaints".
- "All is fine. I am being looked after well".
- "I love it here very much".
- "I am very happy in the home. It is like a home from home. I have no worries here and they are all very good to us".



## Dining experience

An appetising wholesome dinner time meal was available for residents at the time of this inspection. The dinner room was tidy with tables nicely set.

The catering facility was tidy, clean and organised.

## Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

## Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

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

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

During this inspection, the proprietor, his wife (responsible individual) and a care member of staff were on duty.

## Management arrangements

The proprietor's daughter is the registered manager of the home and his wife is the responsible individual. Mrs McCann works in the home on a day to day basis as does the proprietor.

## Categories of care

During this inspection it was identified that there was two residents under 65 years and assessment of category of care had not been included in the pre-admission assessment. This has been identified as an area of improvement in accordance with regulation. Future diligence must be adhered to with all admissions to the home.

## Accidents and Incidents

An inspection of accidents and incidents reports from 5 March 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The format of recording accidents and incidents was considered good.

## Staff views

The one other staff member on duty advised that she would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. It was confirmed that there were good morale and working relationships within the home. The staff member also advised that they felt a good standard of care was provided for.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

## Areas for improvement

There was one area of improvement identified in relation to adherence to registered categories of care when undertaking pre-admission assessments.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27(2)(t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 October 2019</p>	<p>The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the nine recommendations made from the legionella risk assessment, dated 30 April 2019 will be addressed.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> In response to the IOTA legionella risk assessment our estates manager Mr Patrisk Quigg of P.Q Plumbing and Heating carried out works listed for the nine recommendations on 2<sup>nd</sup> October 2019. All actions dated and signed on the inspection report.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15(1)(e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 August 2019</p>	<p>The registered person shall ensure adherence to registered categories of care when undertaking pre-admission assessments.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Our previous pre-admission assessment process has been reviewed and a robust pre-admission assessment worksheet has been developed and implemented, which is under continuous review.</p>



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