

# Inspection Report

**23 January 2023**



## Strawberry Fields

**Type of Service: Residential Care Home**

**Address: 129b Staffordstown Road,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Strawberry Fields  <b>Responsible Individual (RI)</b> Mrs Roisin McCann	<b>Registered Manager:</b> Mr Justin McCann  <b>Date registered:</b> 15 September 2022
<b>Person in charge at the time of inspection:</b> Grainne Gibbon, Senior Care Assistant, 9.50 am – 11am  Justine Quigg, Person in Charge, 11 am – 2.50 pm.	<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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 5
<b>Brief description of the accommodation/how the service operates:</b>  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 23 January 2023, from 9.50 am to 2.50 pm by a care inspector.

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

The home was clean and tidy and had a warm and welcoming atmosphere. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Residents spoken to told us that they enjoyed living in Strawberry Fields. 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.

It was evident that staff promoted the dignity and well-being of residents. Staff provided care in a compassionate manner; they were respectful in their interactions with the residents. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

We found evidence of good practice in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

Five new areas requiring improvement were identified with regards to staff supervision, the dining experience, resident reviews, Infection Prevention and Control (IPC) measures and the programme of activities.

RQIA were assured that the delivery of care and service provided in Strawberry Fields was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Strawberry Fields.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **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 Mrs Justine Quigg, person in charge, at the conclusion of the inspection. Additional feedback was provided to Justin McCann, manager, on 25 January 2023 via telephone.

#### 4.0 What people told us about the service

Residents told us that they were happy living in Strawberry Fields. Residents' comments included, "I have no complaints, I am well looked after" and "I am very happy here, I like it."

Staff commented, "I like it here, it has a good homely feel about it."

A record of compliments received about the home was kept and shared with the staff team at team meetings and handovers, this is good practice.

No additional feedback was provided by residents, relatives or staff 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 18 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4, 7  <b>Stated:</b> Second time	The registered person shall ensure the duty rota maintained in the home accurately reflects all staff working in the home over a 24 hour period and the capacity in which they work.  Ref: 5.1and 5.2.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been met	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time	The Registered Person must ensure that references received are fully completed and provide meaningful information.  Ref: 5.2.1	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 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 18 November 2021. No new staff have been recruited from this time; therefore this area for improvement was not reviewed and is carried forward to the next inspection.

The manager had a system in place to monitor staff's professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that all staff were registered with the NISCC.

There were systems in place to ensure that staff were trained and supported to do their job.

Staff said there was good team work and that they felt supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

A number of staff had not received any supervision or appraisal within this calendar year. This was discussed with the manager after the inspection who agreed to begin a planned programme of supervision and appraisal with all staff. 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. For example, staff were observed supporting residents throughout the day, responding to call bells promptly in a caring and compassionate manner and supporting residents to have their lunchtime meal where and when they wanted. Staff were also observed spending time with residents chatting and helping with puzzles in the lounge after lunch.

One resident said, "the staff work very hard, they are great".

### 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.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were observed communicating with residents in a respectful manner and adapting their communication to meet each individual resident's needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents looked well cared for; their clothing was clean and tidy and staff were observed supporting them to pay attention to the detail of their personal appearance. One resident told us, "I am very well looked after here."

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise; the atmosphere in the dining room 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. One resident requested to have her lunch in her bedroom and the staff facilitated this. Residents told us, "the food is lovely", and "the food here is really good."

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. While there was a record kept of what residents had to eat and drink each day, there was no menu available on display to inform the residents of what was being served. This was discussed during feedback and with the manager via a telephone conversation who agreed to address this issue. An area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.



Care records were person centred; residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. A review of records evidenced that Deprivation of Liberty Safeguards (DoLS) were in place and individual residents' care plans reflected this.

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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs in relation to skin integrity and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of updated falls risk assessments and appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

In the care files examined, there was a lack of evidence of the annual review of residents' care. This was discussed with the person in charge during feedback for immediate action; and with the manager via a telephone conversation, who has confirmed that reviews have now been arranged for the upcoming weeks. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean and tidy. Some areas of the home, for example, one of the bathrooms, required redecoration as damp was noted in the ceiling. This was discussed with the manager who confirmed that arrangements have been made to have this fixed.

Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of homely touches such as daily newspapers and magazines for the residents use.

Communal bathrooms were clean, however; in one of the bathrooms, deficits were identified in relation to IPC measures. For example, three bars of soap were found in a soap dish; fabric linen boxes were stored around the bath making it difficult to clean effectively. This was discussed with the person in charge for immediate action. An area for improvement was identified.

Corridors were clean and free from clutter or hazards. 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 carried out on 14 April 2022; all actions from this assessment were confirmed as complete by the manager. Staff were aware of their training in this area and how to respond to any concerns or risks. Fire exits were clear, however; one fire door had been propped open. This was addressed immediately, with a fire door retainer being fitted before the end of the inspection. Therefore an area for improvement was not identified at this time.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, there was ample supply of PPE throughout the home and guidance on the safe use of PPE was displayed. 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**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents said that staff offered choices to them throughout the day about getting up and going to bed, food and drink options, and where and how they wished to spend their time. One resident told us “they let me do my own thing, staff listen to me.”

It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. On the day of the inspection residents were observed spending time in their rooms and later, after lunch, residents spent time in the sitting room watching television and completing puzzles. One resident told us “I enjoy doing my crossword puzzles, staff help me if I need help.”

There was no evidence of any planned, structured activities for residents. Discussion with both staff and the manager indicated that residents’ needs were met through a range of individual activities and many residents preferred not to partake in group activities. An area for improvement was identified in relation to evidence of a programme of activities and events offered to the residents.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mr Justin McCann is now the registered manager of Strawberry Fields.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and described him as supportive and approachable and willing to listen to them.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would respond to any complaints quickly. Review of the home’s record of complaints confirmed that these were well managed.

A system of auditing was in place to monitor the quality of care and other services provided to residents. However; no completed or routine audits were in place to ensure robust management oversight of the home’s environment and adherence to IPC measures. Given the issues identified in section 5.2.3, 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 vulnerable adults.

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.

The home was visited each month by the registered provider to consult 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 (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	6

\* The total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Justine Quigg, person in charge, as part of the inspection process and with Mr Justin McCann on the 25 January 2023. 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 (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 38.3  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection	The Registered Person must ensure that references received are fully completed and provide meaningful information.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.2.1 & 5.1

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 24.2 and 24.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure that all staff have formal recorded supervision no less than every six months and a formal recorded appraisal annually.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each meal time.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35.1 and 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure that a formal review of the residents' placement in the home is organised yearly and records are kept of the review meeting.</p> <p>Ref 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13.1 and 13.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From date of inspection</p>	<p>The registered person shall ensure that the home offers a structured programme of varied activities and events.</p> <p>Ref 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>

<b>Area for improvement 6</b>  <b>Ref:</b> Standard 13.1 and 13.3  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection	The registered person shall ensure that infection prevention and control measures and practices are robust and that there is a robust system in place for regular monitoring.  Ref: 5.2.3 and 5.2.5
	<b>Response by registered person detailing the actions taken:</b>

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



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