

# Unannounced Care Inspection Report

## 23 March 2021



## Strawberry Fields

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

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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 residential care home registered to provide residential care for up to six residents.

### 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	<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 home on the day of this inspection:</b> 5

### 4.0 Inspection summary

An unannounced care inspection was undertaken on 23 March 2021 from 10:30 until 14:30. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan and assess the homes response to the Covid-19 situation.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) and personal protective equipment (PPE)
- environment
- care delivery
- care records
- governance and management.

Residents were largely complimentary about their life in the home and relations with staff.

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>	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Justin McCann, person in charge, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five residents, one care staff and the person in charge. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge with 'Tell us' cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. There were no questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- duty rotas
- staff training records
- three care records
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three staff competency and capability assessments
- one staff recruitment record
- staff professional registration information for the Northern Ireland Social Care Council (NISCC)

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 20 August 2019.

Areas for improvement from the last care inspection		
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 27(2)(t)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and review of records maintained in the home showed that the recommendations from the legionella risk assessment dated 30 April 2019 had been addressed.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15(1)(e)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 August 2019	The registered person shall ensure adherence to registered categories of care when undertaking pre-admission assessments.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge regarding the identified needs of residents and review of information prior to the inspection showed an admission which fell outside the categories of care for which the home was registered. The issue was discussed with the person in charge who advised the placement would not be continuing due to specific circumstances. The issue was discussed with the person in charge as was the need to ensure categories of care were adhered to. This area for improvement has been stated for a second time on the QIP appended to this report.	

## 6.2 Inspection findings

### 6.2.1 Staffing

We discussed with the person in charge staffing levels for the home. The person in charge confirmed staffing levels were maintained at planned levels which were kept under review according to the dependency level of residents.

Review of duty rota information showed records maintained did not accurately reflect staff on duty, or cover the preceding days. This issue was discussed with the person in charge who advised the staffing arrangements were stable with identified staff in the home. The need to ensure the duty rota accurately reflects all staff working in the home over the twenty four hour period was discussed. An area for improvement was identified.

During discussion a new staff member confirmed they were in the process of completing their induction period and that management were available to support them in their role.

Review of one recruitment record showed that only one reference had been received prior to the commencement of employment. Although other relevant checks including previous employment history and Access NI had been done prior to commencing employment the need to ensure two references were in place was discussed with the person in charge. An area for improvement was identified.

One staff member spoken with confirmed that the staffing levels were appropriate to meet the needs of the residents and spoke positively about their experience of working in the home to date. The person in charge confirmed there was ongoing supervision and support for new staff in the home.

### 6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid-19, signage was also displayed throughout the home regarding handwashing technique. Upon arrival the inspector's temperature was recorded and a relevant health declaration was completed.

The person in charge advised all visitors to the home had checks completed prior to entering and residents and staff temperatures were recorded twice daily.

PPE supplies and hand sanitizer were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately and in accordance with current guidance.

Staff showed good knowledge on how to reduce or minimise the risk of infection and confirmed there was an enhanced cleaning schedule in place which included regular cleaning of frequent touch points throughout the home.

Observations made during the inspection showed staff carrying out hand hygiene and changing PPE as required.

### 6.2.3 Environment

We undertook an inspection of the home environment which was found to be warm, clean and tidy. We viewed the communal living area, dining room, resident's bedrooms as well as bathroom and toilet areas. Resident's bedrooms were found to be nicely personalised and displayed personal mementos to reflect individual interests

It was noted that some of the paintwork on the walls and on door frames and skirting boards was chipped, therefore making them more difficult to clean. This issue was discussed with the person in charge who confirmed there were plans in place to redecorate parts of the home and the work would be commencing in the near future. Progress with the environmental improvements will be followed up at a future inspection.

### 6.2.4 Care delivery

We observed staff practice in the home, interactions with residents were warm and friendly. Staff were observed working in a relaxed and unhurried manner. Residents were well presented with obvious time given to their personal care. Staff explained how they were aware of the individual preferences of residents.

Arrangements were in place to ensure residents participated in regular activities, during the inspection residents were observed engaging in puzzles and reading books whilst others were observed engaging in conversation with each other.

The person in charge outlined the visiting arrangements in place and confirmed that visiting was arranged on a pre-booked basis.

During the inspection residents looked comfortable and relaxed within their surroundings, and staff were available to meet their needs. From discussion with one resident who liked to spend time in their bedroom they shared staff may not always come quickly. The positioning of the call bell in the bedroom was discussed with the person in charge as although it reached to the resident's bed, it did not reach to the residents sitting position. The need to ensure call bells are easily accessible to residents was discussed. An area for improvement was identified.

Comments received from residents included:

- "I like it here, everyone is very nice, it's a nice place."
- "Im getting on well, everything is very good, I can't complain."
- "I like it ok."
- "It's ok, but the staff don't always come quickly."
- "It's lovely here, they are so good. The food is lovely, I am so glad to be here."

### 6.2.5 Care records

A sample of three care records were reviewed, these included admission information, an assessment of needs, care plans, risk assessments and daily evaluation records. We could see the care records were reviewed and updated on a regular basis or as changes occurred.

Information from other health professionals including for example Speech and Language Therapy (SALT) were included within the care records reviewed. Staff spoken with had good knowledge of the individual needs of residents.

## 6.2.6 Governance and management arrangements

We reviewed a sample of audits including environmental, IPC, hand hygiene and falls. Records showed that these were completed on an ongoing basis and when actions were identified they were addressed accordingly.

The person in charge confirmed competency and capability assessments were in place for any staff member left in charge of the home in the manager's absence. Three competency and capability assessments were viewed during the inspection these were maintained on an up to date basis.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A review of staff professional registration information for the Northern Ireland Social Care Council (NISCC) showed the information was monitored and maintained in the home. The benefit of maintaining a matrix in relation to NISCC registration was discussed with the person in charge.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection. The home had received a number of compliments and thank you cards which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Home Regulations (Northern Ireland) 2005. We reviewed the reports for January, February and March 2021, these included an overview of the working practices in the home and an action plan as needed to address any issues identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, interactions between residents and staff, the home environment and regular audits being completed.

### Areas for improvement

Three new areas for improvement were identified as a result of this inspection. These related to ensuring the duty rota accurately reflects all staff on duty over a twenty four hour period, ensuring all relevant recruitment records are obtained prior to commencing employment and to ensure call bells are easily accessible to residents as needed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 6.3 Conclusion

Residents looked well cared for. Interactions between residents and staff were warm and friendly. The home was warm, clean and tidy. Care records were maintained on an up to date basis. Three new areas for improvement were identified as a result of this inspection; one area for improvement from the previous inspection has been stated for a second time.

## 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, person in charge, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 15 (1) (e)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure adherence to registered categories of care when undertaking pre-admission assessments.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has amended the pre-assessment record sheet with an information box detailing any potential client's category of care and if their referral fits the categories of care we are registered for.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 19 (2) Schedule 4, 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 March 2021</p>	<p>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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Duty rota is made out on a weekly bases and located in the office. A copy is displayed on the staff notice board for all staff to access. Any changes to the shift patterns or working hours are approved by a member of the management team and adjustments to the rota are made directly onto the hard copies. Changes are signed and dated.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 21.1(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure all relevant recruitment information including two references are obtained prior to staff commencing work in the home.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Any outstanding information required for the staff member on duty was obtained by the 24th March 2021. A robust pre-employment check list is in place to ensure all relevant recruitment information is obtained prior to the staff member commencing work in the care setting.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard E7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure call bells are positioned in an accessible way to meet the general needs of residents.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has purchased and implemented new nurse call buttons, which vary in length. The standard nurse call buttons can now be replaced with longer leads. Some measure 2 meters long and others up to 6 meters long. These leads can be changed around to suit the needs of the service users.</p>

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



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