



The Regulation and
Quality Improvement
Authority

Strawberry Fields
RQIA ID: 1326
129B Staffordstown Road
Randalstown
BT41 3LH

Inspector: Colin Muldoon
Inspection ID: IN021398

Tel: 0289447 3089
Email: strawberry-fields1@hotmail.co.uk

**Announced Estates Inspection
of
Strawberry Fields**

21 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 21 April 2015 from 14.30 to 16.30. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The Residential Care Home Minimum Standards 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	1

The details of the QIP within this report were discussed with Mr J McCann as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Strawberry Fields Mrs R McCann	Registered Manager: Mrs Justine Quigg
Person in Charge of the Home at the Time of Inspection: Mr J McCann	Date Registered: 21 January 2014
Categories of Care: RC-DE, RC-I, RC-PH, RC-PH(E), RC-MP(E)	Number of Registered Places: 6
Number of Residents Accommodated on Day of Inspection: 6	Weekly Tariff at Time of Inspection: £470.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 27: **Premises and Grounds**

Standard 28: **Safe and Healthy working Practices**

Standard 29: **Fire safety**

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- The last returned Estates Quality Improvement Plan
- The last returned Care inspection Quality Improvement Plan.

The following records were examined during the inspection:

- Fire and legionella risk assessments.
- Fire safety installation test and maintenance records.
- Water safety records.
- Engineering services records e.g. gas, electric etc.
- Fire training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 06 January 2015. The completed QIP was returned and the response was considered acceptable by the care inspector.

5.2 Review of Requirements and Recommendations from the last Estates Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27.-(2)(q)	The provider must ensure that any defects found during the test and inspection of the electrical installation are rectified and that the contractor issues certificates which confirm that the electrical installation is in a safe and satisfactory condition.	Met
	Action taken as confirmed during the inspection: The last test and inspection of the electrical installation was carried out in July 2012. The contractor did not identify any remedial work and considered the installation to be in satisfactory condition.	

<p>Requirement 2</p> <p>Ref: Regulation 27.-(2)(p) 27.-(4)(d)(i)</p>	<p>The provider must ensure that cigarette smoke does not leak from the smoking room. The smoking room door and closer must be adjusted so that the door provides an effective fire seal.</p> <hr/> <p>Action taken as confirmed during the inspection: On the day of inspection there was no evidence of cigarette smoke escaping from the smoking room.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(a)</p>	<p>The provider should ensure that opening windows that are within reach of residents are restricted to an aperture of 100mm with robust tamper proof fittings.</p> <hr/> <p>Action taken as confirmed during the inspection: It was confirmed in the returned QIP relating to the previous Estates inspection that this had been addressed and random windows were reviewed during this inspection.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>The provider should establish a system for recording:</p> <ul style="list-style-type: none"> • weekly visits to the Northern Ireland Adverse Incident Centre (NIAIC) website. • actions taken as result of above. <hr/> <p>Action taken as confirmed during the inspection: There were records of weekly visits to the NIAIC website.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14.-(2)(c)</p>	<p>In relation to the control of legionella the temperature of water stored in the cylinder should be checked and recorded monthly.</p> <hr/> <p>Action taken as confirmed during the inspection: Addressed.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 27.-(4)(a)</p>	<p>The provider must ensure that all the issues in the fire risk assessment action plan are fully addressed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The fire risk assessment was reviewed by an accredited fire risk assessor in June 2014. The action plan has been marked up with the issues identified having been addressed.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 27.-(4)(b)</p>	<p>The provider must investigate and rectify any shortcomings in the fire detection and alarm system.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The fire detection and alarm system has been upgraded as recommended by the fire risk assessor including the fitting of a new fire panel, additional detectors, removal of storage from voids and the creation of additional zones.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 27.-(4)(d)(iv) 27.-(4)(d)(v)</p>	<p>The provider must ensure that the emergency lighting system is tested and maintained in accordance with current good practice (Ref: BS 5266).</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There is no formal arrangement for testing the emergency lights although it is understood that their operation has been proven because of several power cuts over the last few months.</p>	<p>Partially Met</p>

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were, however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

The home has a legionella risk assessment although it was undated and it could not be confirmed when it was carried out. The arrangements for recording some of the legionella control measures requires review, e.g. disinfection of all showers and flushing of infrequently used outlets.

The temperature of the hot water from outlets accessible to residents is recorded. The records indicate that the temperatures may be outside the recommended parameters.

At present there are no arrangements for maintaining the thermostatic mixing valves.

The home has a gas hob which requires an up to date Gas Safe certificate. Mr McCann informed the inspector that this had been arranged and was due to be carried out by 24 April 2015.

The inspector recommended that the nurse call system is periodically function tested.

Number of Requirements	3	Number Recommendations:	1
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

No issues relating to this standard were raised during this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

One issue was, however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

One issue was, however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

One issue was, however identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

Arrangements should be made to carry out function testing and servicing of the emergency lights.

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

Not applicable.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr J McCann as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards (DHSSPS, 2011).

They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Estates.Mailbox@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 27.-(4)(d)(iv) and (v)</p> <p>Stated: Second time</p> <p>To be Completed by: 21 May 2015 and ongoing</p>	<p>The emergency lights should be function tested and maintained in accordance with BS5266. Records should be kept of all tests and maintenance.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p>
<p>Requirement 2</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be Completed by: 21 May 2015 and ongoing</p>	<p>The legionella risk assessment should be reviewed and the resultant scheme for the control of legionella should be fully implemented. Records should be kept of all actions taken towards the control of legionella.</p> <p>Reference should be made to the Health and Safety Executive document <i>Legionnaires' disease HSG274 PART 2 – The control of legionella bacteria in hot and cold water systems</i> which is free to download from the HSE website.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p>
<p>Requirement 3</p> <p>Ref: Regulation 14.-(2)(a) and (c) 27.-(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 21 May 2015 and ongoing</p>	<p>The temperature of the hot water from resident accessible outlets should be set in accordance with the Health Guidance Note '<i>Safe' hot water and surface temperatures</i></p> <p>The thermostatic mixing valves should be maintained, set and fail safe tested in accordance with the manufacturer's instructions.</p> <hr/> <p>Response by Registered Manager Detailing the Actions Taken:</p>

Requirement 4 Ref: Regulation 27.-(2)(c) and (q) Stated: First time To be Completed by: 21 May 2015	A valid Gas Safe certificate should be obtained. The certificate should verify that the gas appliance and installation are in a safe and satisfactory condition.
	Response by Registered Manager Detailing the Actions Taken:

Recommendations

Recommendation 1 Ref: Standard 27 Stated: First time To be Completed by: Ongoing	A procedure should be established to periodically function test all the nurse call points.
	Response by Registered Manager Detailing the Actions Taken:

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please provide any additional comments or observations you may wish to make below:

Please ensure the QIP is completed in full and returned to Estates.Mailbox@rqia.org.uk from the authorised email address



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk