



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Strawberry Fields
RQIA Number: 1326
Date of Inspection: 6 January 2015
Inspector's Name: John McAuley
Inspection ID: IN017451

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Strawberry Fields (1326)
Address:	129b Staffordstown Road Randalstown BT41 3LH
Telephone Number:	028 9447 3089
E mail Address:	strawberry-fields1@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Roisin McCann
Registered Manager:	Mrs Justine Quigg
Person in Charge of the home at the time of Inspection:	Miss Orla McCann
Categories of Care:	RC-DE, RC-I, RC-MP(E), RC-PH, RC-PH(E)
Number of Registered Places:	6
Number of Residents Accommodated on Day of Inspection:	5 plus 1 resident in hospital
Scale of Charges (per week):	£461
Date and type of previous inspection:	27 August 2014 Primary Unannounced Inspection
Date and time of inspection:	6 January 2015 10.30am – 12.45pm
Name of Inspector:	John McAuley

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011).

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with staff and management
- Examination of records
- Observation of care delivery and care practice
- Consultation with residents individually
- Inspection of the premises
- Evaluation of findings and feedback.

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Strawberry Fields Private Residential Home is located on the Staffordstown Road, a rural location outside Randalstown County Antrim.

The residential home is owned and operated by Mr Justin and Mrs Roisin McCann. Their daughter, Mrs Justine Quigg is the registered manager and has been so for the past few years.

Accommodation for residents is provided single on a ground floor level.

A communal lounge and dining area are provided in a central location.

A number of communal sanitary facilities are available throughout the home. There is good access to the well-appointed grounds to the home.

The home is registered to provide care for a maximum of six persons under the following categories of care;

Residential Care

I – Old age not falling into any other category
 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
 DE – Dementia – for two named persons only.

7.0 Summary of Inspection

This secondary unannounced care inspection of Strawberry Fields was undertaken by John McAuley on 6 January 2015 between the hours of 10:30am and 12:45pm.

Miss Orla McCann was the senior care assistant in charge of the home and was available during the inspection. Mr Justin McCann arrived into the home at midday and was available for verbal feedback of the inspection findings.

There was one recommendation made as a result of the previous inspection on 27 August 2014. This recommendation in respect of reviewing the home's policy and procedure on restraint and restrictive practises has been attended to satisfactorily. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded in detail with good account of residents' health and social care needs being met. Staff on duty confirmed good knowledge and understanding of residents' needs and prescribed interventions. Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect of same. There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with residents and staff, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The details of these discussions are in section 10.0 of the main body of this report.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

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

A review of the accident / incident reports was also undertaken. This resulted in two requirements in terms of notification and recording. Further details can be found in section 10.0 of the main body of the report.

Two requirements were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the one recommendation issued as a result of the previous inspection on 27 August 2014.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the home's policy on restraint and restrictive practices needs to be reviewed / updated. In doing so the policy needs to include clear guidance and support for staff on same, as well as details of the Human Rights implications of any restrictive practises in the home.</p>	This policy has been revised / updated accordingly.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded. Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff on duty confirmed that they had good knowledge and understanding of residents' needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed.	Compliant
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).	Compliant

Management of continence care needs was found to be individually assessed and care planned for, with prescribed and specific interventions in place.	
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.	Compliant
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
General observations of residents' aids, appliances and equipment found these were maintained in good order.	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments received included statements such as:

- "It's all very good here, I like it."
- "Things are all fine."
- "I couldn't complain about a thing."
- "It couldn't be better, the staff are all wonderful, no complaints."

No concerns were expressed or indicated.

10.2 Relatives/representative consultation

There were no visiting relatives in the home at the time of this inspection.

10.3 Staff consultation

There was one member of staff on duty other than the home's management. This member of staff spoke positively about the provision of care, workload and duties, the provision of training and managerial support.

No concerns were expressed.

10.4 Visiting professionals' consultation

The inspector did not meet with any visiting professionals during this inspection.

10.5 General environment

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

Residents' bedrooms were observed to be homely and personalised.

The communal lounge and dining area were comfortable and nicely facilitated.

10.6 Accident / incident reports

A review of the home's accident / incident reports was undertaken. The last recorded accident / incident was on 9 September 2014. However evidence was found in a resident's progress records that an accident had occurred on 2 January 2015 which was not documented in the reports. A requirement has been made in relation to this. A further requirement has been

made in relation to notification of incidents of significant medical intervention being notified to RQIA, such as hospital admission, which was found not to be duly reported.

10.7 Care practices

Discreet observations evidenced residents being treated with dignity and respect. A pleasant relaxed homely atmosphere was in place with residents observed to be comfortable and content with same. Staff interactions with residents were found to be polite, friendly, warm and supportive.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Justin McCann, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Strawberry Fields

6 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Justin McCann either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19(1)(a) Schedule 3 (j)	<p>The registered person shall –</p> <p>(a) Maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident;</p> <p>Schedule 3 (j)</p> <p>A record of any accident affecting the resident in the home and any other incident in the home which is detrimental to the care, health, safety or welfare of the resident, which record shall include the nature, date and time of the accident or incident, whether medical treatment was required and the name of the individual who was supervising the resident.</p> <p>Reference to this is made in that any accident / incident that occur in the home must be documented in the home's accident / incident records.</p>	One	The home has ensured that a comprehensive report is documented in the homes accident/incident book regarding any such occurrence in the home.	7 January 2015

2	30(1)(d)	<p>The registered person shall give to the RQIA without delay of the occurrence of – (d) any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Reference to this is made in that the home must notify the RQIA of any serious medical intervention being sought, such as hospital admission.</p>	One	<p>The home will notify the RQIA without delay of the occurrence of an adverse incident/accident. A copy of which will be kept in the home.</p>	7 January 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Justine Quigg
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Justin McCann

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	26/02/15
Further information requested from provider			