

Inspection Report

Name of Service:	Strawberry Fields
Provider:	Strawberry Fields
Date of Inspection:	4 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Strawberry Fields
Responsible Person:	Mrs Roisin McCann
Registered Manager:	Mr Justin McCann
Service Profile	
<p>This home is a registered residential care home that provides health and social care for up to six residents. The home provides care for residents living with a mental disorder or physical disability and for residents over the age of 65.</p> <p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 August 2025, from 10.00 am to 3.10 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents described staff as "first class" and "very helpful". Residents spoken with said that they were happy living in Strawberry Fields. Comments included, "I am well looked after, I love it" and "staff are easy to talk to, they look after us all."

Residents told us that their relatives and friends could visit whenever they wished and were always made feel welcome when they visited the home.

Residents confirmed that they were able to choose how they spent their day. For example, residents could choose where they wished to have their meal and where they wanted to spend their day.

Staff said that they enjoyed working in Strawberry Fields, staff said; "I love it here," and "the managers are very good to work for, they are very understanding."

Three questionnaires were returned from family members and one from a staff member. All respondents confirmed that they were happy with the care provide in Strawberry Fields. "extremely well cared for, he has never looked better" and "the caring is next to none, very well cared for , we are happy with the placement."

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. No new staff have been recruited since the last inspection, a review of the homes systems and process for staffing evidenced that systems were in place to manage staffing.

A review of the duty rota indicated that the designation of the person on duty was not highlighted on the rota. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Residents' comments included, "the staff are great, they are very helpful."

Staff said that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met by the number of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents' choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to be enjoying one another's company, residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. One resident commented on the 'family atmosphere' in the home.

At times some residents may require support that could be considered restrictive or they may live in a unit that is secure to keep them safe. A review of care plans established that systems were in place to safeguard residents and to manage this aspect of care, however, a review of one care plan evidenced inaccurate details in regards to deprivation of liberty (DoLs), this is discussed further in section 3.3.3.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the management team confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents' commented positively on the food served in the home, comments included, "the food is good, I eat all of it, there is plenty of it," and "the food is good there are different choices."

Although only one choice of meal was displayed at lunchtime, discussion with staff and residents and observation of the lunchtime experience evidenced that residents were offered alternative options. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff understood that meaningful activity was not isolated to the planned social events or games. Observation of the homes activity folder evidenced that residents had been consulted on and offered various activities, however the manager and residents said that although activities were offered to them they preferred not to take part in these activities preferring instead to spend time chatting to friends and watching TV. One resident said, "I like to watch my TV, I don't want activities."

Life story work with residents helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, regularly reviewed to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

A number of care plans reviewed had amendments / additions made to them and required to be rewritten, in addition to this and discussed in section 3.3.2 one care record was inaccurate regarding the provision of DoLs for one resident. This was discussed with the manager and an area for improvement was identified.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy and residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some walls throughout the home were slightly marked, this was discussed during feedback and assurances were provided that this would be addressed.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

There was ample supply of personal protective equipment (PPE) within the home, however during the lunchtime meal staff did not use the provided aprons while serving meals, the importance of wearing PPE to avoid cross infection was discussed with the staff and the manager and an area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

Residents and staff commented positively about the manager and described him as supportive and approachable.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Compliments to the home referred to the 'excellent care' given and commented that the staff in the home were 'courteous' and 'accommodating.'

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Justin McCann, Manager as part of the inspection process. 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 (Dec 2022)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 4 August 2025	<p>The Registered Person shall ensure that the duty rota clearly identifies the full name and designation of all staff on duty.</p> <p>Ref 3.3.1</p> <p>Response by registered person detailing the actions taken: Management have adopted a clear and concise way of demarcating roles on the role. i.e. Senior Carers, those in charge on shift and those responsible for Kitchen duties for the day.</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 31 August 2025	<p>The Registered Person shall ensure that all residents have individual and up to date comprehensive care plans. This is stated in reference, but not limited to, care plans for those residents who have a deprivation of liberty safeguard (DoLs) in place.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Care plans are reviewed and updated in a timely manner. In relation to DOLS, this resident was placed in Care under an Emergency DOLS provision which was subsequently Discharged after a short period of time in Care. This has now ben clarified and made clear in the residents Care Plan.</p>
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: 4 August 2025	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the correct use of personal protective equipment (PPE) during mealtimes.</p> <p>Response by registered person detailing the actions taken: A staff meeting was held 12/08/2025 to address the safe use of PPE in line with effective infection control policies. Additionally- Staff have been directcd to EVOLVE online training and refresher courses have been reccomended.</p>

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