



Inspection Report

Name of Service:	Strawberry Fields
Provider:	Strawberry Fields
Date of Inspection:	17 June 2026

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 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 with a range of needs, including, mental health, physical disability, residents over the age of 65 and one resident living with dementia. 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 17 June 2026, between 10.15 am and 2.30 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 4 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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 evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well 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 one area for improvement was assessed as having been addressed by the provider. Other areas for improvement have been stated again for a second time. 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 spoken with provided positive feedback about their experiences living in the home. Some of the comments shared included, "I'm well looked after, no problems, the staff are good" and "there are plenty of staff around."

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.

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.

There was evidence of systems in place to manage staffing. However, improvements were required to ensure these systems were robust. For example, the duty rota did not clearly identify the designation of staff on duty, therefore this was difficult to identify the person in charge. The details of this were shared with the manager and the previous area for improvement identified was not met and will be stated again for a second time.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

There was evidence of a system in place to monitor staff's attendance at mandatory training, this was shared with RQIA following the inspection. A discussion took place with the manager to ensure this is maintained in the home for inspection.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills 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 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.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that there was a system in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLS) in place; however, records did not clearly identify the date the DoLS review was required. A discussion took place with the manager to enhance the current system by including review dates and ensuring this is kept under regular review.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referrals to other healthcare professionals as needed and implementation of the post falls protocol.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Life story work with residents and their families 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.

Discussions with residents confirmed that they were able to engage in their own preferred activities such as, waiting on visitors to come, reading their books, watching television or listening to music on the radio. A discussion took place with the management team regarding the provision of planned activities in the home and the need to promote more opportunities for residents to take part in scheduled activities. An area for improvement was identified.

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.

Care plans were in place for residents who had a DoLS, however the details of the DoLS was inconsistent across care plans and risk assessments, therefore it was not always clear if the DoLS was in place or if this had been removed. The previous area for improvement was partially met and has been stated again for a second time.

Residents care records were held confidentially.

Care records were person centred, and mostly regularly reviewed and updated to ensure they continued to meet the residents' needs. It was not always evident that care staff recorded regular evaluations about the delivery of care for example, no record had been completed for one resident for over one month. The details of this were shared with the management team and an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Residents were seated comfortably across the home in communal areas watching television or their bedrooms if this was their preferred choice.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable. There was a slight malodour evident in one resident's bedroom, the details of this were shared with the management team and assurances were provided that this would be addressed.

There was evidence of soap dispensers in communal bathrooms requiring to be replenished. The management team confirmed this would be addressed. A commode wheels were rusted and could no longer be cleaned effectively. The management team confirmed this would be replaced. To ensure that Infection Prevention Control (IPC) measures are in place to reduce the risk of cross contamination and infection; governance systems should be in place to ensure that equipment is identified to be replaced and the lack of access to soap are addressed promptly to reduce these risks. The details of this were shared with the management team and an area for improvement was identified.

Discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

The management team confirmed that arrangements were in place for the Fire Risk Assessment to be reviewed.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Justin McCann has been the manager in this home since 15 September 2022.

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to concerns, raised with them or by their processes.

Residents said that they knew who to approach if they had a concern and had confidence that any concern would be managed well.

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	5*

* the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Justin McCann, manager and Mrs Roisin McCann, Responsible Individual, 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: Second time To be completed by: 17 June 2026	The Registered Person shall ensure that the duty rota clearly identifies the full name and designation of all staff on duty. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: The staff rota has been amended to ensure each staff members role, designation and who is in charge on that shift and are clearly defined
Area for improvement 2 Ref: Standard 6 Stated: Second time To be completed by: 1 July 2026	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. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: All care plans have been amended to reflect that up to date care needs are continuous throughout the care plan
Area for improvement 3 Ref: Standard 13 Stated: First time To be completed by: 1 July 2026	The Registered Person shall ensure that residents have access to a structured programme of varied activities and events, related to the identified needs of the residents. Ref: 3.3.2
	Response by registered person detailing the actions taken: The activity programme has been amended and updated to reflect each residents individual needs, preferences and what activities they participate in

Area for improvement 4 Ref: Standard 8.2 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure records are maintained which provide a holistic overview of the resident's daily care. When no recordable events occur, there is an entry at least weekly for each resident to confirm that this is the case. Ref: 3.3.3 Response by registered person detailing the actions taken: A weekly record is now kept in the event that there is no recordable events for that individual resident.
Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: 1 July 2026	The Registered Person shall ensure there is a managed environment that minimises the risk of infection for staff, residents and visitors. This is with specific reference to the replenishment of soap dispensers. Ref: 3.3.4 Response by registered person detailing the actions taken: Soap Dispenser replenishment has now been included in the monthly Enviromental checks in the home. In between times, the senior carer on duty is responsbile for ensuring soap dispensers are maintined and replensihed as required.

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