

Inspection Report

4 July 2024



Ashbrook Care Home

Type of service: Residential Care Home

Address: 50 Moor Road, Coalisland, Dungannon, BT71 4QB

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Ashbrook Home Ltd	Registered Manager: Mrs Kathleen Buccat
Registered Person: Mr Marcus James Mulgrew	Date registered: 1 December 2022
Person in charge at the time of inspection: Mrs Kathleen Buccat	Number of registered places: 9
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: <p>This home is a registered Residential Care Home which provides health and social care for up to 9 residents. Residents are accommodated in single bedrooms and have access to communal and dining areas.</p> <p>There is a Nursing Home which is located in the same building and the Manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 July 2024 from 10.05am to 2.10pm. The inspection was conducted by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be warm, welcoming and clean. Bedrooms were personalised with items which were important to the residents. A relaxed atmosphere was evident in the home.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Two new areas requiring improvement were identified during this inspection.

RQIA were assured that the delivery of care and service provided in Ashbrook Care Home was safe, effective, compassionate and that the home was well led. Addressing this one area for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them," that they were well looked after and this was a "great place." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "very good." Compassionate interactions were observed between staff and the residents. The residents reported that if they wanted anything that all they had to do was to ask.

Staff reported that there was a good staff team in Ashbrook Care Home and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive.

Positive comments were made by a relative spoken with, in terms of the communication with the staff, the atmosphere in the home, the activity provision and the staffing levels.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 May 2024		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)(Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 32 Stated: First time	The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded daily and that appropriate action is taken if the temperature recorded exceeds 25°C.	Met
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of staff recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. However, the grades of staff were not consistently recorded on the duty rota. This was identified as an area for improvement.

Any person who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registration with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. One resident said: "It's all very good in here. Staff make it feel like home. There are always plenty of staff to help you."

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on the level of training and how it was provided. Arrangements were in place to ensure that staff received regular supervision and annual appraisal.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Care records were held confidentially. Care records were organised, person centred and reflected the needs of the residents.

Residents' needs were assessed 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills. Fire safety exits were free from obstruction.

The home's most recent fire safety risk assessment dated 6 May 2024. The recommendations from this report were not signed off, as actioned. However good assurances were provided from the manager that these were addressed. Email confirmation was provided following the inspection to confirm that these were signed off by the manager.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents; engaging in discussion and music activities. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

Residents and relative comments included: "We do exercises; there is always something to do." "The days' fly in." and "always plenty of activities in here."

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. A review of these records identified that there were a number where RQIA were not informed. This was identified as an area for improvement.

Review of the record of complaints and discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and would be managed appropriately.

There was a wide range of audits and quality assurance in place. These audits included; falls, hand hygiene, care records, infection prevention and control, mealtime experience and health and safety.

The home was visited each month by the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kathleen Buccat, registered manager and Dympna Farran, general 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 5 July 2024	The registered person shall ensure that all accidents and incidents are reported to RQIA. Ref: 5.2.5
	Response by registered person detailing the actions taken: All accidents and incidents will be reported to the RQIA including incidents of non-injurious falls where a GP or Paramedic is contacted for advice.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)(Version 1:2)	
Area for improvement 2 Ref: Standard 32 Stated: First time To be completed by: Immediate and ongoing (23 May 2024)	The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded daily and that appropriate action is taken if the temperature recorded exceeds 25°C.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: 5 July 2024	The registered person shall ensure that the grades of staff working in the home are recorded on the staff duty rota. Ref: 5.2.1
	Response by registered person detailing the actions taken: Grades of staff are now marked clearly on the staff duty rota.

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



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