



# Unannounced Inspection Report 8 January 2020



## Ashbrook Care Home

**Type of service: Residential Care Home**  
**Address: 50 Moor Road, Coalisland, Dungannon, BT71 4QB**  
**Tel No: 028 8774 1010**  
**Inspector: Paul Nixon**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with nine beds that provides care for older people. The residential care home is on the same site as a nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ashbrook Home Ltd  <b>Responsible Individual:</b> Mr Marcus James Mulgrew	<b>Registered Manager:</b> Miss Gillian Larmour
<b>Person in charge at the time of inspection:</b> Miss Gillian Larmour	<b>Date manager registered:</b> 11 May 2018
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of registered places:</b> 9

### 4.0 Inspection summary

An unannounced inspection took place on 8 January 2020 from 10.15 hours to 13.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

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

Evidence of good practice was found in relation to the management of medicines, the environment and the dining experience.

One area requiring improvement was identified in relation to the management of controlled drugs.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Miss Gillian Larmour, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection

No actions were required to be taken following the most recent care inspection on 26 September 2019. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection we met with four residents, one resident's representative, the registered manager and three members of staff.

Questionnaires and 'Have We Missed You?' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included five residents' personal medication records and medicine administration records.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent care and medicines management inspections dated 26 September 2019 and 1 August 2018

There were no areas for improvement identified as a result of the most recent care and medicines management inspections.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

We arrived in the home at 10.15 hours and were greeted by the manager and staff who were helpful and attentive. Some residents were seated in the lounge whilst others remained in their rooms, in keeping with their personal preference.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and cleaning products were stored in areas not accessed by residents.

A sample of five residents' personal medication records and medicine administration records were reviewed. These had been maintained in a satisfactory manner. A range of audits on the administration of medicines was completed. There was evidence that medicines were being administered as prescribed.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay.

Controlled drugs were being stored in the adjacent nursing home's controlled drugs cupboard and recorded in its' controlled drugs record book. Handover stock balance checks were performed and recorded by a member of care staff from the residential care home and a nurse from the nursing home. Because the residential care home is a separate registered facility from the nursing home, these arrangements are inappropriate. Controlled drugs need to be stored and records maintained in the residential care home. An area for improvement was identified.

Staff stated that there was effective teamwork; each staff member spoken to knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues.

We reviewed the lunchtime meal experience. Lunch commenced at 12.30 hours. Residents dined at the main dining area. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch. Residents who required to have their meals modified were also afforded choice of meal. Food was served directly from the kitchen when residents were ready to eat their meals. The food served was warm and appeared nutritious and appetising. Staff were knowledgeable in relation to residents' dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. Residents consulted spoke positively of the food provision.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of medicines, communication between residents and staff and the assistance provided by staff to ensure that residents enjoyed a nutritious meal.

### Areas for improvement

The arrangements for the management of controlled drugs must be reviewed with respect to storage, recording and stock balance checks performed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Consultation with four residents confirmed that living in the home was a positive experience. Comments included:

- "Care couldn't be better. Staff are great. The food is too good."
- "I am overwhelmed by the amount of attention given by staff. They are attentive and kind."
- "The care is very good. Staff are very capable and good. The food is fine."
- "It's very good here. Staff are all right. The food is fine."

One visitor stated that their relative was very happy, was getting great care and that management and staff were very welcoming.

None of the questionnaires that were issued for residents or relatives to complete were returned within the allocated time provided.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff/others.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff confirmed that, if they had any concerns, they could raise these with the manager or the nurse in charge. All staff spoken to stated that they enjoyed working in the home and were satisfied with the training opportunities provided.

We also sought staff opinion on staffing via the online survey. There were no responses received within the allocated time provided.

Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the manager stated that she had attended Level 3 training but advised that not all staff had yet received Level 2 training. The need to ensure this matter is remedied without further delay was discussed.

### Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Gillian Larmour, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

**7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

**7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 /The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 February 2020</p>	<p>The registered person shall ensure that the arrangements for the management of controlled drugs are reviewed with respect to storage, recording and stock balance checks performed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A new controlled drugs cupboard has been ordered for installation within the Residential Home. Following installation of the new cupboard controlled drugs will be stored separately within the Residential Home with separate records and checks being maintained.</p>

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



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