

# Inspection Report

22 March 2023



## Ashbrook Care Home

Type of service: Residential

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Ashbrook Home Ltd	<b>Registered Manager:</b> Mrs Kathleen Buccat
<b>Registered Person:</b> Mr Marcus James Mulgrew	<b>Date registered:</b> 29 November 2022
<b>Person in charge at the time of inspection:</b> Ms Dympna Farnan, General Manager	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 5

### **Brief description of the accommodation/how the service operates:**

This home is a registered Residential Care Home which provides health and social care for up to 9 residents living with dementia. The residential unit is on the ground floor of the building. Residents have access to the communal lounge, the dining room and the garden area.

An announced pre-registration inspection took place on 1 November 2022, from 1.20pm to 15.30pm. This was completed by an estates inspector.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005; and the DHSSPS Residential Care Homes Minimum Standards; Updated August 2011.

The inspection sought to assess an application submitted to RQIA for the registration of a change of care category in the residential care home at Ashbrook.

This inspection focussed on the condition of the environment and engineering services within the unit proposed to accommodate nine RC – DE service users in association with variation application ref: VA011955.

Review of the environment and maintenance records found that the accommodation and services were well maintained and compliant with current good practice.

From an estates inspector's perspective the accommodation complied with the required registration standards and the variation to registration (change of care category) was approved.

There is a Nursing Home which occupies the building and the manager for this home manages both services.

## 2.0 Inspection summary

An unannounced inspection took place on 22 March 2023 at 9:50am to 3:45 pm by the care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and sought 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 care delivery, care plans and maintaining good working relationships.

Three areas for improvement have been identified in relation to staff recruitment, staff training and the provision of activities.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

The person in charge advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served by staff in an unhurried, relaxed manner and residents said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience to enhance the quality of care and service 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 areas for improvement issued, 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 and 'Tell Us' cards 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.

The findings of the inspection were discussed with Ms Dympna Farnan, General Manager at the conclusion of the inspection.

#### **4.0 What people told us about the service**

During the inspection we spoke with three residents individually, small groups of residents in the dining room and two staff. Visitors were unavailable to consult with.

Residents told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

Following the inspection we received three completed resident questionnaires indicating they were very satisfied that the care provided was safe, effective, compassionate and well led. No resident relative/representative or staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

"I'm happy in my job and have no issues with staffing levels. We have good training and the management team are very supportive."

## 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 15 March 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 19  <b>Stated:</b> First time	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the RQIA.	<b>Met</b>
	Review of a selection of records requested on inspection evidenced that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall make proper provision for the health and welfare of residents and ensure that accidents, incidents are reported to relevant bodies, specifically the residents' General Practitioner (GP) in accordance with legislation and procedures and a record is maintained	<b>Met</b>
	Review of records evidenced that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that RQIA is made aware of any notifiable event without delay.	<b>Met</b>
	Discussion with the person in charge and review of records evidenced that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)(Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure that all employed staff receive training in Mental Health Capacity –deprivation of liberty safeguards (DoLS).	<b>Met</b>
	Review of records evidenced that this area for improvement was met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24  <b>Stated:</b> First time	The registered person shall ensure that staff supervision is completed no less than every six months and more frequently if necessary and that a record is maintained.	<b>Met</b>
	Review of records evidenced that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. On review of written references only one was noted to be on file. The staff member's most recent employer reference was not available to view. Gaps in the employment history were observed and reasons for leaving employment were not consistently explored or recorded during the recruitment process for the member of staff. This was discussed with the person in charge and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including first aid, moving and handling, infection prevention and control (IPC), fire safety and adult safeguarding. Further training was provided regarding dementia awareness and dysphagia awareness. However, records showed that not all staff had completed food hygiene and control of substances hazardous to health (COSHH) training. This was discussed with the person in charge and an area for improvement was identified.

Review of records evidenced that staff supervision and appraisal had commenced for 2023. The person in charge advised supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The person in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Competency and capability assessments were completed for the administration of medicines and for staff left in charge of the home when the manager was not on duty.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

### **5.2.2 Care Delivery and Record Keeping**

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. Residents care records were held confidentially.

Review of care records regarding risk of falls, nutrition and weight evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

We observed the serving of the lunchtime meal in the dining room and noted that this mealtime provided residents with an opportunity to socialise together.

Staff wore aprons and the daily menu was displayed in the dining room showing residents what is available at each mealtime. A choice of meal and drinks was offered and staff had made an effort to ensure residents were comfortable throughout lunch. The food was attractively presented and smelled appetising and staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. Residents said they enjoyed lunch.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean and tidy. For example; residents' bedrooms were personalised with items important to the resident.

Bedrooms and communal areas were well decorated, suitably furnished and comfortable. Residents could choose where to sit and where to take their meals and staff were observed



supporting residents to make these choices. Equipment used by residents such as walking aids were seen to be clean and well maintained.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

#### **5.2.4 Quality of Life for Residents**

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their room and staff were observed supporting residents to make these choices.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. However, the programme of activities advising residents of forthcoming events was not displayed and a record of activities that residents attended was not available to view. It is required that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled and that a record is kept. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The manager was not on duty on the day of inspection. Discussion with staff and observations confirmed that the home was operating within the categories of care registered.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy.



Mrs Kathleen Buccat, Manager and Ms Dympna Farnan, General Manager were identified as the appointed safeguarding champions for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the person in charge confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and to RQIA.

Discussion with the person in charge and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding personal care, the dining experience and falls.

Mr Seamus Mulgrew, Director advised the home opened to new admissions on 27 February 2023. Mr Mulgrew confirmed that arrangements are in place to ensure the home is visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. Reports will be made available for review by residents, their representatives, the Trust and RQIA.

Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. The person in charge confirmed that no complaints have been raised this year and that that systems were in place to ensure that complaints were managed appropriately.

Residents and staff spoken with commented positively about the manager and described her as supportive and approachable.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Seamus Mulgrew, Director and Ms Dympna Farnan, 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 Minimum Standards (August 2011)(Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements. Gaps in employment history and reasons for leaving employment should be explored and recorded and two written references, one of which is from the applicant's most recent employer should be available for the inspector to view on request.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Two written references (including one from the most recent employer) for each new staff member recruited are now filed appropriately within the relevant staff file. All gaps in employment will be explored with reason for leaving previous employment also being recorded.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that mandatory training requirements are met and that all staff receive training regarding food hygiene and control of substances hazardous to health (COSHH).  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> All staff have been notified of the requirement to complete their mandatory training by June 2023. Mandatory training has been updated to include COSHH and food hygiene for all staff.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that the programme of activities is displayed in a suitable format in an appropriate location in order that residents know what is scheduled and a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate or decline to participate in the planned activity.  Ref: 5.2.4
	<b>Response by registered person detailing the actions taken:</b> An activities board (showing activities scheduled) has been put on display in the Residential Home. A record is now being kept of all activities that take place including the name of the person

	leading the activity and the names of residents who either participate or decline to participate.
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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