

Inspection Report

26 June 2023



Ashbrook Care Home

Type of service: Residential

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

Telephone number: 028 8774 1010

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: Mr. Tomas Recto
Registered Person: Mr. Marcus James Mulgrew	Date registered: Acting
Person in charge at the time of inspection: Mr. Tomas Recto	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: This home is a registered Residential Care Home which provides health and social care for up to 9 residents. There is a Nursing Home which is in the same building and the Manager for this home manages both services.	

2.0 Inspection summary

This unannounced inspection took place on 26 June 2023, from 9.30am to 2.30pm. 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.

All the previous areas of improvement were met.

Residents said that living in the home was a good experience.

Staff were seen to be kind, caring and attentive in their interactions with residents.

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 of 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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.

The findings of the inspection were discussed with Mr. Tomas Recto at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they felt happy in the home and staff were kind and caring and that they enjoyed the meals. One resident made the following comment; "I am very happy here. I can only describe the staff as being very kind and helpful."

Staff spoke positively about the provision of care, the staffing levels and workload, the provision of training and managerial support.

No responses were received from resident / representative questionnaires.

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 22 March 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 19 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of a sample of two recently appointed staff members' recruitment records confirmed that recruitment was in accordance with legislation.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	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).	Met
	Action taken as confirmed during the inspection: All staff have had up-to-date training in food hygiene and control of substances hazardous to health (COSHH).	

Area for improvement 3 Ref: Standard 13 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A programme of activities was appropriately displayed	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff described management as very supportive and approachable. One staff member described how they loved coming to their work and how they felt an attachment to the residents. This staff member also said "Seamus (director) and Dympna (general manager) are great managers and are very supportive."

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.

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

Any member of staff who has the responsibility of being in charge of the home, in the absence of the Manager, has a competency and capability assessment in place for this responsibility. These assessments are reviewed annually. This is good practice.

A matrix is in place of all mandatory training received by staff. This gives the Manager good managerial oversight in ensuring these needs are met. A review of this record confirmed that the mandatory training for staff was maintained on an up-to-date basis. Staff also spoke in positive terms about this provision and including their induction training when newly appointed.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery. One resident said; “They (the staff) are so patient and so good.”

Care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Records were kept of what residents had to eat and drink daily. Staff had yet to receive up-to-date training in dysphagia. An area of improvement was made in respect of this. Discussions with a director of the home and staff confirmed knowledge and understanding for residents with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these.

The daily menu was suitably displayed.

The dinner time meal was appetising, wholesome and nicely presented. Assistance with the meal was organised and unhurried. Residents commented positively on this provision as well as options of choice.

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.

Residents’ aids and appliances, such as glasses and walking aids, were clean and in working order.

Care records were held confidentially.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents’ bedrooms were comfortable and nicely personalised. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

The laundry department was clean, tidy and well organised.

The grounds of the home were nicely maintained with good accessibility for residents to avail of.

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.

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

Observations of care practices confirmed that residents were able to choose how they spent their day. It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options, or having a rest.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents said; "I am very happy here. Every one of the staff are very good." and "I love it here. There is a nice feeling about the place. I feel very content."

The genre of music and television channels played was in keeping with residents' age group and tastes.

Records of activities were suitably maintained.

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.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; environmental, infection prevention and control and meal time experience.

The home was visited each month by a director of the home on the behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports are available for review by residents, their representatives,

the Trust and RQIA. This director was available during this inspection for discussion and preliminary inspection feedback.

6.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Mr. Tomas Recto, 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)	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: 26 July 2023	<p>The registered person shall ensure all staff receive up-to-date training in dysphagia.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff will receive dysphagia awareness training through the E-Learning for Health Care platform. This programme is considered appropriate for staff working in health and social care and the care home sector and is recommended by NISCC. All relevant staff will be required to complete the training by Monday 4th September 2023.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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