



Inspection Report

Name of Service: Ashbrook Care Home

Provider: Ashbrook Home Ltd

Date of Inspection: 29 July 2025

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
Responsible Person:	Mr Marcus James Mulgrew
Registered Manager:	Mr Tomas Recto, not registered
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 9 residents living with dementia. Residents are accommodated in single bedrooms and have access to a communal lounge, dining area and bathrooms.</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 29 July 2025 from 9.50 am to 2.30 pm by 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 July 2024; 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 established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and 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 two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 said that living in the home was "very good". Comments included, "it's lovely here, I am very happy."

Discussion with residents and observation of practice 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.

Residents' relatives told us "this is excellent, they see to so much detail," and "fantastic care here, I have never had an issue."

Staff told us that they enjoyed working in Ashbrook Care Home and that the resident's care was very important to them. One staff member said, "I love my job, we are all very well supported, I have no concerns."

There was no additional feedback from residents, their relatives or staff following this inspection.

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 robust systems in place to manage staffing.

Residents and their relatives 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.

On the day of the inspection observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty. Staff in the home responded to the needs of the residents in a timely way offering residents choice and support throughout the day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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 resident choice in how and where they spent their day or how they wanted to engage socially with others. For example, residents were offered choice in regards to participating in the daily activity.

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 safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Observation of the lunchtime meal served in the dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned afternoon activity which included a foot spa and hand massage confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate. Residents' were observed enjoying the activity, one resident commented, "this is so lovely, it is very relaxing."

Staff understood that meaningful activity was not isolated to the planned social events or games. Staff were also observed spending time with residents chatting and joking with them in a respectful manner.

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.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, warm and comfortable. It was noted that some of the bedroom furniture in the home was beginning to show signs of wear and tear, for example some bedside cabinets were chipped or marked. This was discussed with the management team during feedback and assurances were given that a plan is in place to replace the furniture. This will be reviewed at a future inspection.

'Homely' touches such as books and games and drinks were available for residents in the dining area.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. However, there was no record of staff having attended fire evacuation drill training within the required timeframe, an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Tomas Recto has been the acting manager in this home since 15 April 2025.

Residents, their relatives 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 robust system for reviewing the quality of care, other services and staff practices was in place.

It was clear from the records examined that the management team had processes in place to monitor the quality of care and other services provided to residents. Enhancement of the monthly monitoring reports was discussed with the general manager during feedback.

Residents and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the management team would address their concerns. One relative commented, “the managers’ door is always open, they make you feel like they have time for you.”

Compliments to the home commented on the ‘great care’ provided and described staff as ‘truly special’

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*	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: Immediate and ongoing (23 May 2024)	<p>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.</p> <p>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.</p>
Area for improvement 2 Ref: Standard 29.6 Stated: First time To be completed by: 31 August 2025	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Care staff will participate in a fire evacuation drill on Friday 17th October 2025. The evacuation drill will be facilitated by an external Fire Safety Trainer.</p>

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The Regulation and
Quality Improvement
Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews