

Inspection Report

Name of Service: Ashwood House

Provider: Ashwood Prop Investment Ltd

Date of Inspection: 14 October 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Ashwood Prop Investment Ltd
Responsible Individual:	Mr Kevin Pollock
Registered Manager:	Mrs Anne Marie Morris
Service Profile – This home is a registered nursing home which provides general nursing care for up to 36 persons. The home is divided over two floors with bedrooms and lounges on both floors. The dining room is located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 14 October 2025, from 9.10 am to 4.00 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 21 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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 patients, 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

Patients who were able to share their opinions on life in the home said they were well looked after. Some patients had difficulty telling us about their care experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff.

Patients' comments included; "The staff are excellent, we celebrated my birthday last weekend it was lovely", "It's very good here" and "I love it here, I love the atmosphere, the staff are helpful and friendly" and "This is a very friendly place, everyone makes you feel welcome" and "The food is unbelievable".

Staff spoken with said that Ashwood House was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they thoroughly enjoyed working in the home. One staff member said, "I thoroughly enjoy working here, it's a very rewarding job".

A relative completed and returned a questionnaire, they commented positively regarding the staff and described them as "very good" and "always on hand", a further comment made regarding length of wait for care was shared with the manager for their attention.

Following the inspection, no patient staff questionnaires were received within the timescale specified.

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 patients. There was evidence of robust systems in place to manage staffing.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Staff were observed to be prompt in recognising patients' needs. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients 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 patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 patients to socialise; the atmosphere was calm, relaxed and unhurried. An effective system was in place to identify which meal was for each individual patient, a mealtime champion is identified and there was evidence of the implementation of a “safety pause” to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer to patients’ preferred dining area. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us they enjoyed their meal. Review of the monthly menu identified that on some days there was not two appropriate menu choices for those patients prescribed a modified diet. This was discussed with the manager who provided assurance that this would be addressed with the chef. Following the inspection an updated menu was shared with the inspector; the menu was quite repetitive for those patients requiring a modified diet but it did evidence two menu choices at all times for all patients. The manager was asked to review again in regard to repeated choices. This will be followed up on the next care inspection.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The programme of social events was displayed on the noticeboard advising of future events. The range of activities included social, community, cultural, religious, spiritual and creative events.

Some recent events included art and crafts with a Hallowe’en theme, throwback Thursday and the weekly Friday bingo. Many of the patients had decorated Hallowe’en themed treat bags and showed them of proudly. Patients’ needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Nursing staff recorded regular evaluations about the delivery of care. However, review of records for patients who had not been drinking well did not provide evidence of the ongoing management or actions taken by the registered nurse to manage fluid intake or escalate concerns accordingly. In addition, care records for patients requiring assistance with their mobility still did not always evidence the specific equipment required to assist the patient with their mobility needs. Two areas for improvement have been stated for a second time.

3.3.4 Quality and Management of Patients’ Environment

Examination of the home’s environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. Patients’ bedrooms were tidy and personalised with items of importance to each

patient, such as family photos and sentimental items from home. The manager advised of an ongoing refurbishment and redecoration plan for the home.

Denture cleaning tablets were observed unsecured within two bedrooms although these were removed during the inspection once brought to the home managers attention, these items pose a potential risk if accidentally ingested therefore an area for improvement was identified.

Review of records 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.

Review of records and observations confirmed 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 no change in the management of the home since the last care inspection; Mrs Anne Marie Morris has been the registered manager of Ashwood House since 1 April 2005.

Staff commented positively about the manager and described her as supportive and approachable.

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. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

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	1	2*

*The total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne Marie Morris, Registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 14 October 2025	The Registered Person shall ensure that denture cleaning tablets are appropriately stored. Ref: 3.3.4
	Response by registered person detailing the actions taken: iAll staff have been reminded to ensure denture cleaning tablets are appropriately stored. Senior care staff are asked to check rooms after morning routine to ensure same is adhered to.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: 21 October 2025	The Registered Person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff. Ref: 3.3.3
	Response by registered person detailing the actions taken: All registered nurses have been reminded to document the ongoing daily actions they take when a resident isnt meeting fluid targets.
Area for improvement 2 Ref: Standard 4 Stated: Second time To be completed by: 21 October 2025	The Registered Person shall ensure care records in relation to patient mobility detail all the assessed equipment required. Ref: 3.3.3
	Response by registered person detailing the actions taken: All registered nurses have been reminded to document specific types of pressure relieving mattresses/cushions and actual sling sizes in Residents notes.

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



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



Twitter: @RQIANews