The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ashbrook Care Home**

Provider: **Ashbrook Home Ltd**

Date of Inspection: 28 November 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 Individual:	Mr Marcus James Mulgrew
Registered Manager:	Mr Tomas Recto – Not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 59 patients. The home is separated into two units to provide general nursing care for patients under and over 65 years of age. There are separate lounge and dining areas within each unit. There is a separate registered residential care home which occupies the same building and the manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 28 November 2025 from 9.35am to 5.50pm by a 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 area for improvement identified, by RQIA, during the last care inspection on 9 January 2025; 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 patients and the service was well led.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection both areas for improvement from the previous care inspection were assessed as having been addressed and six new areas for improvement were identified. Details can be found in the main body of the 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 told us that they were happy living in the home and spoke positively on their engagements with staff. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. A patient told us, "I love it here. The nurses and carers are very good".

We consulted with three relatives during the inspection. All spoke positively on the care their loved ones received. One told us, "We are very happy with the care. Staff are always very welcoming and we have never had reason to complain". Another commented, "The staff are very good; they provide genuine care. I can leave here assured (name) is taken care of well". We received no patient/relative questionnaire responses.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

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. Staff were safely recruited and a system was in place to ensure that staff completed identified mandatory training. Staff confirmed that they were further coached and supported through staff supervisions and appraisals.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Patients spoke fondly on their interactions with staff.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about patients' needs, especially changes to care.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. The menu offered a good range and variety of food. Staff were aware of the actions to take should patients repeatedly refuse their meals.

Staff monitored patients' weights and dietary requirements through nutritional assessments. Patients were referred to the speech and language therapists (SALT) or dieticians when these assessments directed this response. Nutritional care plans were reflective of patients' needs and the recommendations of the healthcare professionals. However, we identified a patient during the mealtime using incorrect utensils; as directed by SALT. This was discussed with the manager and identified as an area for improvement.

Patients confirmed that activities were provided in the home. Plans were in progress to celebrate the Christmas period including external entertainers coming to entertain the patients. Interdenominational religious services were conducted monthly within the home and mass was streamed daily from the neighbouring chapel.

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 the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate. Risk assessments and care plans were reviewed regularly to ensure that they remained reflective of patient need. Care records were stored securely.

Supplementary care records were maintained to evidence care delivery in areas, such as, personal care delivery, food/fluid intake, continence management, behavioural monitoring, sleep patterns and records were kept of any checks staff made on patients.

Registered nurses record a daily evaluation of the planned care delivery to monitor the effectiveness of the care. Any changes to planned care were recorded.

3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There were no malodours in the home.

Monthly infection prevention and control (IPC) and environmental audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home. However, areas were identified which were not in keeping with best practice on IPC. These were discussed with the manager and an area for improvement was made.

Pads were stored in several areas outside of their original packaging. As well as an infection control risk, pads stored in areas of high moisture can lose their efficacy. This was an area discussed at the previous inspection and now identified as an area for improvement.

Oxygen was either stored or in use within two rooms. Neither room had oxygen signage on the door signifying the presence of oxygen in the room. This was discussed with the manager and identified as an area for improvement.
Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

There were several areas in the home where patients were exposed to hazards to their health, for example, unattended chemicals. This was discussed with the manager and identified as an area for improvement.

Several patients were observed to be transferring to the dining room in a wheelchair without a lap belt having been fastened. There was nothing within the patients' care records to rationalise why the lap belt had not been fastened. Patients should have lap belts fastened when they are being transferred in a wheelchair to maintain their safety. This was discussed with the manager and identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Thomas Recto has been covering as manager of the home since 15 April 2025. Staff commented positively about the manager and described him as supportive and approachable.

In the absence of the manager there was a nominated nurse-in-charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. We discussed ways of enhancing this system.

The number of complaints to the home was low. Patients and relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns. All compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	3	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Seamus Mulgrew, Director and Mr Thomas 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 Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect (28 November 2025)	The registered person shall ensure that recommendations made by SALT are adhered to and patients receive the correct utensils when eating. Ref: 3.3.2
	Response by registered person detailing the actions taken: Recommendations for Eating, Drinking and Swallowing (REDS) are available to care staff within the dining area. Where it has been recommended that a teaspoon should be used by a resident when eating care staff will ensure to adhere to the recommendation at all mealtimes. All care staff have recently received supervision in relation to REDS.
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** With immediate effect (28 November 2025)	The registered person shall ensure that patients are not exposed to hazards. This is in reference to access to rooms with potential hazards and access to unattended chemicals. Ref: 3.3.4
	Response by registered person detailing the actions taken: All substances considered hazardous to health are stored in secure storage areas only with key pad access. Domestic staff have been advised that any substance considered hazaradous to health must not been left unattended at any time.
Area for improvement 3 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** With immediate effect (28 November 2025)	The registered person shall ensure that lap belts are applied when patients are being transferred in wheelchairs or rationalise within the patient's care plan the reason for not using this. Ref: 3.3.4
	Response by registered person detailing the actions taken: A lap belt will be used when transferring a resident within a wheelchair and in circumstances where a lap belt is not being utilised in relation to an individual resident the rationale will be provided within the resident's care plan.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 28 December 2025	The registered person shall ensure that the infection prevention and control issues identified during the inspection are effectively managed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The infection control issues identifed during the inspection have been addressed with regular checks being completed. A new hand hygiene audit tool has also been introduced to ensure care staff are compliant with bare below the elbow policy.
Area for improvement 2 **Ref:** Standard 21 **Stated:** First time **To be completed by:** With immediate effect (28 November 2025)	The registered person shall continence pads are stored in their original packaging. Ref: 3.3.4
	Response by registered person detailing the actions taken: Continence pads are now stored in their original packaging with spot checks being completed to ensure care staff remain compliant.
Area for improvement 3 **Ref:** Standard 30 **Stated:** First time **To be completed by:** With immediate effect (28 November 2025)	The registered person shall there is oxygen signage on all doors leading to rooms with oxygen present. Ref: 3.3.4
	Response by registered person detailing the actions taken: Oxygen signage has been put in place on the Treatment Room door and will be in place in future in relation to any door leading to a room with oxygen present.

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

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