The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ashgrove

Provider: Ann's Care Homes

Date of Inspection: 20 January 2026

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:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mr Don Alvin- not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 48 patients living with dementia. The home is a single storey building divided into two units; the Carlingford Unit and the Clanrye Unit. Patients have access to communal dining and lounge areas.	

2.0 Inspection summary

An unannounced inspection took place on 20 January 2026, from 9:25 am to 3:30 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in an effective and compassionate manner, areas for improvement were identified to ensure the effectiveness and oversight of certain aspects of the home environment. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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

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 told us they were happy with the care and services provided. Comments made included "staff are very good here and I like the food" and "the staff are good and my room is clean".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Families spoken with told us that they were very happy with the care provided and that there was good communication from staff. They said "the care is great, they are awful good to x, I have no concerns" and "there is good communication and staff are approachable".

Questionnaires returned from relatives indicated that they were very happy with the care, the comments included; "The care in Ashgrove is exceptional. Each and every member of staff are caring, kind and very willing to help" and "Staff treat my x with dignity, respect and care, overall I am very happy with x's care."

Following the inspection, no 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.

Patients 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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. 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 patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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.

It was observed that 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 patient choice in how and where they spent their day or how they wanted to engage socially with others.

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 who required care for wounds or pressure ulcers had this clearly recorded in their care records.

Examination of care records and discussion with staff 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 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 and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients and relatives confirmed that activities took place in the home. Staff were observed sitting with patients and engaging in discussion. Patients who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

The activity therapist confirmed that they were completing 'life stories' with patients and relatives to ensure that the activities met with the patients' wants and needs. Records were maintained of patients' engagements with the activities provided.

The activity schedule was on display. Activities planned for the week included hairdressing, pampering, boccia, arts and crafts and chair exercises.

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.

Access to confidential patient information was evident within the home. This was identified as an area for improvement.

Care records were person centred, regularly reviewed and updated to ensure they continued 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.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Observation of the environment identified concerns regarding the management of risks to patients. Food and fluids were accessible in a number of patient bedrooms. An area for improvement was identified. Furthermore, infection prevention control (IPC) deficits were noted with patient equipment; a small number of crash mats, a mattress and a chair required cleaning. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Don Alvin has been the manager since 1 December 2025. The manager said he felt very supported by senior management.

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. 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 the quality of services provided by the home.

Compliments received about the home were kept and shared with the staff team

A record of complaints received was in place. Review of the records evidenced that they lacked detail of all communications with complainants, the result of any investigations and actions taken. This was identified as an area for improvement.

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	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Don Alvin, acting manager and Mrs Barbara Armstrong regional 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) (a) **Stated:** First time **To be completed by:** 20 January 2026	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4 **Response by registered person detailing the actions taken**: The Registered Person ensures that all areas of the home accessible to patients are maintained are free from hazards in line with regulatory requirements and best practice guidance. Registered person will ensure that risk assessments in placed and reviewed as necessary. Daily walkabouts now include spot checks and are conducted by Registered staff and Management to identify and address potential hazards. Monthly audits in relation to health and safety are completed and documented.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 20 January 2026	The registered person shall ensure that any record within the home which details patient information is securely stored. Ref: 3.3.3 **Response by registered person detailing the actions taken:** The Registered Person ensures that all records containing patient information are stored securely at all times, in accordance with data protection legislation, confidentiality standards, and best practice guidance. All paper-based patient records are stored in locked / secure office area. Offices containing confidential records remain locked when unattended and all are now key padded. Access to keys / codes is strictly controlled and limited to authorised staff. Computers have been reset and now automatically lock the screen after periods of inactivity. All staff receive mandatory training in data protection, confidentiality, and information governance and have been reminded via a supervision to log out of computers when finished using and operate a " clear desk policy".

Area for improvement 2 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 31 January 2026	The registered person shall ensure the infection prevention and control issues identified in this report are addressed. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person has taken prompt and appropriate action to address the infection prevention and control (IPC) issues identified within the inspection report. All identified environmental and practice-based IPC concerns were reviewed and rectified. Enhanced cleaning of affected areas was undertaken. Equipment spot checks are completed twice daily to maintain cleanliness of the equipment.
Area for improvement 3 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 20 January 2026	The registered person shall ensure that complaints records include details of all communications with complainants, the result of any investigations and actions taken. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered person will ensure that any complaints and concerns received are documented in line with the complaints policy and procedures and include all details and communication with complainants and outcomes of investigations including actions taken.

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

The Regulation and Quality Improvement Authority

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