The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ashbrook Care Home

Provider: Ashbrook Home Ltd

Date of Inspection: 3 March 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:	Ashbrook Home Ltd
Responsible Individual:	Mr Marcus James Mulgrew
Registered Manager:	MsKathleen Buccat
Service Profile: Ashbrook Care Home is a nursing home registered to provide 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 separately registered residential care home, which occupies the same building, and the manager for this home is responsible for both services.	

2.0 Inspection summary

An unannounced inspection took place on 3 March 2026, from 10.00am to 3.00pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standardsand to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The inspection also reviewed one area for improvement identified at the last care inspection. The remaining areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine related care plans were mostly well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to the standard of maintenance of personal medication records, the temperature of the medicine refrigeratorand the storage of controlled drugs.

Whilst areas for improvement were identified, there was evidence that patients were being administered their medicines as prescribed.

The area for improvement in relation to oxygen storage identified at the last care inspection was assessed as met. Details of the inspection findings, including areas for improvement carried forward for review at the next inspection and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients well.

RQIA would like to thank the staff for their assistance throughout the inspection.

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 homewas 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 service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about thishome was reviewed. This included areas for improvement identified at previous inspections, 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.

3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each patient liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

3.3 Inspection findings

3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Some personal medication records were not up to date with the most recent prescription and some were difficult to read. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. An area for improvement was identified.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All patients should have care plans, which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions, pain, thickening agents, insulin and warfarin wasreviewed. Care plans contained sufficient detail to direct the required care. One patient prescribed warfarin required a care plan and the manager agreed to implement this immediately following the inspection. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicinestorage areaswere observed to be securely locked to prevent any unauthorised access. They were organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

Medicines, which require cold storage, must be stored between 2ºC and 8ºC to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. In one unit, the maximum temperature had exceeded 8ºC on numerous occasions over the past month and appropriate corrective action had not been taken. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of the majority of controlled drugs.However, one controlled drug,temazepam, which must be stored in the controlled drugs cupboard, was stored on the trolley. An area for improvement was identified.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place, which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents, which had been reported to RQIA since the last inspection, were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

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	4*	4*

*the total number of areas for improvement includes five, which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with MsKathleen Buccat, Registered Manager, as part of the inspection process. The timescales for completion commencefrom 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:** Regulation13 (4) **Stated:** First time **To be completed by:** 3 March 2026	The registered person shall ensure that controlled drugsrequiring safe storage are stored in the controlled drugs cupboard. Ref: 3.3.3
	Response by registered person detailing the actions taken: All controlled drugs are now stored in a controlled drugs cupboard including Schedule 2 and Schedule 3 drugs. The keys to the controlled drugs cupboard are held by Nurse in Charge at all times during the shift.
Area for improvement 2 **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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and thisis carried forward to the nextinspection. Ref: 2.0
Area for improvement 3 **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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and thisis carried forward to the nextinspection. Ref: 2.0

Area for improvement 4 **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.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and thisis carried forward to the nextinspection. Ref: 2.0
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** 3 March 2026	The registered person shall ensure that clear and accurate personal medication records are maintained. Ref: 3.3.1
	Response by registered person detailing the actions taken: All residents' Kardexes have been reviewed and rewritten to reflect current prescibed medications. Staff have been advised to review and rewrite Kardexes at least once a year or more often if there is multiple changes in relation to an individual resident's medications.
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 3 March 2026	The registered person shall ensure that the temperature of the medicine refrigerator is monitored daily and that appropriate action is taken if the temperature recorded is outside the recommended range. Ref: 3.3.2
	Response by registered person detailing the actions taken: The temperature of the medicine refrigerator is checked daily and is reset as needed if the temperature exceeds recommended temperatures for medicine storage.Staff have been advised to inform the Nurse Manager if the temperature is still outside the limits following a reset. Nurses are aware to liaise with GP surgery and pharmacist if any temperature sensitive medications are stored in the refrigator when the temperature goes above 8 degrees celsius.
Area for improvement 3 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and thisis carried forward to the nextinspection. Ref: 2.0

Area for improvement 4 **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.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and thisis carried forward to the nextinspection. Ref: 2.0

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