The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Ashbrook Care Home**

Provider: **Ashbrook Home Ltd**

Date of Inspection: **14 May 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:	Mrs Kathleen Buccat
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 over 65 years of age and up to three patients with a physical disability under 65 years of age. There are separate lounge and dining areas within each unit. There is 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 14 May 2026, between 9.35 am and 7.15 pm 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 areas for improvement identified, by RQIA, during the last care inspection on 28 November 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered and it was evident that staff promoted the dignity and well-being of patients. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be well presented, relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated for a second time and three areas for improvement in relation to medicines management have been carried forward for review at a future 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 spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very happy here", "The staff are lovely", "I feel at home here", "They (the staff) couldn't be better" and "I feel very safe here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is very good", "I really enjoy my role and feel very much supported by management", "Good staff morale" and "Good staffing levels".

The inspector spoke with a relative and a visiting professional during the inspection. Comments included: "The management are very knowledgeable of the patients' needs", "Nice relaxed atmosphere here", "This is a nice home", "Extremely happy with the care", "My (relative) is always well presented", "Exceptional here" and "All grades of staff are very welcoming".

One questionnaire was received from a relative who was very satisfied with the overall delivery of care. Comments included: "Excellent service", "Plenty of staff at all times", "As a family we feel relaxed and content that our (relative) is safe and being well looked after", "Great activities" and "Food and services all of a very high standard".

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

Patients said that staff were very attentive. 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.

3.3.2 Quality of Life and Care Delivery

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

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 patients 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 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. Review of a sample of patient care records evidenced that a number of entries within recording charts exceeded the recommended frequency of repositioning as stated within the care plan. It was further identified that the recommended frequency of repositioning was not consistent within care records and for one patient the frequency was not included in their care plan. An area for improvement was identified.

The risk of falling was 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. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display offering a choice of two meals and a meal time co-ordinator was allocated to oversee the correct delivery of meals to patients.

Patients commented positively about the food provided within the home with comments such as: "Good variety of food", "The food is just great here" and "Plenty of variety".

The importance of engaging with patients was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as bingo, arts and crafts, walking outdoors and live music.

The activity coordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. One to one time was provided in the morning and live music was provided in the afternoon.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “There is always something going on here”, “We are never bored”, “I enjoy the music” and “Plenty of things to do here”.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

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 not held confidentially in two areas of the home. An area for improvement was identified.

Whilst the majority of care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients’ needs. A number of care plans regarding relevant medical conditions and known drug allergies were not in place to direct the necessary care. An area for improvement was identified.

Review of a sample of activity of daily living assessments evidenced that they had not been signed or dated by staff. It was further identified that these records had not been updated to reflect changes that had been made to patients dietary needs. Details were discussed with the management team and two areas for improvement were identified.

Nursing staff recorded regular evaluations about the delivery of care; a small number of entries within care records contained scoring out resulting in the original entry not being able to be clearly read. This was discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

3.3.4 Quality and Management of Patients’ Environment

The home was fresh smelling, neat and tidy and patients’ bedrooms were found to be personalised with items of memorabilia and special interests.

Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and surface damage was evident to identified floor coverings, bedroom furniture, doors and architraves. Details were discussed with the management team who

advised that painting was ongoing throughout the home and that they were in the process of devising an action plan to address the environmental issues. Following the inspection, an action plan was received with timeframes to address the deficits identified. Progress with this will be reviewed at a future inspection.

Some equipment used by patients had not been thoroughly cleaned and/or stored appropriately following use. This was discussed with the management team who took relevant action to address this and agreed to monitor going forward.

A cleaning chemical was observed within an unlocked cupboard and a trolley with cleaning chemicals was left unattended in a corridor area accessible to patients. An area for improvement has been stated for a second time.

There was access to electrical cupboards and pipes carrying hot water within identified store rooms. Details were discussed with the management team who agreed to have keypad locks fitted to these store rooms and pipes covered where necessary. Following the inspection, written confirmation was received that relevant action had been taken to address these findings.

Prescribed topical creams were not securely stored within a communal toilet and a store room, some of which had no label and one that was no longer required. Prescribed supplements were also observed within unlocked cupboards of a dining room. Details were discussed with the management team and two areas for improvement were identified.

Wound care dressings were also observed within an unlocked store. This was discussed with the management team and following the inspection, written confirmation was received that relevant action had been taken to address this.

A number of deficits were identified in relation to fire safety, for example; a fire door was not closing properly to the door frame; a bedroom door was propped open with a bedside table and a fire exit door was obstructed with an armchair. Details were discussed with the management team and an area for improvement was identified.

A Fire Risk Assessment (FRA) had been completed on the 30 April 2025. Any recommendations made following this assessment were signed by management as completed.

Review of a number of windows identified that they were not fitted with tamper proof restrictors and some windows were opening wider than recommended. An area for improvement was identified.

Personal protective equipment (PPE) and hand sanitising gel was available within the home. There was evidence that systems and processes were in place to manage infection prevention and control (IPC). However, a number of shortfalls were identified, for example; two staff were not bare below the elbow; laundered net pants were available for potential communal use and several pull cords were not suitably covered to ensure they could be wiped clean. These and any other IPC findings were discussed in detail with the management team and an area for improvement has been stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Kathleen Buccat has been the Manager in this home since 1 December 2022.

Patients and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of accident/incident records evidenced that not all notifiable events had been submitted to RQIA. Details were discussed with the management team and the relevant notifications were submitted retrospectively.

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 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	4*	10*

* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time. One regulation and two standards relating to medicines management have been carried forward for review at a future 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 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 drugs requiring safe storage are stored in the controlled drugs cupboard.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 2.0
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** Second time **To be completed by:** 14 May 2026	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: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: All substances considered hazardous to health are stored in secure storage areas with keypad access. Domestic staff have been informed not to leave their cleaning trolley unattended at any time. All domestic staff have been provided with access to online COSHH training.
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 14 May 2026	The registered person shall ensure that prescribed topical creams are appropriately labelled to denote ownership; are safely and securely stored at all times and disposed of when no longer required. Ref: 3.3.4
	Response by registered person detailing the actions taken: All topical creams currently in use have been checked to ensure details of the individual resident are clear and legible. Topical creams are safely stored. The topical cream identified on the day of inspection as being no longer required has been appropriately disposed of.
Area for improvement 4 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:**	The registered person shall take adequate precautions against the risk of fire. With specific reference to ensuring that fire doors are able to close fully in the event of the fire alarm sounding and that fire exit doors are not obstructed. Ref: 3.3.4

14 May 2026	**Response by registered person detailing the actions taken**: The fire door which was identified as not closing has been replaced. Care staff have been advised to ensure all exits remain clear.
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.
	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. Ref: 2.0
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.
	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. Ref: 2.0
Area for improvement 3 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 14 May 2026	The registered person shall ensure that the infection prevention and control issues identified during the inspection are effectively managed. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Infection prevention and control issues identifed during inspection shall be effectively managed going forward which includes ensuring all staff comply with bare below the elbow guidelines (regular audits to be completed) and pull cords are covered or replaced with suitable hygenic wipeable material.
Area for improvement 4 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 14 May 2026	The registered person shall ensure that the recommended frequency of repositioning within patients care plans is consistent throughout their care records and reflected within the corresponding repositioning charts. Ref: 3.3.2
	Response by registered person detailing the actions taken: Nurses have been advised to ensure the recommended frequency of repositioning within each resident care plan is consistent. Repositioning intervals stated on repositioning charts

	have been reviewed to ensure they reflect the recommended repositioning interval as stated in the relevant care plan. Repositioning charts will be audited to ensure onging compliance.
Area for improvement 5 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 14 May 2026	The registered person shall ensure that any record retained in the home which details patient information is stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards. Ref: 3.3.3
	Response by registered person detailing the actions taken: Records will be stored safely in accordance with the General Data Protection Regulation (GDPR) and best practice standards. All staff have been provided with access to online GDPR training.
Area for improvement 6 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 14 May 2026	The registered person shall ensure that care plans are in place for patients' relevant medical conditions and known drug allergies. Ref: 3.3.3
	Response by registered person detailing the actions taken: Nursing staff have formulated care plans for all relevent medical conditions and known drug allergies as applicable for each individual resident.
Area for improvement 7 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 14 May 2026	The registered person shall ensure that the activity of daily living assessments are signed and dated by the person making the entry. Ref: 3.3.3
	Response by registered person detailing the actions taken: Nurses have been advised to ensure that activity of daily living assessments are signed and dated by the nurse making the entry. Resident records will be audited to ensure ongoing compliance.
Area for improvement 8 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 14 May 2026	The registered person shall ensure that the activity of daily living assessments are updated when there are changes to the patient's dietary needs. Ref: 3.3.3
	Response by registered person detailing the actions taken: Activity of daily living assessment will be updated when there is a change to a resident's dietary needs.

Area for improvement 9 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 14 May 2026	The registered person shall ensure that prescribed supplements are safely and securely stored at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Prescribed supplements are stored in secure storage area which can only be accessed by staff.
Area for improvement 10 **Ref:** Standard E10 **Stated:** First time **To be completed by:** 14 July 2026	The registered person shall ensure that all windows are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool to ensure that window openings are controlled to a safe point of opening of not more than 100mm. Ref: 3.3.4
	Response by registered person detailing the actions taken: All windows will be fitted with an appropriate restrictor mechanism in order to ensure each window opening is controlled to a safe point of opening of no more than 100mm.

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