



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 12 March 2019



Ashbrook Care Home

Type of Service: Residential Care Home

Address: 50 Moor Road, Coalisland,

Dungannon, BT71 4QB

Tel No: 028 8774 1010

Inspector: John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a care home registered to provide residential care for up to nine persons within the old age category of care. The home has a registered nursing home on the same site.

3.0 Service details

Organisation/Registered Provider: Ashbrook Home Ltd Responsible Individual(s): Marcus James Mulgrew	Registered Manager: Gillian Larmour
Person in charge at the time of inspection: Gillian Larmour	Date manager registered: 11/05/2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 9

4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 10.00 to 12.40 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This primarily was a focused inspection to review the provision of meals and mealtimes.

Evidence of good practice was found in relation to general observations of care practices and staffs' knowledge and understanding of residents' needs. Good practice was also found in relation to obtaining residents' views and opinions.

No areas of improvement were identified during this inspection.

Feedback from residents was all positive and complimentary. Residents were keen to express their praise and gratitude for the provision of care and kindness and support received from staff and management.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gillian Larmour, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspector report and returned QIP, accident and incident notifications and any verbal and written communication received from the home since the previous inspection.

During the inspection the inspector met with eight residents, four staff, and the registered manager.

The following records were examined during the inspection: two residents' care records, record of residents' dietary intake, menus, accidents and incident notifications.

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 September 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 27 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.12 Stated: First time	The registered person shall make good the issue of inappropriate storage in the communal sitting room.	Met
	Action taken as confirmed during the inspection: This issue has been attended to.	

6.3 Inspection findings

6.3.1 Meals and mealtimes

A varied and nutritious diet is provided which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a three weekly cycle. The menu offered a choice of meal each mealtime. The menu is reviewed on a six monthly basis to take account of seasonal changes and residents' choices.

Residents are involved in the planning of menus.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of two residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with account of prescribed needs and evaluations of care.

Discussions with staff also confirmed their knowledge of individual residents' dietary likes, dislikes and preferences.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

The dining room was nicely facilitated. Tables were nicely set with choice of condiments.

Discussions with residents during this inspection confirmed that they were satisfied with this area of care. Some of the comments made included statements such as;

- "I am a very fuzzy eater but I always get what I like"
- "The food couldn't be any better. Perfect"
- "The meals are wholesome and nicely cooked"

The kitchen facility was tidy and well organised.

6.3.2 The environment

The home was clean and tidy with good standard of furnishing and décor being maintained.

Communal areas were comfortable and nicely facilitated. Residents' bedrooms were comfortable and personalised.

The home was appropriately heated and fresh smelling.

There were no obvious health and safety risks observed in the internal environment.

6.3.3 Residents' views

Discussions took place with eight residents in the home at the time of this inspection. All confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Some of the comments made included statements such as;

- “Everything is lovely. They are all so attentive to me. Always seeking to know that I am okay”
- “I feel very safe here. The staff are always there to help”
- “The staff couldn't be any better”
- “I'm pretty happy here. Everything is good. I have no complaints”
- “I am very content here in every way”

One resident also described how one of the directors in the home would meet individually with residents to ascertain how they found the care was and if they had any complaints. This resident described how this platform of discussion gave her confidence and empowerment and a sense of safety. This is good practice.

6.3.4 Care practices

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Staff were also keen to praise the directors of home for their support and involvement in the day to day running of the home.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. There has been no expressions of dissatisfaction or complaint received.

The registered manager stated that the home did not accommodate any individuals whose assessed needs could not be met. Discussions with the registered manager and also with the care team manager identified that they had good knowledge and understanding of residents' needs and prescribed care interventions. Description of these needs and interventions corresponded with those recorded in the sample of care records inspected. This is good practice.

The general atmosphere in the home was relaxed, homely and supportive. Residents appeared comfortable, content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, warm and friendly.

Areas of good practice

There were areas of good practice found in relation to observations of care practices, feedback from residents and staffs' knowledge and understanding of residents' needs. Good practice was also found in relation to obtaining residents' views and opinions, and maintenance of care records.

Areas for improvement

No areas of improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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