

Inspection Report

Name of Service: Parkdean

Provider: Brooklands Healthcare Ltd

Date of Inspection: 20 February 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:	Brooklands Healthcare Ltd
Responsible Individual:	Mr Jarlath Conway
Registered Manager:	Mrs Perla Balmes – not registered
<p>Service Profile – This home is a registered nursing home which provides nursing care for up to 64 patients. The home is located over three floors with patients' bedrooms located on each of those floors.</p>	

2.0 Inspection summary

An unannounced inspection took place on 20 February 2025 from 9.30am to 5.00 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 24 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

There has been a change of provider since the last inspection following RQIA serving a Notice of Decision to cancel the registration of the previous Provider. Brooklands Healthcare Ltd is currently the new provider and Mr Jarlath Conway has been registered as Responsible Individual (RI) since 2 December 2024. RQIA were notified prior to this inspection that the registered manager had resigned from their post.

RQIA met with the provider on 5 March 2025 to discuss the inspection findings in relation to care records pertaining to wound care, management of modified meals and governance arrangements and ongoing management arrangements in the home. RQIA accepted the assurances provided and areas for improvement identified will be followed up at the next 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 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 patient's, 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.

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

Staff told us they enjoyed working in Parkdean and that teamwork was good. Staff were complimentary in regard to the support they received from the new management team.

Staff told us they were satisfied with the staffing levels in the home.

Patients told us staff were "friendly" and that they felt they were well looked after.

Five patient questionnaires were returned indicating satisfaction with the services provided at Parkdean.

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.

A review of the duty rota evidenced that planned staffing levels were consistently met.

The audit with regards to staff registration with the Northern Ireland Social Care Council (NISCC) were not robust. RQIA identified that the NISCC matrix viewed was not fully reflective

of all staff's registration. Following the inspection the manager provided evidence to confirm the validity of all staff's registrations.

Staff said there was good team work and that they felt well supported in their role and were complimentary of the new manager and senior managers. Staff told us that they were satisfied with the staffing levels.

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 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 care in a confidential manner, and by offering personal care 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.

A programme of social events was displayed in the home and patients confirmed that they were offered the choice of whether they wanted to attend or not. The activity therapist told us she was new to her role and was being supported to further develop activities for patients. Patients' needs were met through a range of individual and group activities such as music events, arts and crafts and parties for special occasions. Patients were observed to be enjoying one another's company in the lounge.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition. It was observed that the menu on offer was not in keeping with the planned menu for the day, and for those patients who required a modified diet there was no choice of meal.

Discussion with the cook evidenced that they were unclear as to the number of patients who required their diet to be modified and in regards to the provision of these meals. One meal provided was not in keeping with the patient's recommended level as assessed by the speech and language therapist (SLT). This was brought to the attention of the manager who arranged for support and training for the cook on the day of the inspection and assurances regarding the provision of modified meals was also provided at the meeting on 5 March 2025. Two areas for improvement were identified.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

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 held confidentially. However, it was observed that a number of handover sheets were accessible in an unlocked nurses station. An area for improvement was identified.

Wound care provision in the home was reviewed and it was positive to note that for two patients who had wounds, these were managed and there was evidence that the wounds were improving and healing well. Improvement in the record keeping pertaining to wound care provision was observed, however, in a small number of evaluations there was a lack of detail as to the care provided. RQIA took the opportunity to discuss this with the manager at the meeting on 5 March 2025 and were satisfied with the assurances provided.

Records were reviewed relating to fluid management arrangements in the home to ensure daily fluid targets were reflective of individual assessed needs. Care plans were in place reflecting the patients' fluid target. However, we identified that the evaluation of the fluid intake lacked detail on any action taken if the daily target wasn't met. The fluid intake record for a patient who had an enteral feed was also reviewed. RQIA were satisfied that the patient was receiving adequate fluids. However, the recording of the daily fluid intake for this patient was not reflective of the daily fluid target as recorded in the patient's care plan. An area for improvement was identified.

A review of a sample of records pertaining to patients' mobility evidenced that information in the risk assessment was not fully reflected in the care plans. This was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was access to a number of items that may pose a risk to patients such as activity equipment, bottle of bleach in an ensuite and access to food and fluid in an unlocked nurses station that poses a risk to patients on a modified diet. This was discussed with the manager who addressed this during the inspection and an area for improvement was identified.

3.3.5 Quality of Management Systems

Brooklands Healthcare Ltd are the now the registered provider of Parkdean and Mr Jarlath Conway has been registered as Responsible Individual (RI) since 2 December 2024. However, since the change of ownership of the home the registered manager resigned and Perla Balmes has been manager since 6 February 2025. RQIA discussed the ongoing management

arrangements with the RI during the meeting on 5 March 2025 and assurances were provided that a new, permanent manager had been recruited with a date of commencement in post to be confirmed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

The manager told us that as she was relatively new in post she was currently reviewing and updating the audit systems within the home and this was evident during the inspection and discussed in the meeting with RQIA. An area for improvement in relation to governance audits was carried forward for review at the next inspection.

A review of the accidents and incidents evidenced these had been notified to RQIA appropriately.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

Messages of thanks including thank you cards and emails received from relatives/visitors to the home were kept and shared with staff.

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*	3

* the total number of areas for improvement includes one that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Perla Balmes, 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 10 (1) Stated: First time To be completed by: 20 February 2024	The registered person shall ensure appropriate action is taken and evidenced when a deficit is identified through the auditing process. This is stated in reference to, but not limited to, the call bell audits. Ref: 2.0
	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.
Area for improvement 2 Ref: Regulation 12 (4) (c) Stated: First time To be completed by: From the day of inspection 20 February 2025	The registered person shall ensure that any staff member responsible for the provision of modified meals have adequate training and meals are provided in accordance with the individual patient's requirements. Ref:3.3.2
	Response by registered person detailing the actions taken: The registered manager ensures full compliance with staff's training regarding modified meals. Registered manager will ensure going forward that new staff are being trained as part of their induction.
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 30 April 2025	The registered person shall review the fluid management arrangements in the home to ensure daily fluid targets are reflective of individual assessed needs. The registered nurses must review and evaluate fluid intakes for anyone requiring a daily fluid target to assess the effectiveness of care. Ref:3.3.2
	Response by registered person detailing the actions taken: Registered Nurses are completing a daily total for the fluid intake and acting on any areas that need to be improved in a timely manner.
Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure as far as is reasonably practicable that all parts of the home are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made in specific reference to the activity equipment, bleach and food and fluids.

To be completed by: 30 April 2025	Ref: 3.3.4 Response by registered person detailing the actions taken: Registered manager completes a daily walk around the home ensuring that all products are stored appropriately.
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: From the day of inspection 20 February 2025	The Registered Person shall ensure that any record in the home which details patient information is securely stored in accordance with the General Data Protection Regulation (GDPR) and best practice guidance and that records are not accessible to visitors to the home. This is stated in reference but not limited to the handover sheets. Ref:3.3.2 Response by registered person detailing the actions taken: All records within the home are currently stored in a secure area in accordance with GDPR guidance.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 1 May 2025	The registered person shall ensure individual patient care plans and risk assessments are written with sufficient detail to direct the care required to meet the needs of the patients. This is stated in reference to mobility records. Ref: 3.3.2 Response by registered person detailing the actions taken: A comprehensive audit has been carried out to ensure all care plans are up to date and have detailed information included. This is in an ongoing review as new patients are admitted to the home.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: From the day of inspection 20 February 2025	The registered person shall review the provision of meals for those patients who require a modified diet to ensure there is a choice of meals. Ref: 3.3.2 Response by registered person detailing the actions taken: A new tool has been put in place to indicate what choices are modifiable for each meal time. Snack options are available at all times for the patients that require a modified diet.

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