

Inspection Report

Name of Service: Oakvale Manor
Provider: Brooklands Healthcare Ltd
Date of Inspection: 26 August 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Brooklands Healthcare Ltd
Responsible Individual:	Victoria Humphries - not registered
Registered Manager:	Diana Moss - not registered
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 the floors. Patients have access to communal lounges, a dining room and outside space on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 26 August 2025, from 9.50 am to 4.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 February 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 who were able to share their opinions on life in the home said they were well looked after. Patients' comments included; "the care is good" and "the staff are good" and "things are ok".

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Staff spoken with said that Oakvale Manor was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the manager was approachable and they thoroughly enjoyed working in the home.

A relative spoken with told us "the staff are brilliant".

A patient completed and returned a questionnaire; they commented, "Great the staff are" and confirmed they were happy in the home.

We did not receive any response from the staff online survey 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. 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.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

A review of the staff duty rota identified a number of deficits. The duty rota did not accurately reflect the staff on duty on the day of inspection; the nurse in charge was not clearly indicated; the full name of staff was not always used; and a number of alterations to the rota had been made which were not in line with best practice guidance. An area for improvement was identified.

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.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were chatty, friendly and polite to the patients.

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 may require special attention to their skin care. These patients were assisted by staff to change their position. A review of repositioning records evidenced that some patients were not repositioned as prescribed in their care plans. An area for improvement was identified.

Examination of care records and discussion with the staff confirmed how the risk of falling and falls were managed; and how referrals were made to other healthcare professionals if needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

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.

Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising. The dining experience was an opportunity for the patients to socialise and the atmosphere was calm, relaxed and unhurried. Staff made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Review of a selection of menu choice records did not provide evidence that patients who are assessed as requiring a modified diet were offered a choice of meals at lunch and dinnertime. An area for improvement was stated for a second time.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The planned activity schedule was displayed. The range of activities included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions.

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.

In general, care records were person centred and contained specific information on each patients' care needs and what or who was important to them.

Review of care records for two patients who had recently spent some time in hospital did not evidence that all their care plans and risk assessments had been reviewed upon readmission to the nursing home. An area for improvement was identified.

A review of wound care plans evidenced that they lacked detail and care plans were seen in a patient's care records for wounds that had healed. An area for improvement was identified.

Review of care records for an identified patient who required close monitoring of their fluid intake did not provide evidence that systems implemented by the home to monitor patient fluid intake had been completed. The daily fluid chart for one identified patient was not completed for several days and there was little evidence of nursing oversight of the patient's fluid intake recorded in the daily notes. Furthermore; it was of concern that for a number of days it was observed that the patient had exceeded their recommended target. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. There was evidence that work had commenced on the refurbishment of the home as work men were on site and a number of areas not in use.

A number of patient bedrooms did not have a lockable space; this was discussed with the manager who provided assurance that this would be addressed.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Diana Mos is the acting manager in this home since April 2025.

Review of a sample of records evidenced that a system was in place 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/or the quality of services provided by the home.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. However, there was evidence that not all notifiable events were notified appropriately to RQIA. The manager agreed to notify RQIA retrospectively. An area for improvement was identified.

Staff told us that they would have no issue in raising any concerns regarding patients’ safety, care practices or the environment.

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 two that have been stated for a second time.

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 26 August 2025</p>	<p>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.</p> <p>Ref: 2.0 and 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Fluid audit charts have been implemented and they are checked by the manager each day and kept in the managers office. Daily fluid targets are included in the clinical handover, any deficit will be monitored and passed onto the GP. Staff supervisions have been carried out addressing the above.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2025</p>	<p>The registered person shall ensure risk assessments and care plans are reviewed and updated following any patient's admission to hospital.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager will check the care plans and risk assessments by completing a care plan audit after each re-admission from hospital. Nurses supervisions have been completed including the above.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2025</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> • All wounds should have detailed individualised care plan • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change. <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: Registered manager has reviewed and addressed any outstanding issues, monthly audits are in place to capture any issues. Staff supervisions have been carried out addressing the above.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2025</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Resistered manager will report any notifiable incident in a timely manner to RQIA</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 26 August 2025</p>	<p>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.</p> <p>Ref: 2.0 and 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: New documentation has been implemented in the kitchen to ensure choice of meals is available for modifiable diets, this is overseen by the manager during weekly checks and spot checks</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2025</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: New rota system has been implemented ensuring the rota is in keeping with the legislation and best practice guidance, rota is completed at least 6 weeks in advance , any changes need to be authorised by the manager</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2025</p>	<p>The registered person shall ensure that where a patient requires repositioning that this is completed in accordance with their care plan and reflected within supplementary recording charts.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: New audit charts have been implemented, nursing staff complete a daily audit , this is checked daily by the manager against the repositioning records on Goldcrest. Staff supervisions have been carried out addressing the above.</p>

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