

# Inspection Report

**Name of Service:** Brooklands Healthcare Kilkeel

**Provider:** Brooklands Healthcare Limited

**Date of Inspection:** 6 May 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Brooklands Healthcare Limited
<b>Responsible Individual:</b>	Mr Jarlath Conway
<b>Registered Manager:</b>	Miss Sharon Troughton
<p><b>Service Profile –</b>  This home is a registered nursing home which provides nursing care for up to 48 persons. The home is divided in two units. Moss Rose Suite, on the ground floor which provides care for people living with dementia and the first floor which provides general nursing care and now dementia care within separate units. Patients have access to communal lounges, dining rooms and a garden. There is also a registered residential care home under the same roof and the manager for this home manages both services.</p>	

## 2.0 Inspection summary

An announced pre-registration inspection took place on 6 May 2025 from 2.00pm to 3.00pm by a care inspector and an estates inspector. This was in association with the works contained in variation VA012741 to increase the number of dementia care beds from 16 to 35 which in turn would decrease the number of general nursing beds to 13.

Areas for improvement identified at the previous care inspection were not reviewed as part of this inspection and these areas are carried forward for review at the next care inspection.

Following review of the information submitted to RQIA and the findings of the inspection, RQIA granted the application to register with the following conditions; To accommodate a maximum of 35 patients in category NH-DE. A maximum of 13 patients in category NH-I including 2 named patients in category NH-LD (E) in the general nursing unit.

No new areas for improvement were identified and the variation application was approved for patient use.

## **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.

### **3.2 Inspection findings**

#### **3.2.1 Care Inspector Findings**

The proposed unit on the first floor was separated from the general nursing unit and secured with keypad doors for access or egress. The manager confirmed that patients within the unit had been reassessed by Trust colleagues as requiring dementia care. Staffing arrangements had been established and bespoke training on dementia care had been scheduled in addition to the dementia training already in place. A new ensuite and a new shower room had been finished to a high standard and was compliant with the Care Standards for Nursing Homes (2022).

In conclusion, from a care perspective RQIA were satisfied that the actions taken in relation to this variation are compliant with current Department of Health (DoH) minimum standards and may be processed to completion.

No areas for improvement were identified.

#### **3.3.2 Estates**

Documentation presented during and subsequent to the inspection confirmed that the premises, engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance.

The accommodation as specified in this variation application was inspected and found to be compliant with current DoH minimum standards.

The fire risk assessment and legionella risk assessment documents had been reviewed and action plan recommendations are being implemented.

From an estates perspective RQIA were satisfied that the premises' were suitable to meet the aims and objectives, as described in the home's Statement of Purpose.

No new areas for improvement were identified.

#### 4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	2*

\*The total number of areas for improvement includes three which are carried forward for review at the next inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (20 November 2024)	The registered person shall ensure that each wound is recorded separately from any additional wounds so that progress can be monitored with each one.  Regular records of wound dimensions should be recorded as part of the wound evaluation.  Ref: 2.0  <b>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.</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16  <b>Stated:</b> First time	The registered person shall ensure that patients' pressure mattress settings are maintained in accordance with the patients' weights.  Ref: 2.0

<p><b>To be completed by:</b> With immediate effect (20 November 2024)</p>	<p><b>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.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that records of outgoing controlled drugs subject to record keeping, are maintained in the controlled drug record book.</p> <p>Ref: 2.0</p>
<p><b>To be completed by:</b> With immediate effect (4 February 2025)</p>	<p><b>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.</b></p>



## The Regulation and Quality Improvement Authority

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