



# Inspection Report

**Name of Service: Brooklands Healthcare Antrim**

**Provider: Brooklands Healthcare Ltd**

**Date of Inspection: 3 April 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>	Mrs Christine Alvarez – not registered
<p><b>Service Profile –</b></p> <p>This home is a registered residential care home which provides health and social care for up to 13 residents living with dementia. The home is located on the second floor of the building. There are a range of communal areas throughout the home and residents have access to an enclosed garden.</p> <p>There is a separate registered nursing home which occupies the same building and the manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 3 April 2025, from 9.30 am 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 on 4 December 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

This inspection resulted in no areas for improvement being identified and the previous area for improvement from the inspection undertaken on 4 December 2024 was addressed by the provider.

### **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 resident'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**

Residents spoken with who were able to make their wishes known said they enjoyed living in the home and that it was a good experience. Some of the comments shared by residents included; "the staff are all great", "I can ask for help if I need it" and "there is always activities going on."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents explained that they could have birthday parties with family/friends in their room or one of the lounges, could go out to church, local shops or other activities in the community.

Questionnaires returned from relatives indicated that they were happy and satisfied with the care their relatives were receiving in the home. Some of the comments shared in the responses included; "very professional, the carers are very patient, kind, caring and considerate" and "residents personal preferences are taken into consideration."

### 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 residents. There was evidence of systems in place to manage staffing. A discussion took place with the management team to ensure that pre-employment checks clearly document any gaps in a staff member's previous employment.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; staff were supporting residents with activities in the lounge area. Comments made regarding staffing levels were shared with the management team. Assurances were provided that staffing levels are kept under regular review to ensure there is adequate staff on duty to meet the needs of the residents.

#### 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Throughout the day staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Observation of activities took place before lunch in the lounge area and was based on the resident's individual preference; some residents were observed colouring, others were completing a puzzle and others watching the television. It was observed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to arrive.

Staff understood that meaningful activity was not isolated to the planned social events or games.

The weekly programme of social events was displayed on the noticeboard to ensure residents, families and staff are well informed of future events.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts, hairdressing, one to one reading or listening to plays on the radio. Residents said they were able to sit outside in the outdoor patio area when the weather was appropriate and that staff supported them with this.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. There was evidence of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available.

There was evidence of repairs required to coffee tables in one of the lounges to ensure these could be cleaned effectively. Assurances were provided by the management team action would be taken to address this.

Review of records and discussion with the management team 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. For example, fire safety checks. There was evidence of environmental audits completed on a regular basis; however, it was not always evident that the actions were signed off when these were completed. Assurances were provided by the management team that this would be completed moving forward. The system in place to evidence the cleaning regime in place for equipment, for example; shower chairs was not the original copy maintained in files. The management team confirmed the actions planned to address this.

Review of records and observations confirmed that 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**

Mrs Christine Alvarez has been acting as the manager in this home since 4 February 2025.

Residents and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

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 management team 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.

The home was visited each month by a representative of the registered provider. There was not always evidence of consultation with relatives to capture their views with regards to the running of the home. A discussion took place with the management team to ensure this is reflected in monthly monitoring reports.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

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

***\*Please ensure this document is completed in full and returned via the Web Portal\****



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews