



Inspection Report

Name of Service: Brooklands Healthcare Kilkeel

Provider: Brooklands Healthcare Ltd

Date of Inspection: 11 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:	Miss Sharon Troughton
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to nine residents who live with dementia. The proposed application will increase the maximum number to 10 to facilitate a resident who has a learning disability.</p> <p>There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An announced combined estates & care inspection took place on 11 February 2025 from 10.40am to 12.10pm in connection with the variation application reference number VA012528.

The inspection focused solely on the newly built self-contained unit associated with the variation application to accommodate an additional resident to the nine already registered places within Brooklands Healthcare Kilkeel Residential Care Home.

The maximum number of registered places will increase from nine to 10 as a result of this proposed variation application and an additional category of care (RC-LD) will be added to the registration.

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 registration information and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

3.3 Inspection findings

3.3.1 Care Inspector Findings

The recruitment of staff to work in the unit had commenced. An initial staffing complement has been decided. Staffing levels would be subject to review. New staff would receive a full induction and there were systems in place to ensure that staff would receive bespoke training and would be supported to do their job. Learning disability awareness training and other mandatory training has been planned to be delivered face to face and online.

The unit was self-sufficient with its own bedroom, bathroom, lounge, dining room, kitchen, laundry facility, medicines storage, staff station and staffing facilities.

The new bedroom was clean, spacious, well decorated, suitably furnished, had ample natural light and had its own bathroom with ample space to provide assisted care. The fixtures, fittings, and furnishings within the bedroom was compliant with the Care Standards for Nursing Homes (2022). There was access to a private outdoor space along the side of the unit. All rooms in the home, accessible to the resident, had a call point.

The new communal spaces were clean, well lit and inviting for the resident to relax in. They had been decorated to a high standard and suitably furnished throughout.

There was enough storage areas for equipment, linen, records and cleaning products. Rooms containing items which could be harmful to patients, such as cleaning chemicals, were locked. Waste management facilities were available for staff.

Catering arrangements were in place. The main meals would be prepared in the kitchen located in the main building and transferred to the unit. Smaller meals could be prepared in the kitchen within the unit.

The management and governance systems already in place within the main building, such as, the suite of audits completed to monitor the quality of the service provision, will be extended to the unit. Existing policies and procedures will be incorporated into the day to day running of the unit. The manager was well aware of the records to be maintained in a care home.

In conclusion, from a care perspective RQIA were satisfied that the actions taken in relation to this variation are compliant with current 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 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 areas for improvement were identified.

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 the management team as part of the inspection process and can be found in the main body of the report.



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