

# Inspection Report

**Name of Service:** Brooklands Healthcare Kilkeel

**Provider:** Brooklands Healthcare Ltd

**Date of Inspection:** 2 July 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 Ltd
<b>Responsible Individual:</b>	Mr Jarlath Conway
<b>Registered Manager:</b>	Miss Sharon Troughton
<p><b>Service Profile –</b>  This home is a registered residential care home which provides health and social care for up to 10 residents. The home is split between a nine bedded unit in the main building for residents with a dementia and a single occupancy unit behind the main building registered for learning disability. Residents within each unit have access to dining and lounge areas.</p> <p>There is a separate registered nursing home which occupies the same site/building and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 2 July 2025 from 10.00am to 4.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards 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 the service was well led. However, improvements were required in relation to pre-employment checks; residents' access to staff personal belongings and the medicine trolley.

Full details, including the 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.

Residents appeared happy, content and settled in their environment. Engagements between residents and staff were caring and compassionate.

## **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 residents, 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**

Residents spoke positively about their experience of life in the home and told us that they liked living there. Comments included, "Couldn't be better", "Staff are good", and, "It's great that there is a place like this". Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from residents or their visitors.

Staff told us that they were happy; there was enough staff on duty to provide care and they felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

### **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. Staff spoke positively on the induction process; training compliance was good and no concerns were raised in relation to the staffing levels and skill mix. However, there were

gaps found in the pre-employment checks. This was discussed with the manager and identified as an area for improvement.

Checks were made to ensure the care staff maintained their registrations with the Northern Ireland Social Care Council.

Staff said there was good teamwork and told us that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

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.

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

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their residents.

Several residents had alarm mats in their bedrooms to alert staff when they got out of bed. A review of two residents' care records evidenced that the appropriate measures had been put in place prior to the implementation of this restrictive practice. Residents were regularly checked by staff during the day and night.

Residents had good access to food and fluids throughout the day and night. Food was prepared freshly onsite. Residents were offered a choice of meals. A pictorial menu was on display in the dining room showing choices of meals. Residents were well supervised at mealtime and were encouraged with taking their meals. Staff were aware of actions to take should a resident repeatedly refuse food.

Activities were dependent on the residents' preferences. Each resident had a personalised activity care plan developed identifying their hobbies and interests. Activities were conducted in groups or on a one to one basis. Residents were encouraged to go outside in the good weather for gardening or simply to enjoy the fresh air. An activities board was displayed showing the planned morning and afternoon activities for the day. There was a large television screen in the lounge where residents could watch movies.

To help orientate residents to their rooms, there were memory boxes outside of each resident's bedroom containing items of the residents' choice. In addition, there was good signage in the home to orientate residents to communal areas.

### 3.3.3 Management of Care Records

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet the residents' needs. Details of care plans were shared with residents' relatives, if this was appropriate. Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. Care records were stored securely.

Supplementary care records were maintained to evidence personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on residents.

Daily progress notes were recorded to monitor and evaluate the care delivered to the residents. Additional records were kept to record any communication to/from family members or other healthcare professionals.

### 3.3.4 Quality and Management of Residents' Environment Control

Both units were clean, tidy and warm providing the residents with a comfortable environment to live in. Residents had dining spaces and lounge areas to relax in.

Fire safety measures were in place to protect residents, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Monthly infection control audits were completed to monitor the environment and staffs' practices. Audits contained action plans where appropriate. Personal protective equipment was readily available throughout the home. Refurbishment was underway on entry to the main home and new furniture had been purchased for the residential unit. The newly refurbished single occupancy unit was registered for use on 21 February 2025.

On entry to the unit in the main home, the medicine trolley was observed open and unattended in the communal corridor. This was immediately brought to the staff member's attention and locked. An area for improvement was identified.

A staff handbag was found at the staff station. This was discussed at the previous inspection to ensure staff personal belongings were not accessible to residents to prevent any access to potential hazards. An area for improvement was identified.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Sharon Troughton has been registered manager in this home since 18 June 2020. Staff commented positively about the manager and described her as supportive, approachable and always available to provide guidance. In the absence of the manager there was a nominated person-in-charge (PIC) to provide guidance and leadership.

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.

The number of complaints to the home was low. We discussed that any area of dissatisfaction brought to management attention should be managed and recorded as a complaint. A compliments file was maintained to capture compliments received and a verbal compliments log was recorded. Any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

## 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
<b>Total number of Areas for Improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Isimeme Agbovi, Person in Charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (2 July 2025)	<p>The registered person shall ensure that all pre-employment checks are carried out and verified prior to any staff member commencing employment in the home.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person will ensure all pre-employment checks are carried out and verified prior to the commencement of employment.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (2 July 2025)	<p>The registered person shall ensure that medicines are securely stored at all times. Medicine trolleys in communal areas are locked when not attended.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person will ensure the medication trolleys in communal areas are locked when not attended. Supervisions completed with staff.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 47  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (2 July 2025)	<p>The registered person shall ensure that staffs' personal belongings are not accessible to residents. This is in reference to staff handbags at the staff station.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered person shall ensure staff's personal belongings are not accessible to residents. Supervisions completed with staff.</p>

*\*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

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**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