The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Brooklands Healthcare Antrim

Provider: Brooklands Healthcare Ltd

Date of Inspection: 4 November 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:	Ms Victoria Humphries
Registered Manager:	Mrs Perla Balmes

Service Profile:
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 is a range of communal areas throughout the home and residents have access to an enclosed garden.

There is a separately registered nursing home, which occupies the same building, and the manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place between the 4 and 11 November 2025. On 4 November, the inspection took place from 10.30 am to 4.30 pm, completed by a care inspector and on 11 November from 10.00 am to 2.00 pm, completed by a pharmacist inspector.

This was a follow-up inspection to the previous care inspection completed on the 3 April 2025. The care inspection focused on pre-employment checks, the environment, the mealtime experience and monthly monitoring visits.

The medicines management inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management.

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.

Review of medicines management found that satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed.

This inspection resulted in no areas for improvement being identified.

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.

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 spoken with who were able to communicate their wishes told us they enjoyed residing in the home and were able to choose how they spent their day. Those residents who were unable to make their wishes known appeared relaxed and comfortable in their surroundings and interactions with staff.

Residents told us that the staff offered choices to them throughout the day, which included preferences for getting up and going to bed, food and drink options, and where and how they wished to spend their time.

A healthcare professional who was visiting the home at the time of this inspection said that staff in the home were communicative and responsive when speaking with the multidisciplinary team.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

Four completed medicines management questionnaires were received during the inspection. These indicated that the staff and residents assisted by staff who responded, were satisfied with the management of medicines and the care provided in the home.

No responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Review of the pre-employment checks evidenced that staff were recruited appropriately and that the relevant checks had been completed prior to the staff member commencing employment in the home, including explanations provided for any gaps in employment.

Staff commented positively about their experiences working in the home and were knowledgeable of their roles and the needs of the residents.

Staff who were providing bespoke one to one care for some of the residents were knowledgeable of the resident's needs and the purpose of the bespoke care.

A discussion took place with the management team regarding staffing levels in the home. The manager provided assurances that staffing levels are kept under ongoing review; confirming plans to increase the planned staffing levels for part of the daytime shift. This will be reviewed at a future inspection.

3.3.2 The Environment

The home was bright and welcoming; residents were seated comfortably in various spaces across the home, including communal areas and their bedrooms. There was evidence of seasonal art displayed along the corridors in the home, for example, autumnal displays.

A discussion took place with the management team to review access arrangements to the laundry chute; assurance was provided by the management that a lock is in place to ensure it is only accessible to staff.

It was observed that one of the tea trolleys required repair or replacement; this was discussed with the management who provided assurance that plans were in place for the identified tea trolley to be replaced.

3.3.3 Care delivery & Monthly monitoring visits

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.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were systems in place to manage residents' nutrition and mealtime experience.

Residents who required additional time to eat their meal were supported with this; however, it was evident that organisation of the mealtime experience required review, to ensure this reflects the needs of the resident. For example, consideration when desserts are offered to residents and greater communication with the residents to promote choice. The details of this were shared with the management team and actions were agreed to review and address this with staff. This will be reviewed at a future inspection.

The home was visited each month by a representative of the registered provider. It was evident that the views of relatives or visitors were captured with regards to the running of the home and these views were reflected in the reports.

3.3.4 Medicines Management

Prescribing, monitoring and review of medicines

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because other healthcare professionals, for example, may use them at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted to staff for immediate corrective action and on-going vigilance.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans, which detail their specific care needs and how the care is to be delivered. In relation to medicines, these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of distressed reactions, pain and thickening agents was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

When thickening agents were prescribed, staff were reminded to add the prescribed consistency to medication administration records; it was acknowledged that this was the usual practice.

Supply and storage of medicines

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

It was agreed that all inhaler spacer devices would be labelled to denote ownership and stored covered, for infection prevention and control purposes.

Administration of medicines

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review. Staff were reminded to add the date, including the month and year, to all handwritten medication administration records and supplementary records.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Occasionally, residents may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the resident's care plan. Written consent and care plans were in place when this practice occurred.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed

with staff and action plans had been implemented and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

Transfer of medicines

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

Medication incidents

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents, which had been reported to RQIA since the last inspection, were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed. Minor audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the staff on duty and the manager for on-going monitoring.

Medicines training

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no new areas for improvement being identified. Feedback from the care inspection was discussed with Mrs Perla Balmes, Registered Manager on the 4 November 2025; and feedback from the medicines inspection was discussed with Mrs Perla Balmes and Ms Victoria Humphries, Responsible Individual, on 11 November 2025.

The Regulation and Quality Improvement Authority

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

Web: www.rqia.org.uk

Twitter: @RQIANews