

Inspection Report

Name of Service:	Oakvale Manor
Provider:	Brooklands Healthcare Ltd
Date of Inspection:	10 July 2026

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:	Mr Ciaran Mc Guigan - Acting
Service Profile – This home is a registered nursing home which provides nursing care for up to 64 patients. The home is located over three floors, with patients' bedrooms located on each of the floors. Patients have access to communal lounges, a dining room and outside space on the ground floor.	

2.0 Inspection summary

An announced inspection of Oakvale Manor took place on 10 July 2026 from 11.00 am to 2.25 pm by an estates inspector and a care inspector.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005; and the DHSSPS Care Standards for Nursing Homes 2022.

The inspection sought to assess an application to vary the registration of Oakvale Manor that was submitted to RQIA on 10 September 2025 for the registration of a new secure unit on the first floor, with 13 bedrooms for patients living with a mental health diagnosis.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

Information has been gathered throughout the registration process. Scrutiny of this information means that the use of the new bedrooms within this nursing home is permitted from a care and estates perspective.

This inspection resulted in no new areas for improvement being identified. As a result of this inspection one area for improvement in relation to medicines management and seven areas for improvement in relation to care delivery has been carried forward for review at the next inspection.

Findings of the inspection were discussed with Mr Marius Coman, Regional Manager, and the management team, as part of the inspection process and can be found in the main body of the report and in the quality improvement plan (QIP) in Section 4.

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 they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

This inspection consisted of a review of estates related documents held in the home and submitted by the provider prior to the inspection. A visual inspection of the internal accommodation was undertaken and any issues identified were discussed with the regional manager and the management team at the conclusion of the inspection.

3.2 Inspection findings

3.2.1 The Environment

The 13 refurbished bedrooms on the first floor were found to be completed to a high standard. The rooms were tastefully decorated, clean and hygienic throughout. Fire exits and corridors were clear and free from obstruction. Patients will have access to communal space within the unit and an enclosed patio area.

The regional manager provided assurance by confirming that the management and use of cooking facilities in the kitchenette within the dining room, would be individually risk assessed for each patient. Planned cooking activities will be supervised by staff.

Assisted bathrooms, sluice rooms and a number of assisted toilets are suitably located throughout the premises. Each has hand washing facilities, liquid soap and disposable hand towels available. In addition to hand washing facilities, hand sanitizing gel is available along with stations holding personal protective equipment throughout the home.

3.2.2 Health & Safety, Building Services & Statutory Controls

A physical inspection of the 13 bed unit was undertaken by the care and estates inspectors, and the following was noted.

The bedrooms and general areas within the unit are finished to a high standard.

Documentation presented during the inspection and forwarded following the inspection indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. All relevant risk assessments, including for fire and water safety, had been updated to take account of the alterations and additions made to the home.

It was discussed on inspection that although fully compliant with window restrictors fitted, the type of window frame had some movement. The home agreed to fit a second window restrictor to each window. After the inspection photographic evidence was received by RQIA to confirm that this has been completed.

3.2.3 Staffing

Staffing arrangements were discussed with the regional manager who told us newly appointed staff will complete a period of induction and mandatory training; staffing levels will be kept under continual review once patients are admitted to the new bedrooms in the unit, to ensure the assessed needs of patients are met. This will include a review of domestic staff hours in order to facilitate this.

There was a system in place to monitor staffs' compliance with mandatory training.

3.2.4 Admission arrangements

The plan for admissions to the home was discussed with the regional manager who confirmed that patients will be offered the opportunity to view the new bedrooms and meet with staff prior to moving in where possible. New patients will receive an extensive pre-admission assessment. The home aims to offer patients choice and independence in a supportive environment. The regional manager told us that Oakvale Manor will offer patients a full and varied programme of meaningful activities to meet their individual interests and needs.

The Patients' Guide was reviewed prior to the inspection. It was found to contain relevant information regarding the aims and objectives, facilities available and the philosophy of care of the home.

3.2.5 Safeguarding

The home has an adult safeguarding policy and procedure in place which is consistent with current regional guidance. Mr Marius Coman, Regional Manager, is the adult safeguarding champion for the home. Deprivation of Liberty Safeguards (DoLS) were discussed; the regional manager confirmed that processes and policies were in place to manage and review DoLS within the home. The pre-admission assessment and liaison with the local Health and Social Care Trust, will determine if individual patients are subject to DoLS and will inform care planning and review in this area.

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
Total number of Areas for Improvement	4*	4*

* the total number of areas for improvement includes eight, which were carried forward for review at the next inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time To be completed by: 26 August 2025	The registered person shall review the fluid management arrangements in the home to ensure daily fluid targets are reflective of individual assessed needs. The registered nurses must review and evaluate fluid intakes for anyone requiring a daily fluid target to assess the effectiveness of care. Ref: 2.0
	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.
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 26 August 2025	The registered person shall ensure risk assessments and care plans are reviewed and updated following any patient's admission to hospital. Ref: 2.0
	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.
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 26 August 2025	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient. • All wounds should have detailed individualised care plan • Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change. Ref: 2.0
	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.

Area for improvement 4 Ref: Regulation 30 (1) (d) (f) Stated: First time To be completed by: 26 August 2025	The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. Ref: 2.0 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.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 13 January 2026	The registered person shall ensure robust procedures are in place to monitor expiry dates of medicines and to ensure that medicines are not administered after expiry. Ref: 2.0 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.
Area for improvement 2 Ref: Standard 12 Stated: Second time To be completed by: 26 August 2025	The registered person shall review the provision of meals for those patients who require a modified diet to ensure there is a choice of meals. Ref: 2.0 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.
Area for improvement 3 Ref: Standard 41 Stated: First time To be completed by: 26 August 2025	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance. Ref: 2.0 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.

Area for improvement 4 Ref: Standard 23 Stated: First time To be completed by: 26 August 2025	The registered person shall ensure that where a patient requires repositioning that this is completed in accordance with their care plan and reflected within supplementary recording charts. Ref: 2.0
	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.

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