

# Inspection Report

**Name of Service:** The Brook

**Provider:** Northern HSC Trust

**Date of Inspection:** 14 February 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Registered Provider:</b>	Northern HSC Trust
<b>Responsible Person:</b>	Ms Jennifer Welsh
<b>Registered Manager:</b>	Mrs Deborah Williamson
<b>Person in charge at time of inspection:</b>	Mrs Julia McLean (Senior Support Worker)
<b>Service Profile</b>  <p>The Brook is a supported living type domiciliary care agency which provides care and support for people living with dementia or cognitive impairment. The agency is managed by the Northern Health and Social Care Trust in partnership with Radius Housing Association, who acts as the landlord to the premises. At present, the facility has reduced available capacity from 61 to 30 service users.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 14 February 2025, between 9.00 a.m. and 1.00 p.m. The inspection was completed by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also examined.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff and relatives' feedback, as well as documentation. There were good governance and management arrangements in place.

The Brook uses the term 'tenants' to describe the people living in the facility. For the purposes of this report, the term 'service users' will be used in line with existing regulations.

## **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 Supported Living Service 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 the Supported Living Service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the Supported Living Service and review a sample of records to evidence how the home is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

### **3.2 What people told us about the service and their quality of life**

Throughout the inspection the RQIA inspector spoke with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in the Supported Living Service.

Through actively listening to a broad range of stakeholders, RQIA aims to ensure that the lived experience is reflected in our inspection reports.

The information provided indicated that there were no concerns in relation to The Brook.

Comments received from service users included:

- "I'm very happy here."
- "Yes, I like it."
- "The staff are nice."

Comments received from staff included:

- "I love it here."
- "I'm very happy here."
- "I'm confident in safeguarding issues being acted upon."
- "All my training is up to date."

Comments from relatives included:

- “We’re happy with [our relative’s] care.”
- “I think it’s amazing.”
- “Five stars! The staff are great.”
- “No complaints at all.”

Comments from HSC staff included:

- “The Brook is very well run.”
- “No issues with The Brook.”
- “The service users seem happy.”

### **3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the Supported Living Service was undertaken on 24 August 2023 by a care inspector. No areas for improvement were identified.

## **4.0 Inspection findings**

### **4.1 What are the operational management systems and arrangements in place that support and promote the delivery of quality care services?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the identity and role of the ASC, and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The Supported Living Service retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users and their relatives said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being

provided. The Supported Living Service had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

## **4.2 Governance and Managerial Oversight**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the Supported Living Service's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the policy and procedure of the Supported Living Service and trust. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

## **4.3 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the policies and procedures of the Supported Living Service. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

Staff training was examined. The inspector was assured that a training matrix had been maintained for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment

agencies. Competency assessments regarding medication administration and being left in charge were completed and signed off appropriately.

#### **4.4 What systems are in place for ensuring service users' care needs are met?**

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. The Supported Living Service now records using the Encompass system. Care and support plans are kept under regular review and service users and their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The person in charge reported that none of the service users currently required the use of specialised equipment for moving and handling. They were aware of how to source equipment and training should it be required in the future.

The person in charge reported that a number of service users were assessed by Speech and Language Therapist (SALT), with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. The inspector found care plans to reflect the SALT recommendations.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements, as well as in the kitchen. Staff were familiar with how food and fluids should be modified.

The person in charge advised that no service users currently required their oral medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff completed this task.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that most of the service users were subject to DoLS. A list of these service users was viewed by the inspector.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

Where staff are unable to gain access to a service users home, there is a system in place that clearly directs staff from the Supported Living Service Agency as to what actions they should take to manage and report such situations in a timely manner.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Julia McLean (Senior Support Worker and person in charge) as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

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