The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Brookhill House**

Provider: **Apex Housing Association**

Date of Inspection: **6 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:	Apex Housing Association
Responsible Individual/Responsible Person:	Mrs Sheena McCallion
Registered Manager:	Miss Roisin Reid

Service Profile:

Brookhill House is a supported living type domiciliary care agency, located in Coleraine. The agency offers domiciliary care and housing support to up to 25 service users who reside in individual flats. All service users are elderly, living with frailty. Service users' care is commissioned by the Northern Health and Social Care Trust (NHSCT).

2.0 Inspection summary

An unannounced inspection was conducted 6 November 2025, between 10.25 a.m. and 3.18 p.m. by a care Inspector.

The last care inspection of the service was undertaken on 7 January 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency/day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Brookhill House was a good experience.

No areas for improvement were identified during this inspection.

Brookhill House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant 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 agency 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 Brookhill House. 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 seek the views of those being supported by and working for the agency; and examine a sample of records to evidence how the service 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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Upon entering the service, one service user who was relaxing reading their newspaper on seating available in the foyer area greeted the inspector. Interactions between the service user and staff appeared comfortable. Other service users were in the large communal living room, talking amongst themselves whilst the television was on in the background. The environment was warm, welcoming with décor and furnishings providing a homely feel.

When walking around to review the service the pleasant scent indicating completion of recent cleaning was noted. Service users kindly provided consent to view their apartments. One service user told us, "the home is clean, well kept and comfortable" whilst another stated "it's a lovely place". It was positive to find each apartment was personalised and reflective of each service users' own interests; a football scarf hanging over a picture frame, a musical instrument hanging on the wall and books packed into a bookshelf. Each apartment also had their own bathroom facilities.

Service users were very complimentary about the staff within Brookhill House describing them as "so good", "kind and helpful" and advising, "everyone is very approachable and will do whatever they can to help". Several service users consulted told us that they felt staff "take the time to talk and listen to my likes and dislikes" whilst one service user explained, "they [staff] also keep information in my support plan so that all staff know how to support me the best way. This helps make sure my care is personal and suited to me". Another service user advised, "staff always ask my opinion and pay attention to what I enjoy.

They notice what works well for me and what doesn't and adjust things." Another service user in providing feedback regarding Brookhill House said, "it is a very homely place, the staff go above and beyond. The care and support I receive is excellent".

It was positive to hear from service users that they felt able to discuss any issues or concerns they may have with staff. One service user advised they "have no problem speaking to all staff, everyone is very approachable and will do whatever they can to help", whilst another told us staff "are great and help with any concerns or issues".

Service users told us that they felt their independence was promoted and respected by staff; "I am definitely supported to make my own choices and I have a lot of freedom in how I spend my time". One service user told us that, "staff encourage me to decide what I want to do, whether it's taking part in activities, relaxing in my home or going out". Another service user explained, "I like that I can live independently but still have help close by. The staff are hardworking and always polite and I feel safe knowing they [staff] are here day and night".

A service user told us, "I am so happy and content and feel very lucky to call Brookhill my home." Another service user said, "I feel safe and supported it was the best decision I ever made. I am comfortable and have the help I need day to day... It truly feels like home."

Service user representative feedback received was also very positive with several advising "Brookhill is a great place". One service user representative advised that their loved one "is always content and happy … always praising the staff". Another stated that, "the staff are brilliant and I can't thank them enough". Service user representatives explained that they felt there was good communication between the service and themselves, advising as to receipt of timely updates in the event of illness, accidents and/or incidents.

Service user representatives themselves reported finding the staff within Brookhill House to be "so friendly" and "approachable", stating that they would feel able to raise a concern or complaint if needed. When asked about how the service could be improved the only suggestion offered related to employing a cleaner; the next of kin advised that the staff do an impeccable job however stated "the staff are brilliant carers, I just think their time could be better spent with service users, they shouldn't have to be cleaners as well". This suggestion was shared with the Registered Manager during inspection feedback.

Feedback from professionals saw staff described as "very helpful" and "very friendly". One social worker stated, "Brookhill House is a lovely scheme. Tenants are all happy and it's obvious that they are all well supported and cared for. Would recommend to my clients."

Staff feedback was positive. Staff stated that they worked well as a team, with each member of staff highly committed to the service users they support. Staff spoke about their career progression and how the organisation and colleagues have promoted and supported further development of skills and knowledge.

Staff confirmed that they receive regular supervision and had completed their annual appraisal. With reference to induction, staff explained they had found this to be a good experience. When discussing training, staff told us that they felt training provided has supported them within their role and did not feel any additional training was required at the time. Staff consulted stated that they really loved their jobs and the work they do.

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 service users. Review of the service rota illustrated that there was a system in place to ensure staffing levels were maintained. Discussion occurred regarding the level of information available on the service rota for which the Registered Manager agreed to give consideration to. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Commendation was extended to the Registered Manager with respects to the practice and conduct of one employee in regards to support provided to service users observed throughout the duration of the inspection. Their approach was noted to be kind, patient and warm towards service users, repeatedly seeking consent and offering verbal commentary as to what they were doing and planning upon doing. Service users appeared to respond positively, fondly smiling, engaging in conversation and partaking in activities.

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. It was noted that a full employment history was not requested from staff by the agency. This is something for which RQIA had previously identified as an area requiring improvement in another agency within the organisation; recruitment records reviewed as part of this inspection however superseded the date for which the area for improvement has been made. Discussion with a member of the governance team provided assurance that this matter had been addressed. This will be reviewed at a future inspection.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 agency's policies and procedures. Written records were retained by the agency of the person's induction, capability and competency in relation to their job role.

Review of the services training records evidenced that this was regularly monitored. There was a high level of training compliance evident and for those few which had lapsed there was evidence that these had been booked.

There was evidence that those expected to act in the absence of the Registered Manager had competency assessments completed to ensure that they were competent and aware of all responsibilities associated with the role.

Staff confirmed and records reviewed evidenced that staff received regular supervision and annual appraisals had been undertaken.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles. The service also utilised a further template which acted as a quick pull communication tool to quickly highlight important information pertaining to each service user.

There was evidence of regular staff meetings being held that staff were able to add to the agenda. Set items for discussion included adult safeguarding, health and safety and compliments and complaints. There was also evidence of discussion of changes in circumstances pertaining to service users. Minutes of team meetings were available to read for information sharing to all staff, inclusive of those unable to attend.

It was positive to note that the service facilitated regular service user meetings, which there was a high attendance rate. The agenda reflected that used for staff team meetings. There was evidence that service user's opinions were sought, and acted upon; evidence of an action plan being devised from each meeting and progression reviewed at the next. Minutes reviewed also detailed the sharing of information regarding the organisations' "Have your say" group as well as external advocacy services.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. Activities were reviewed on a regular basis by the manager. Service users were well informed of the activities planned and of their opportunity to be involved. On the day of inspection, one service user was seen helping bring equipment into the communal living room. In discussion, they told us that they were eagerly assisting the entertainer. There was a singer attending, the service users' said that they really enjoyed singing along.

A service user told us that they had enjoyed "getting out on bus trips", with outings having taken place to the coast, a strawberry fayre and one planned to a garden centre. Other activities mentioned by service users included crafts, bowls and bingo.

It was observed that staff respected service users' privacy by their actions such as knocking on doors, seeking consent before entering and discussing service users' care in a compassionate and confidential manner.

Where a service user was at risk of falling, this was clearly evident within their plans. Examination of care records confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. The service had a falls procedure in place and review of accidents records illustrated staffs' practice complied

The dining experience was an opportunity for service users to socialise, the atmosphere was calm, relaxed and unhurried. It was observed, and service users confirmed, that they were enjoying their meal. Service users were provided several choices for each course and advised the food was "great" and "delicious". The food prepared smelt good and looked appealing.

3.3.3 Management of Care Records

Service users care records were held confidentially in line with data protection regulations.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

There was evidence that service users had received a support agreement, which outlined conditions and expectations of the service relationship. Copies of the service users' tenancy agreements were also retained. There was a concise resource provided to service users that gave a breakdown of costs.

Review of records identified that service users consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf. Service users were given the choice as to whether or not they wanted their next of kin notified about incidents/accidents etc. Service user consent was also sought regarding who invites were to be extended to for annual review meetings. Consent forms were also evident with respects to support with medication and whether or not service users wished to receive nightly checks.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. The plans reviewed were reflective of each individual's preferences and provided a sense of them as a person. The records examined evidenced service user involvement in planning their own care, with plans shared and signed by service users and/or their representatives as appropriate.

3.3.4 Quality of Management Systems

There has been a change in the management of the service since the last inspection. Miss Roisin Reid has been the Registered Manager in this service since 19 February 2025 having previously held Acting Manager responsibility for the service since 27 June 2022.

Those staff consulted with commented positively about the Manager advising that she is a "fantastic Manager" who is supportive, approachable and organised.

There was a process in place to manage complaints. Contact details for external agencies however needed to be added to the service's statement of purpose and the complaints policy. Assurances were provided by a representative of the organisations governance team that this would be addressed.

Review of incident records identified that they were managed appropriately. An area of good practice was identified in relation to the system utilised by the service to track and review incidents and accidents. The tracker was easy to navigate and was found to contain full information such as any action taken subsequent to an incident arising. The Registered Manager was quickly able to retrieve data as requested. This provided assurances that the service would readily be able to identify developing patterns/trends. It was also good to note that incidents were reviewed in detail as part of the monthly quality monitoring process.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The annual safeguarding position report had been completed.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency.

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 Miss Roisin Reid, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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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