The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Brook

Provider: Northern HSC Trust

Date of Inspection: 26 February 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:	Northern HSC Trust
Responsible Individual/Responsible Person:	Mrs Suzanne Pullins
Registered Manager:	Mrs Deborah Williamson (Acting)
Service Profile: 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. The facility has capacity to provide care and support to 30 service users.	

2.0 Inspection summary

An unannounced inspection was conducted on 26 February 2026 between 10.45 a.m. and 4 p.m. by a care Inspector.

The last care inspection of the service was undertaken on 14 February 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.

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 The Brook was a good experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection.

The Brook 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 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 Brook. 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 working for or being supported by the agency; and examine a sample of records to evidence how the agency 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, phone and an electronic survey.

3.2 What people told us about the service

Service users told us that they were "happy" within The Brook. Observations illustrated that the service users were relaxed and comfortable with staff as they socialised in the foyer, engaged on a one to one basis with staff and/or participated in planned group activities.

Service users had chosen items to be displayed at the entrance of their rooms, with some displays found to contain photos of service users on their wedding days, others of their children or grandchildren or memorabilia of their favourite football teams. One service user kindly provided consent to view their room which contained an en-suite bathroom. The room was personalised and reflective of the individuals' interests and preferences. There was various photographs displayed throughout. Staff advised they promote service users to display photographs as these are utilised in reminiscence therapy.

Staff consulted with were very complimentary about the Acting Manager. They told us how instrumental the Acting Manager had been in bringing about change which had improved the quality of life of the people they support. Staff advised that the Acting Manager was invested in assuring best outcomes were achieved for service users.

Staff explained that they felt well supported and listened to by the Acting Manager. Staff spoke about the encouragement and support they have received from the Acting Manager to further enhance and develop their skills and knowledge. Staff told us that the Acting Manager frequently highlighted strengths of team members, provided feedback on performance and promoted career progression.

When discussing the experience of the service users' within The Brook staff did so with compassion. Staff illustrated knowledge and understanding as to diagnosis and associated best practice interventions ensuring care was therapeutically effective. In discussion with staff they spoke passionately about promotion of service user's rights and person-centred practice.

Staff were knowledgeable about The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguardings (DoLS). Staff confidently advised about processes and procedures in place relating to incident management and the organisation's adult safeguarding policy and procedures.

Staff felt that there was effective team work and described a positive culture within The Brook. Staff expressed pride in the quality of care and support provided to service users sharing positive stories such as successful recent admissions, positive health outcomes and feedback received from service user representatives.

Service user representatives told us how "life-changing" the service had been for both their loved ones and the wider family unit. Staff were described as "approachable", "accommodating" and "beyond good". We were told how staff offered both emotional and practical support to service user representatives and how much this was appreciated. Service user representatives felt that communication was "excellent", feeling that they were listened to and kept advised as to any changes to the wellbeing of their loved ones.

Positive feedback was received regarding the admission process, with one service user representative advising that they and their loved one were provided ample opportunity to visit the service and supported during the period of transition. We were told how the environment offered the "perfect balance" where privacy was respected yet their loved one had the choice to socialise and/or participate in various activities. This service user representative explained that the service promoted independence but responded to need as required.

HSC Trust representatives told us that their experience of The Brook has been "very positive". Staff were described as "warm, welcoming, professional and friendly". One social worker told us, "This supported living facility is a great support to those living with dementia and their families. It supports individual's to maintain their independence but also provides family with peace of mind that they are safe".

It was also positive that HSC Trust representatives felt staff are "very quick to recognise if an individual needs additional help and support" and "quick to respond to issues". We were told that "staff have good communication skills with both family and professionals". A social worker told us that service user representatives had "expressed their satisfaction with the unit and the staff during reviews". Whilst another social worker advised how one of their service users who was initially apprehensive about moving to The Brook quickly updated that they considered the service "their home now and were so glad they moved".

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's duty rota illustrated sufficient staffing was available and it was also positive to note that this was planned in advance permitting action to be taken to acquire cover as needed.

Staff advised that they felt staffing levels were adequate and appropriate to meet the needs of service users within The Brook. Staff told us that there was good team work and each individual staff member was aware as to their assigned responsibilities per shift.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. An area of good practice was identified in relation to recent work undertaken by the service to improve and strengthen their induction process. The template devised was user friendly and sought to enhance understanding of new employees as to how Trust core values, policies and procedures, the Northern Ireland Social Care Council's (NISCC) Induction Standards related to the employees role. It was also positive to find that the induction checklist advised that each new employee was assigned a more experienced colleague for which would offer additional support throughout their probation. Staff were advised to ensure that the section relating to shadow shifts had been completed in full. This will be reviewed at a future inspection.

Training records reviewed were found to be well organised and evidenced regular auditing with future dates scheduled for renewal of training. In addition to the mandatory training there was evidence that the staff team had completed specialised training tailored to the needs of service users for example, delirium, stoma care and diabetes awareness.

Additional training had also been completed in relation to medication to assure staff were aware as to best practice in the receipt, storage, administration and disposal of controlled drugs. There was evidence that staffs' competency had been assessed in relation to medication administration.

The supervision template utilised by the service was found to be comprehensive, structured, and aligned with best practice guidance. Records reviewed demonstrated that supervision sessions were regularly conducted and provided staff opportunity to reflect on their practice. The template supported meaningful engagement, with clear sections addressing key areas such as safeguarding, service user outcomes, training and staff wellbeing. Supervision arrangements demonstrated a proactive approach to staff support and governance.

There was evidence of procedures in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

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. Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend to read for information sharing.

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. The activities records were reviewed and updated on a weekly basis by the activity coordinator. Service users' needs were met through a range of individual and group activities for example service users were observed enthusiastically participating in a sing along in the foyer with lots of laughter heard. It was positive to observe one to one activities occurring for those service user who find group activities challenging. One service user confirmed that they found their one to one activity time enjoyable, telling the Inspector about their storytelling through drawing that they were engaged in. Service user representatives and staff commented positively about the activities occurring within the service.

Throughout the inspection, consistently positive and respectful interactions were observed between staff and service users. Staff engaged with service users in a warm, compassionate and person-centred manner, demonstrating a strong awareness of each individual's communication style, preferences and support needs.

Interactions were characterised by dignity and respect, for example staff seeking consent before entering a service user's room and offering choice. There was a clear emphasis on relationship-based care, with positive rapport evident, contributing to a relaxed and inclusive atmosphere within the service.

3.3.3 Management of Care Records

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.

An area of good practice was observed in relation to consent forms utilised by the agency. In addition to consent being sought in relation to information sharing, medication management and retention of keys service specific consent forms had also been devised. For example there was evidence of consent documentation which outlined the criteria for moving on from the service should care needs increase, enabling individuals to make informed decisions regarding future care arrangements while they retained capacity. This evidenced a proactive approach to advanced care planning from commencement of service provision.

Preferences stipulated in consent forms were evident within individuals care plans. Care records reviewed demonstrated strong service user participation in their development. The use of language familiar to the individual provided an authentic reflection of the person, highlighting their interests, passions and what was important to them. This was considered an example of person-centred good practice.

Risk assessments reviewed were found to be comprehensive and demonstrated clear consideration of restrictive practices and clearly highlighted to the attention of the reader were individuals' were subject to deprivation of liberty safeguards. Documentation outlined the rationale for any restrictions in place and reflected an approach that aimed to ensure measures were necessary, proportionate and in the individual's best interests. Information was shared with the agency regarding expectations outlined within the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings. This area of practice will be reviewed again at a future inspection.

With regards to Deprivation of Liberty Safeguards (DoLS) there was evidence that service users subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by an HSC professional annually to ensure that they were not used disproportionately or for longer than is necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service users care records. A central register was in place to enable tracking of any DoLS due for review.

It was reassuring to find regular and timely updates had been made to service user plans subsequent to changes arising in respects to assessed level of needs and/or risks. Following updates, service user and/or service user representatives were asked to review and sign to signify that they were satisfied with amendments made. There was also evidence of regular formal review meetings.

3.3.4 Quality of Management Systems

There has been no change in the management of the service since the last inspection. Mrs Deborah Williamson has been the Acting Manager since 14 January 2025. Mrs Deborah Williamson is also the Locality Manager for Mental Health Supported Living.

Service user representatives and staff consulted spoke highly of the Acting Manager who was described as approachable, responsive and supportive.

Clear and accessible information was available to service users and their representatives regarding how to raise a complaint. The agency had established procedures to ensure any concerns received were managed in a transparent and structured manner.

Review of incident records identified that they were managed appropriately and audited on a regular basis. There was also evidence of timely information sharing with key stakeholders and review of agreed interventions were required to reduce likelihood of similar recurrences.

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. In the Trust, this person is called the Designated Adult Protection Officer (DAPO). It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

The reports of these visits were completed in detail; however, advice was given in relation to ensuring further details were recorded in relation to incidents/accidents to explain any new and/or developing patterns or trends. Further means to improve the quality of the reports were discussed with the Acting Manager who agreed to action. This will be reviewed again at a future inspection.

The annual quality report provided a summary of the agency's activity over the previous year and included positive feedback gathered from stakeholder surveys. It was positive to see critical analysis undertaken by the provider and self-determined actions developed to bring about improvement in the year ahead.

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 Mrs Deborah Williamson, Acting Manager, as part of the inspection process and can be found in the main body of the report.

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