The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Brooklands Supported Living Service**

Provider: **Brooklands Healthcare Ltd**

Date of Inspection: **26 March 2026**

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

1.0 Service information

Organisation:	Brooklands Healthcare Ltd
Responsible Person:	Ms. Victoria Humphries
Registered Manager:	Mr. Marius Coman (Acting)
Service Profile – Brooklands Supported Living is a Domiciliary Care Agency, Supported Living Type, which is located in Belfast. The agency provides care and support to two service users with a Learning Disability and complex care needs, in specially adapted dwellings.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 26 March 2026, between 09.00 am and 1.00 pm.

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 Inspector also reviewed the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

The Inspector identified good practice in relation to monthly monitoring, staff training and recruitment. There were good governance and management arrangements in place.

The inspector identified no Areas for Improvement during this inspection.

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 Brooklands Supported Living 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support the agency offers service users to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how the agency respects and empowers service users who have a learning disability to lead a full and healthy life in the community. RQIA will also examine the support they receive to make choices and decisions that enable them to develop and live safe, active and valued lives.

To prepare for this inspection of Brooklands Supported Living, the Inspector reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from relatives, staff or the commissioning Trust.

Throughout the inspection, the Inspector will seek the views of those working in the agency, as well as those of relatives and visiting professionals. The Inspector will also review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Throughout the inspection the Inspector spoke with staff, relatives of the service users, as well as visiting professionals for their opinions on the quality of the care and support provided by the agency, as well as their experiences of visiting or working in the agency.

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

Respondents spoken to by the Inspector gave positive feedback.

The Inspector was unable to speak to either of the service users during the inspection. However the parent of one of the service users stated that 'I am very happy with the care my relative receives and he is very happy in his home'.

Staff reported that they enjoyed working in the agency and that the manager was supportive. On staff member stated that 'I love working here. Everyone works as a team. There was an excellent induction and the manager is very supportive'.

The care manager of both service users commented that the service users 'report to be extremely happy in their placements and I am extremely impressed by the agency and their commitment to service users' transition'.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that he was knowledgeable in matters relating to adult safeguarding, the 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. 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 agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. The Inspector discussed the two referrals with the manager and confirmed that the manager had managed these appropriately.

The manager was aware that he must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency provided staff with training appropriate to the requirements of their role. The manager advised that neither service user requires assistance with moving and handling. A review of care records identified that risk assessments and care plans were up to date.

Both the agency and the commissioning Trust had undertaken reviews in keeping with the agency's policies and procedures.

The manager confirmed that all senior support workers receive training and supervision in relation to medicines management. The manager advised that the one of the service users has a prescription for oral medication via syringe in an emergency but has not so far required administration via this route.

The Mental Capacity Act (Northern Ireland) 2016 (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 staff assist only when required to do so. 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 manager reported that both service users were subject to DoLS, although one of these was temporary and the agency was in the process of formalising the same. A resource folder was available for staff to reference if needed.

The Inspector viewed the agency's fire risk assessments for both service user dwellings and these were within date, with no actions outstanding from the previous assessment.

4.2 What systems are in place for recruitment and are they robust?

The Inspector reviewed the agency's staff recruitment records and 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. The agency made regular checks to ensure that staff held appropriate registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for both the manager and the compliance team to monitor staff registrations on a monthly basis. Staff confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of post registration training and learning.

4.3 What arrangements are in place for staff induction and training?

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 day care setting's policies and procedures. There was a formal induction programme of three days, which included orientation and shadowing by a more experienced staff member. The agency retained records of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the agency does not use agency staff. The Inspector reviewed the training matrix maintained by the agency and found that where training was due to expire, updates had been booked.

4.4 What are the arrangements to ensure robust managerial oversight and guidance?

There were comprehensive monthly monitoring arrangements in place in compliance with regulations. The Inspector reviewed the reports of the agency's monthly quality monitoring and confirmed that there was engagement with the relatives of the service users, staff and HSC Trust representatives. The reports included details of a review of the care records of the service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The agency had not yet completed the Annual Quality Report as the service users had only arrived in placement in October and November 2025 respectively. However the Inspector was assured that these would be completed in due course.

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

The agency's registration and insurance certificates were up to date and displayed appropriately.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure of the agency. While the agency had received one complaint, the inspector confirmed that manager had handled this appropriately and the agency continued to review complaints as part of the monthly quality monitoring process.

The inspector reviewed records of regular staff supervision as well as annual appraisals. The inspector confirmed that the agency carried these out regularly as per the policies and procedures of the agency.

5.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Ms. Victoria Humphries, Responsible Individual and Mr. Marius Coman, Acting Registered Manager, as part of the inspection process. These can be found in the main body of the report.

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