The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Pines**

Provider: **The Pines**

Date of Inspection: **2 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/Registered Provider:	The Pines
Responsible Persons:	Mr Kevin McKinney
Registered Manager:	Mr Turner Marlow, not registered

Service Profile –
This home is a registered residential care home, which provides health and social care for up to 31 residents. The home provides care for residents living with dementia, physical disabilities and for those needing general residential care.

Residents' bedrooms are located over three floors and all residents have access to the communal lounge areas, bathrooms, a large dining room and a garden and patio area.

2.0 Inspection summary

An unannounced inspection took place on 2 March 2926, between 9.15 am and 4.35 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection, three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this 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 the home 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 this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents said that The Pines was "A good place to come to." They described staff as "Very good" and "Excellent." Comments included, "Staff are very good, we are well looked after," and "The staff are good, they are here if you need them."

Residents commented positively on the activities provided in the home, one resident said, "The activities person is very good, she puts lots on for us."

Staff told us that they enjoyed working in The Pines and that the resident's care was very important to them. One staff member said, "It's a good bunch of staff, we work well together."

No additional feedback was received from residents, relatives or staff following the inspection.

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 residents.

While there was evidence of systems in place to manage some aspects of staffing, discussion with the manager established that not all agency staff had a documented induction and an induction to the home for one identified staff member had been completed within one day. An area for improvement was identified.

The training matrix had not been updated since September 2025 and there was no evidence of staff having completed the required mandatory training. An area for improvement was identified,

Residents said that there was enough staff on duty to help them. Staff said there was good teamwork, that they felt well supported in their role, and that they were satisfied with the staffing levels.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and discussing residents' care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Residents were observed to be enjoying one another's company, residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of supplementary records showed gaps in post falls observations; this was discussed with the manager during feedback. An area for improvement was identified.

Staff understood that meaningful activity was not isolated to the planned social events or games. An activities schedule was in place for residents to take part in if they wished to do so. The activity co-ordinator was observed spending time with those residents who did not wish to join in the group activity on a one-to-one basis.

Residents commented positively about the activities and the activity co-ordinator.

A review of records confirmed that residents participated in regular resident's meeting, which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were mostly person centred and well maintained. However, care plans and risk assessments were not always being kept under regular review. The manager confirmed that he was in the process of reviewing all care files and staff were beginning to update these. Two areas for improvement were identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Residents commented positively on the environment and recent improvements made to the home, resident's comments included, "The new flooring is very clean," and "These new floors are great."

PPE stations were sufficiently stocked with aprons and gloves. Staff did not always carry out hand hygiene at appropriate times in accordance with the regional guidance. Staff were also observed wearing gel nail polish. An area for improvement was stated for a second time.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. However, a review of training records concerning fire safety and fire evacuation evidenced that a number of staff had not completed this training with in the required timeframe. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mr Turner Marlow has been the manager in this home since 1 December 2025. The manager has confirmed his intention to apply to register with RQIA.

There was no evidence of manager induction. An area for improvement was identified.

Residents and staff commented positively about the manager and described him as supportive and approachable.

Review of a sample of records evidenced that a system for reviewing the quality of care, the environment and staff practices was in place. However, there was limited evidence of managerial oversight of the actions identified from recent audits, this was discussed during feedback and an area for improvement was identified.

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	1*	9*

* the total number of areas for improvement includes one standard that has been stated for a second time and one regulation, which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Turner Marlow, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 5 June 2025	The registered person shall ensure that measures are implemented to enable staff to complete the medication round in a timely manner. 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 Residential Homes, December 2022	
Area for Improvement 1 **Ref:** Standard 35.7 **Stated:** Second time **To be completed by:** 14 April 2025	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff remain bare below the elbows at all times. Ref: 2.0 & 3.3.4 **Response by registered person detailing the actions taken**: Immediate action has been taken to reinforce hand hygiene practices and the “bare below the elbows” policy. Staff have received refresher training and competency checks have been completed. Introduced weekly audits completed by the Manager. Any non-compliance is addressed immediately through supervision and reflective practice. Ongoing oversight is maintained through regular spot checks and inclusion in monthly IPC audits.
Area for improvement 2 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that all staff receive a completed and structured induction and that there is managerial oversight of the induction process. Ref: 3.3.1 **Response by registered person detailing the actions taken**: A structured induction programme has been implemented for all new and agency staff. This includes a competency-based checklist documented sign-off. Managerial oversight has been strengthened through weekly review of induction records and audit of completed documentation. No staff member is permitted to work unsupervised until induction is fully completed and verified.

Area for improvement 3 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role. Ref 3.3.1
	Response by registered person detailing the actions taken: The training matrix has been fully reviewed and updated. All staff mandatory training requirements have been identified, and a training schedule is in place to ensure compliance. Monthly audits of training compliance are now undertaken, with oversight by the manager to ensure all staff remain within required timeframes. Non-compliance is escalated and managed through supervision and performance management processes.
Area for improvement 4 **Ref:** Standard 8.5 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that all records are kept up to date, legible and accurate. This area for improvement relates to post fall observation records. Ref: 3.3.2
	Response by registered person detailing the actions taken: Post-falls documentation processes have been reviewed and reinforced with all staff. A post-falls checklist has been introduced to ensure all observations are completed accurately and contemporaneously. Audits of falls records are now undertaken by the manager to ensure compliance and identify trends. Any gaps are addressed immediately, and learning is shared with staff.
Area for improvement 5 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that care plans are kept under regular review and amended, as changes occur to accurately reflect the needs of residents. Ref: 3.3.3
	Response by registered person detailing the actions taken: A full review of all care plans is currently underway and nearing completion. Care plan allocation introduced and Named nurses have been allocated responsibility for specific residents to ensure accountability. Weekly audits of care plans are undertaken to ensure they are person-centred, up to date, and reflective of residents' current needs. Managerial oversight ensures all care plans are reviewed regularly and updated promptly following any changes.

Area for improvement 6 **Ref:** Standard 5.5 **Stated:** First time **To be completed by:** 31 march 2026	The registered person shall ensure that risk assessment are kept under regular review and amended, as changes occur to accurately reflect the needs of residents. Ref: 3.3.3 **Response by registered person detailing the actions taken**: All risk assessments are being reviewed and updated to reflect current risks and resident needs. A structured audit tool has been introduced to ensure consistency and completeness. Monthly managerial audits introduced to ensure ongoing compliance. This ensures risks are identified, managed, and regularly reviewed.
Area for improvement 7 **Ref:** Standard 29.4 & 29.6 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that all staff take part in fire safety training at least twice a year and fire evacuation training at least once per year. Ref: 3.3.3 **Response by registered person detailing the actions taken**: A full review of fire safety and evacuation training has been completed. All staff have been scheduled for required training, with priority given to those out of date. A training tracker is in place and monitored monthly by the manager to ensure compliance. Fire drills are scheduled regularly and documented, with oversight to ensure all staff participate as required.
Area for improvement 8 **Ref:** Standard 23.1 **Stated:** First time **To be completed by:** 31 March 2026	The registered person shall ensure that the manager receives a full and structured induction and that a record is kept in the home and is available for inspection. Ref: 3.3.5 **Response by registered person detailing the actions taken**: A structured induction programme for the manager has now been implemented and documented. This includes governance processes, regulatory requirements, and operational procedures. Ongoing support is provided through regular meetings with senior management. Evidence of induction is maintained within the home and is available for inspection.
Area for Improvement 9 **Ref:** Standard 20 **Stated:** First time	The registered person shall ensure that in order to ensure service improvement the manager evidences clear oversight of the auditing system within the home. Ref: 3.3.5

To be completed by: 31 March 2026	**Response by registered person detailing the actions taken**: A robust audit system has been implemented across all areas of the service. All audits are now completed using standardised tools and include clear action plans. Managerial oversight has been strengthened through weekly/monthly review of audit findings and actions. Monthly governance meetings are held to review audit outcomes .Reg 29 audit completed monthly.

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