The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Pines**

Provider: **Northern HSC Trust**

Date of Inspection: **16 January 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 Health and Social Care Trust (NHSCT)
Responsible Individual/Responsible Person:	Mrs Suzanne Pullins
Registered Manager:	Mr Norman Doole (Acting)
Service Profile: The Pines is a supported living type domiciliary care agency which provides a 24 hour supported living service for adults over 18 years of age who have enduring mental health needs. There is accommodation for up to 12 service users who have individual rooms and a number of shared facilities. This organisation also provides peripatetic support to a number of service users. RQIA does not regulate these elements of support.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2026, between 9.30 am and 1.30 pm by a care Inspector.

The inspection was undertaken to evidence how the agency 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 30 December 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as risk assessment and support plans; and care plans.

Service users said that the care and support provided by The Pines was a good experience.

As a result of this inspection four of the five areas for improvement previously identified were assessed as having been addressed by the provider. One area for improvement was carried forward for review at the next inspection. Full details, including a new area 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 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 this agency. This included the previous Quality Improvement Plan issued, 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 review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

Service users told us that they loved living in The Pines and that the staff were very good to them. They described the service as being 'good', 'very nice', 'wonderful' and that it is a 'good safety net' where they can go to the staff for a chat. One comment included 'the service provided to me enables me to live my life to the fullest and I like it here …. the routine helps me feel better and more in control of my future'.

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.

An area for improvement had been identified at the last inspection. This related to the need for information on criminal records checks (AccessNI) on Domestic staff to be retained within The Pines. Whilst we were assured by the manager that the checks had been undertaken, the records were not available for inspection. The area for improvement also related to the need for AccessNI checks to be undertaken on staff who transferred internally within the Trust. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this matter; and given that there had been no such staff transfers since the last inspection, the area for improvement will be carried forward for review at the next inspection.

A system was in place to ensure that a record was maintained of all visitors to the building; this included a record of Domestic staff, who may work across multiple Trust hospital sites. An area for improvement previously identified in this regard had been addressed.

There was a process in place for newly appointed staff to complete a structured orientation and induction, to ensure they were competent to carry out the duties of their job. An area for improvement had previously been identified in relation to the need for the induction to include information for new staff on the types of mental health conditions, the service provides support to. Review of the new induction proforma identified that this area for improvement had been addressed.

Records of all staff training were retained. Staff confirmed that got sufficient training for their roles. Safety Intervention training had also been provided to the staff, as included in the recommendations of a previous Serious Adverse Incident (SAI).

All staff had competency assessments undertaken, as appropriate to their roles and responsibilities. It was good to note that the medicines competency assessment had been updated to include specific information regarding the use of Clozapine. This is good practice.

There were good systems in place to manage staffing. There were sufficient staff on duty to help the service users. Staff were seen assisting service users in a caring and compassionate manner.

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.

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

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed offering choice to service users regarding the activities they wanted to engage in.

Service user meetings were held on a regular basis which enabled the service users to discuss any activities they would like to become involved in and also any other matters relating to their home. Service users were encouraged to avail of Occupational Therapy to promote socialisation and to learn new skills. It was good to note that some service users were supported to attend New Horizons where they were supported to learn skills such as catering and IT skills; one service user had completed essential skills training in Maths and English.

An area for improvement previously identified in relation to the storage of service users' individual' medicines had been addressed.

3.3.3 Management of Care Records

There was a process in place for when new service users moved into The Pines. This includes receipt of a referral form, which includes a number of assessments completed by the multidisciplinary team. Thereafter the service users' needs are assessed within two days of moving to the service.

Service User Agreements are provided to service users within five days of commencement of service. This includes the Service User Handbook, the Tenancy Agreement, the Good Neighbour Agreement and a Service Letter. The service letter contains details the charges the service users are liable for. Review of records identified that the Service Letters had been signed. An area for improvement previously identified in this regard had been addressed.

Promoting Quality Care (PQC) is regional guidance on the assessment and management of risk in mental health and learning disability services. A core function of mental health and learning disability services is to assess the treatment and care needs of people presenting to them. An integral part of such an assessment is the consideration of risks posed by some people with a mental disorder to either themselves or others. Understanding the level of risk that a service user may present forms part of the service users' overall assessment, nevertheless it is an integral part of formulating an appropriate care package.

Where a service user was no longer under PQC, a person centred risk assessment had been completed; however, the risk assessment did not reflect an incident which had required PSNI involvement. In The Pines, relevant staff complete support plans; and the Trust are responsible for completing the care plans. The support plan had been updated; however, it lacked sufficient detail as to how the service user presents. An area for improvement has been identified to ensure that the person centred risk assessments and support plans are updated following any change to the service users' needs; the support plans should also include sufficient detail, so as to support staff in managing behaviours that they may find threatening.

Review of records identified that the care plan was out of date and had not been updated to reflect that the service user was no longer under PQC arrangements. The person in charge advised that the service had requested updated care plans and that they had not been received. An area for improvement has been identified.

There was a policy in place for the use of restrictive interventions and a register was in place. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

3.3.4 Quality of Management Systems

There has been a change in management of the agency since the last inspection. Mr Norman Doole has been manager since 7 April 2025; and he is also the manager of another domiciliary care agency.

Review of records identified that the time the manager spent between both services was clearly recorded on the staff roster.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

Review of incident records identified that they were managed appropriately.

There was a process in place for the management of complaints; none had been received since the last care inspection.

The annual quality report was in the process of being completed; this will be reviewed at a future inspection.

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. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC); there was a system in place for professional registrations to be monitored by the manager.

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	2

* the total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that enhanced criminal records checks (AccessNI) are undertaken on all staff, regardless of whether not they are/have moved from another NHSCT post/ or have transferred internally within the Trust; records confirming that all Domestic staff have had Enhanced AccessNI checks must be retained by the manager and made available for inspection. Ref: 3.3.1
	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 Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 5 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that person centred risk assessments and support plans are updated following any change to the service users' needs; the support plans should also include sufficient detail, so as to support staff in managing behaviours that they may find threatening. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager will ensure that all support plans and risk assessments are updated when an incident occurs. This will be available on the encompass system.
Area for improvement 2 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that an escalation plan is developed and implemented, when requested care plans are not forthcoming. Ref: 3.3.3
	Response by registered person detailing the actions taken: Careplans are co developed by a Community Mental Health Team member and the service user at their annual review. As some of the careplans have not been completed, the registered manager has brought this to the attention of the Head of Service for Community Mental Health Teams.

Please ensure this document is completed in full and returned via the Web Portal

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