The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **The Lodge**

Provider: **Northern HSC Trust**

Date of Inspection: **28 August 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:	Mr Norman Doole, Acting
Service Profile: The Lodge is a supported living type domiciliary care agency which provides 24 hour support with accommodation for six tenants with enduring mental health needs.	

2.0 Inspection summary

An unannounced inspection took place on 28 August 2026, between 9.00 am and 12.00 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 on 9 July 2025; and to determine if the agency 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 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 were knowledgeable and appropriately trained to deliver safe and effective care. Staff demonstrated a clear understanding of their roles and responsibilities, as well as the individual needs and preferences of the service users they support.

Service users said that the care and support provided by The Lodge was a positive experience. Refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 information held by RQIA about this agency was reviewed. 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 spoke very positively about the service, with some describing it as "excellent", "very supportive and caring", and stating that "everything is great". They consistently reported that staff were kind, thoughtful, and caring, and said that the support they received helped them to feel safe. Staff were described as very flexible and helpful in responding to individual needs. Service users also told us that they enjoyed living in a relaxing environment and valued the positive relationships they had developed with staff. Overall, feedback reflected high levels of satisfaction with the quality of care and support provided.

3.3 Inspection findings

3.3.1 Care Delivery and Care Records

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. There was evidence of robust systems in place to manage staffing.

There were processes in place to ensure that recruitment was managed in accordance with the regulations and standards. A review of recruitment records confirmed that appropriate pre-employment checks had been completed. This included criminal records checks for staff who moved from one role to another within the agency, providing assurance that recruitment and staff transfer arrangements were managed safely and in line with regulatory requirements.

There was a process in place to ensure that staff were inducted in keeping with the agency's policy and procedures.

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.

Staff training was recorded on a training matrix, this matrix was reviewed and found to be up to date. An area for improvement previously identified in this regard was assessed as met.

Procedures were in place for appraising staff performance and staff received regular supervisions.

3.3.2 Care Delivery and Care Records

Staff confirmed that they received a detailed handover at the beginning of each shift. The information shared included key aspects of service users' needs and any significant changes to their care and support arrangements. This helped to ensure continuity of care and promoted effective communication between staff.

Regular staff meetings were held to support effective communication and information sharing within the service. Minutes were recorded and circulated following each meeting, ensuring that staff who were unable to attend remained informed of discussions, decisions, and any actions required. This ensured that all staff had access to relevant information regarding the delivery of care and support.

Staff demonstrated a good knowledge of individual service users' needs, routines, wishes, and preferences. They were able to describe how care and support were tailored to ensure that each person's choices and interests were respected. Activities were planned and delivered in accordance with service users' individual needs and preferences. Service users were encouraged to participate in a range of personalised activities, which helped to promote independence, well-being and quality of life.

Regular service user meetings were held, providing opportunities to discuss their care and support. The meetings enabled service users to share their views, express preferences and raise any concerns about how the service was delivered.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment support plans were developed to direct staff on how to meet service users' needs.

A review of records identified that support plans completed by staff were up to date and reflected the current needs of service users. Care plans, however, had not been consistently supplied by the relevant Trust representative, who holds responsibility for providing these documents. Following the inspection, the manager confirmed to RQIA that the outstanding care plans had either been received or that appropriate follow-up action was being taken with the Trust to obtain them. This provided assurance that the matter was being actively addressed to support effective care planning and service delivery

Staff recorded regular evaluations about the care and support provided.

Restrictive practices were reviewed alongside the support plan review and the multidisciplinary review.

3.3.4 Quality of Management Systems

Mr Norman Doole has been the manager in this agency since 7 April 2025.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff. The reports and associated actions plans were noted to be completed in detail with no inaccuracies noted. An area for improvement previously identified was assessed as met.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. Review of incident records identified that RQIA had been notified appropriately of any incidents in keeping with the regulations. An area for improvement previously identified was assessed as met.

The system for auditing medicines had been further developed since the last inspection. Follow up action had been taken in relation to any identified actions. Advice was given in relation to recording this on the action plan. An area for improvement previously identified was assessed as met.

The annual quality report was reviewed and noted to include stakeholder feedback.

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 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.

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 the person in charge, as part of the inspection process and can be found in the main body of the report.

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