The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: The Pines

Provider: Northern Health and Social Care Trust

Date of Inspection: 27 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 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. There is accommodation for up to 12 service users who have individual rooms and a number of shared facilities.	

2.0 Inspection summary

An unannounced inspection took place on 27 August 2026, between 9.40 am and 4.10 pm. A care Inspector conducted the inspection.

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 16 January 2026; 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 the 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. One new area for improvement was identified, this related to care plans.

It was evident that staff promoted the dignity and well-being of the service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Good practice was identified in relation to managerial governance and oversight and service user involvement.

The service users said that the care and support provided by The Pines was a good experience. Refer to Section 3.2 for more details.

As a result of this inspection the three areas for improvement previously identified were assessed as having been addressed by the provider and one new area for improvement was identified and can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

The Inspector would like to thank the manager, service users and staff team for their support and co-operation during the 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 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 QIP 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 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 and an electronic staff survey.

3.2 What people told us about the service

The Inspector spoke with service users and staff to seek their views of living and working within the agency.

Service users spoke positively about their experience of the support provided by the agency; they said they enjoyed living in the supported living service and that the staff supported them well. The service users told us that they were able to choose how they spend their day. Service users' comments included; "All the staff are fantastic and you can talk to them about anything" and "This is my home and I like living here".

Staff told us that they had no concerns about the care and support provided. Staff spoke positively about the care delivery, teamwork, training and management support in the agency. Staff comments included; "Service users' care and support needs are met and there is good multi-disciplinary involvement" and "Good training provided".

A returned relative questionnaire indicated that the respondent was very satisfied with the care and support provided. Comments included; "My family member is well looked after".

Returned staff questionnaires confirmed that safe, effective and compassionate care was delivered to service users and that the agency was well led. Comments included; “I feel valued as a member of this team and love being part of a team where the care and wellbeing of the tenants are always at the forefront of everything we do, and I love that we all enjoy doing it. I feel so fortunate”.

Returned service user questionnaires indicated that the respondents were satisfied with the care and support provided.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

An area for improvement identified during the previous inspection related to the completion and retention of enhanced criminal records checks (AccessNI) being undertaken on all staff, regardless of whether or not they are/have moved from another NHSCT post/or have transferred internally within the Trust as part of the recruitment process. There was evidence that this area for improvement was met.

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

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 agency’s policies and procedures. There was a robust, structured, programme which also included shadowing of a more experienced staff member.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the last care inspection, including fire safety, dysphagia and medicines management. The agency had also provided training in regard to suicide awareness and human rights, which strengthened staff competence in these areas.

There were records maintained of competency assessments having been completed for staff who are in charge in the absence of the manager. A competency assessment was also undertaken for staff involved in the management and administration of medicines.

Monthly medication audits have been consistently undertaken.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff also reported staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

There was a system in place to monitor appraisal and supervision compliance which evidenced that all staff had participated in supervision at a frequency aligned to that stipulated by the organisations policy and procedures. Records evidenced staff had also engaged in appraisals.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included staff delegation and information about any changes to the service users' care that the staff needed to assist them in their roles.

Discussion with staff confirmed that service users are in control of their day and are supported to choose activities and that are meaningful to them. It was positive to note that staff were responsive to the suggestions of the service users regarding the type of activities that they wished to engage in. Activities for service users included both group and one to one key work sessions with staff. The service users availed of a variety of activities, which included going to the cinema, shopping trips, walking group, visiting restaurants and holidays.

Staff demonstrated a good understanding of the needs of the service users they supported and were confident in discussing key aspects of the service users' care and support plans. During conversations with the Inspector, staff spoke about the service users in a respectful and dignified manner, focusing upon the individuals' strengths, abilities and achievements. Staff conveyed genuine passion for their roles and a strong commitment to delivering the highest possible standard of care and support.

The agency held meetings with service users on a regular basis which enabled the service users to discuss the provisions of their care and prepare for their annual care review meetings.

Staff interactions with service users were observed to be respectful, friendly and supportive. Engagement observed, illustrated the positive rapport developed between the service users and staff on duty.

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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

An area for improvement identified during the previous inspection related to person centred risk assessments and support plans being updated following any change to the service users' needs and that the support plans should also include sufficient detail, so as to support staff in managing behaviours that they may find threatening. Review of two service users' care records evidenced that risk assessments and support plans had been updated following any change to service users' needs. On this basis, the area for improvement was assessed as met.

An area for improvement identified during the previous inspection related to developing and implementing an escalation plan. Discussion with the manager and review of correspondence evidenced that an escalation plan had been developed and senior management had engaged with Key Workers to request updated care plans. On this basis, the area for improvement was assessed as met.

A review of care records evidenced that a number of care plans were not up to date. Discussion with the manager confirmed that senior management and staff endeavoured to progress this matter with the relevant Trust staff. However, they were unsuccessful in securing updated care plans. 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 which was reviewed and updated regularly.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were person centred and detailed.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

3.3.4 Quality of Management Systems

Mr Norman Doole has been the acting manager in this service since 7 April 2025; RQIA will keep this arrangement under review. Mr Doole is also the acting manager of another agency. Those consulted commented positively about the manager and described him as supportive and approachable.

A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (HSC) Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Discussion with the manager illustrated knowledge and understanding regarding the statutory notification requirements. The agency had a system in place to ensure that all accidents and incidents were managed appropriately. It was also positive to note that these were reviewed as part of the monthly quality monitoring process.

The manager described a transparent learning culture within the agency in which staff are supported and encouraged to engage in reflective practice; the manager stated that this approach allows staff to consider any lessons learnt and review how to improve service delivery.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

Discussions with the manager established that they were 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 and the process for reporting concerns. 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.

There was a process in place for the management of complaints. Records reviewed and discussion with the manager indicated that no complaints had been made since the last inspection.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

A range of policies were held electronically and available to direct staff in care delivery and support.

The agency's registration certificate was up to date and displayed appropriately.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mr Norman Doole, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 15 (2) (a)(b)(c) **Stated:** First time	The Registered Person shall ensure that up to date care plans are provided by key workers; and where there have been a number of requests made to follow up on this matter, Senior Management should be informed. Ref: 3.3.3
To be completed by: Immediate from the date of the inspection	**Response by Registered Person detailing the actions taken:** The manager has contacted Head of services,CMHT and it has been agreed that the careplans will be uploaded by the 30th November 2026. This will be monitored and updated as required.

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

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