

Inspection Report

Name of Service: Pinewood
Provider: Northern Health and Social Care Trust
Date of Inspection: 27 May 2025

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
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Ms Judith Purdy Date Registered: 10 February 2023
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 30 residents. The home is registered to provide general health and social care for residents with a range of needs including; those over and under 65 years of age and those over 65 years of age with mental health needs.</p> <p>There are a range of communal areas throughout the home and residents have access to an outdoor area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 27 May 2025, between 10.00 am and 4.00 pm by a care inspector.

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 19 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

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

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. This is discussed further in the main body of the report.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. 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 resident's, 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 spoken with provided positive feedback about their experiences residing in the home. Residents commented positively about the staff, food and care delivery. Some of the comments shared included; "the staff are all lovely, they check in all the time, even at night" and "I don't want to go home, I love it here." Other comments were shared with the manager for review and action as appropriate.

Resident questionnaires returned confirmed that the residents found the care to be; safe, effective, compassionate and well-led. Some of the comments shared included: "the care could not be better" and "the staff are kind, considerate and thoughtful."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents explained that they could go out to church, local shops or other activities in the community. Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

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

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Other comments made by staff were shared with the manager for review and action as appropriate.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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. Throughout the day staff observation confirmed that staff attended safety briefings and 'safety pauses' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

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.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager confirmed that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the staff. Observation of the planned activity Quoits, confirmed those residents who wished to participate were supported with this. Discussion with residents confirmed that staff knew and understood residents' preferences and wishes. It was evident that staff respected resident's preferences whereby; they helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The daily activity was displayed on the noticeboard and shared with residents, families and staff.

3.3.3 Management of Care Records

Following the 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. Following review of a sample of care records, there was not always evidence of risk assessments in place were required. Assurances were provided that risk assessments are completed on hard copies and maintained in resident's care files. A discussion took place with the manager to ensure these are recorded consistently across residents care records. An area for improvement was identified.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming, residents were seated in communal areas across the home or their bedrooms if this was their preferred choice. Residents' bedrooms were generally personalised with items important to the resident. Bedrooms and communal areas were warm and comfortable. There was evidence of some wear and tear to some parts of the home, for example; carpets appeared tired in communal corridors and some of the woodwork such as

bedroom doors were worn. A discussion took place with the manager and assurances were provided regarding the action plan in place to address this.

Review of records and discussion with the staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A Fire Risk Assessment was completed on 3 July 2024 by an accredited fire risk assessor. The overall risk was assessed as tolerable. It was not evident that the actions identified on the fire risk assessment had been completed within the timeframes identified by the fire risk assessor. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Judith Purdy has been the registered manager in this home since 10 February 2023.

Residents and staff commented positively about the management team; both the manager and the area manager, and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to concerns, raised with them or by their processes. However, it was not always clear that action had been taken where deficits were identified, for example; commode audits identified commodes as broken but the action plan to address this was not clear. The manager provided assurances where actions are identified, these are addressed. A discussion took place with the manager to ensure audits are completed consistently and where actions are identified as required, that there is a time-bound action plan in place to address this. This will be reviewed at a future inspection.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Judith Purdy, 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 Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 5.2 Stated: First time To be completed by: 3 June 2025	<p>The Registered Person shall ensure risk assessments are completed where appropriate and are recorded consistently across care files.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: All client's that are on modified diet and fluids as per SLT will have a risk assessment for choking in place and a copy will be kept in individuals paper file and reviewed monthly or sooner should the need arise.</p>
Area for improvement 2 Ref: Standard 29.1 Stated: First time To be completed by: 27 May 2025	<p>The Registered Person shall ensure actions identified by the fire risk assessor are taken within the timeframes agreed. These should be signed off by the manager when completed.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been actioned and the works will be completed by the 31st August 2025.</p>

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



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