The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Pinewood

Provider: Northern HSC Trust

Date of Inspection: 2 April 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:	Mrs Suzanne Pullins
Registered Manager:	Ms Judith Purdy

Service Profile –
This home is a registered residential care home which provides health and social care for up 30 residents. The home is registered to provide general health and social care for residents over 65 years of age and those with mental health needs.

There are a range of communal areas throughout the home.

2.0 Inspection summary

An unannounced inspection took place on 2 April 2026, from 10.20 am to 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 27 May 2025; and to determine if the home 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 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 evident 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 and were complimentary about the delivery of care in the home.

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 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 said they were happy with the care delivery in the home and provided positive feedback about staff. Some of the comments shared included, "it's going so well, the staff are second to none, the food is amazing" and "the staff are all good."

Visitors to the home who were spoken with provided positive feedback about their loved ones time in the home. Some of the comments shared included, "the staff were all responsive and I was very happy with the care my relative received."

Staff working in the home who were spoken with provided positive feedback about their time working in the home. Some of the comments shared included, "it's a great place, there is good teamwork and the manager is very supportive."

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 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 systems in place to manage staffing.

Staff said they received regular supervision and their annual appraisals and that there were ongoing opportunities to speak with the manager if they had any concerns. A system was in place to monitor staff supervision however, it did not always clearly evidence that staff were receiving supervision at least six monthly. The details of this were shared with the manager and assurances were provided that this would be reflected accurately on the supervision tracker moving forward. This will be reviewed at a future inspection.

Residents mostly 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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

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 confirmed that staff attended '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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, assistive technology was put in place or the resident was referred to their GP or 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.

At the time of inspection, works were taking place in the main dining area. However, staff had made an effort to minimise the impact this had on resident's quality of life. During the dining experience it was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. 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. Comments regarding access to religious services were shared with the manager for review and action as appropriate.

Residents were well informed of the activities planned for the day and of their opportunity to be involved and looked forward to attending the planned events.

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 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 and the details of care plans were shared with residents.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. On the day of inspection there was refurbishments taking place to the windows across the home. The manager confirmed the planned works were due for completion the following week. Resident's bedrooms were bright and spacious.

There was evidence of wear and tear to some aspects of the environment, for example; some paintwork and woodwork across the home was tired and worn. The manager confirmed that there was ongoing review of the environment and plans were being developed to address the other areas of the environment that required attention. This will be reviewed at a future inspection.

Review of records and discussion with the manager confirmed 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.

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.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Judith Purdy has been the manager in this home since 28 February 2023.

Residents and staff commented positively about the manager and described her 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, and took measures to improve practice, the environment and/or the quality of services provided by the home. A discussion took place with the manager to ensure the complaints log is reviewed regularly to reflect any actions taken.

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 Ms Judith Purdy, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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