



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Pinewood  
**Provider:** Northern Health and Social Care Trust  
**Date of Inspection:** 29 April 2025 and 2 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

|  |                                       |
|--|---------------------------------------|
| <b>Organisation/Registered Provider:</b>   | Northern Health and Social Care Trust |
| <b>Responsible Individual/Responsible Person:</b>  | Ms Jennifer Welsh                     |
| <b>Registered Manager:</b>   | Ms Judith Purdy                       |
| <b>Service Profile:</b><br>Pinewood is a residential care home registered to provide health and social care for up to 30 residents. The home is situated on the ground floor of the building with individual bedrooms and access to communal lounges, bathrooms and a dining room. |                                       |

## 2.0 Inspection summary

An unannounced inspection took place on 29 April 2025, from 10.30am to 1.15pm, by a pharmacist inspector and on 2 May 2025, from 10.30am to 11.30am, by a finance inspector. The inspections focused on medicines management and the management of residents' finances and property within the home.

The inspections were undertaken to evidence how medicines and residents' finances are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management and residents' finances.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered the majority of their medicines as prescribed. However, improvements were necessary in relation to monitoring and recording the temperature of the medicine storage area and cold storage of medicines.

The area for improvement in relation to the treatment room identified at the last care inspection was assessed as met. The remaining areas for improvement identified at the last care inspection were carried forward for review at the next inspection. Details can be found in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout 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 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 service 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 home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, 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.

### 3.2 What people told us about the service and their quality of life

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

RQIA did not receive any completed questionnaires or responses to the staff survey following the inspection.

## 3.3 Inspection findings

### 3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of pain was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained. The audits completed indicated that medicines were administered as prescribed.

### **3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. However, the temperature of medicine storage area was not monitored and recorded to ensure that medicines were stored appropriately. An area for improvement was identified.

Satisfactory arrangements were in place for the storage of controlled drugs.

Medicines which require cold storage must be stored between 2°C and 8°C to maintain their stability and efficacy. In order to ensure that this temperature range is maintained it is necessary to monitor the maximum and minimum temperatures of the medicines refrigerator each day and to then reset the thermometer. The temperatures had been monitored and recorded each day, however records suggested that the thermometer had not been reset daily and that appropriate action had not been taken when the temperature recorded was outside the recommended range. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

### **3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

### **3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the staff on duty and for on-going monitoring. An audit tool was shared with the manager to aid the development of a robust audit system, which covers all aspects of medicines.

### **3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

### **3.3.7 What arrangements are in place for the management of residents' finances?**

It is the policy of the home for residents to manage their own monies and valuables. However, in line with The Residential Care Homes Regulations (NI) 2005, a safe place was available for residents to deposit items for safekeeping if required. Discussions with the manager and a review of the safe place confirmed that no monies or valuables were held on behalf of residents at the time of the inspection on 2 May 2025.

Discussions with the manager confirmed that no bank accounts were used to retain residents' monies and no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Discussions with the manager confirmed that the arrangements for residents staying at the home are agreed with the resident, or their representative, and the Health and Social Care Trust when the resident is discharged from hospital to the home. The residents' written agreements are retained by the Health and Social Care Trust.

Discussion with the manager confirmed that additional services, such as hairdressing and podiatry were made available to residents. It is the policy of the home for residents or their representatives to pay the hairdresser and podiatrist directly for any treatments provided.

Discussion with the manager confirmed that no transactions were undertaken on behalf of residents. Items, such as toiletries, were purchased by residents or provided by family members.

A review of one resident's file evidenced that a property record was in place for the resident. The record was updated with additional items brought into the resident's room. The record was checked and signed by two members of staff.

Discussion with the manager confirmed that no transport scheme was in place at the time of the inspection.

No new finance related areas for improvement were identified during the inspection.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 5*        |

\* the total number of areas for improvement includes three which were 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.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>                          |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 32<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>29 April 2025     | <p>The registered person shall ensure that the temperature of the medicine storage area is monitoring and recorded daily to ensure medicines are stored appropriately.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>           This has now been actioned, and a column has been added to record daily temperatures for fridge and medication room..</p>   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 32<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>29 April 2025     | <p>The registered person shall ensure that the maximum, minimum and current temperatures of the medicine refrigerator are monitored and recorded daily, the thermometer is reset and appropriate action is taken if the temperature recorded is outside the recommended range of 2-8°C.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>           This has been actioned and if the fridge is out of range after being reset it is recorded and appropriate action taken to ensure that it is safe to use.</p> |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 19.2<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>20 October 2022 | <p>The registered person shall ensure pre-employment checks have been made to ensure all staff are safely recruited for their roles.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p><b>Ref: 2.0</b></p>  |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Standard 27<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>8 December 2023   | <p>The registered person shall submit a rolling refurbishment plan to RQIA outlining the plans for repairs and timeframes relating to the areas identified during the inspection.</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p><b>Ref: 2.0</b></p>   |

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| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>9 August 2024</p> | <p>The registered person shall ensure that individual resident's care plans are written with sufficient detail required to meet the resident's needs. This is with specific reference to;</p> <ul style="list-style-type: none"> <li>• Deprivation of Liberty Safeguards and,</li> <li>• Alarm mats</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p><b>Ref: 2.0</b></p> |

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



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