

Inspection Report

Name of Service: The Pines
Provider: The Pines
Date of Inspection: 5 June 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:	The Pines
Responsible Individual:	Mr Kevin McKinney
Registered Manager:	Mr Mark Wilkinson, not registered
Service Profile: The Pines is a residential care home which is registered to provide health and social care for up to 31 residents. Residents' bedrooms are located over three floors and all residents have access to the communal lounge areas, bathrooms, a large dining room and a garden and patio area.	

2.0 Inspection summary

An unannounced inspection took place on 5 June 2025, from 10.00am to 2.00pm. The inspection was completed by two pharmacist inspectors and focused on medicines management within the home.

The findings of the medicines management inspection on 14 March 2025, evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to self-administration of medicines, medicine administration records, storage of medicines, disposal of medicines and governance and audit. The management team were given a period of time to address the issues identified. This follow-up inspection (5 June 2025) was undertaken to evidence if the necessary improvements had been implemented and sustained. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Improvements in the systems in place for the management of medicines were observed. Medicines were stored securely at the appropriate temperature. 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 their medicines as prescribed. However, a new area for improvement was identified, in relation to the timeliness of the medicines round.

Whilst an area for improvement was identified, there was evidence that residents were being administered their medicines as prescribed.

The areas for improvement in relation to self-administration, medicine administration records, storage of medicines, disposal of medicines and governance and audit identified at the last medicines management inspection were assessed as met. Details of the inspection findings, including the new area for improvement identified and areas for improvement carried forward for review at the next inspection, can be found in the main body of this report and 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 advised that they were familiar with how each resident liked to take their medicines and medicines were administered in accordance with individual resident preference. Staff also said that they prioritised residents who required pain relief and time-critical medicines during each medicine round.

Staff said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from management to do so. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

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

3.3 Inspection findings

3.3.1 The management of medicines which are self-administered

Where possible residents should manage their own medicines. An appropriate risk assessment and care plan should be in place. When staff are responsible for ordering the resident's medicines, records of transfer of the medicines to the resident should be maintained in order to provide a clear audit trail.

Improvements were noted in the management of self-administration. For residents who self-administer their medicines, a care plan and risk assessment were in place. Records of transfer of medicines to residents were maintained

3.3.2 The storage of medicines

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 temperature of the medicine refrigerator was accurately monitored each day.

The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately at or below 25°C.

Where insulin was administered by the district nurse, insulin pen devices were stored securely within the locked treatment room.

One expired medicine was observed in the medicines trolley, the medicine was prescribed for use 'when required' and had not been used, this was highlighted to the manager for immediate corrective action.

Medicines awaiting disposal were stored securely in a locked cupboard and returned to the community pharmacy in a timely manner. Records of disposal were accurately maintained.

3.3.3 Medicine related records

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 medicine administration records was reviewed. Most of the records were found to have been accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing monitoring. 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. For each entry in the controlled drug record book, the strength and form of the controlled drug had been recorded.

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. A small number of minor discrepancies were highlighted to staff for immediate corrective action and on-going vigilance.

The management of distressed reactions and pain was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained.

3.3.4 Governance and audit

Following the last medicines management inspection, the manager implemented a robust audit tool, which covers all aspects of medicines management. The audit was completed monthly and where shortfalls were identified, there was evidence that an action plan was developed which was discussed with staff and addressed.

The date of opening was consistently recorded on medicines to facilitate audit and disposal at expiry.

The audits completed at inspection indicated that medicines were administered as prescribed.

3.3.5 Other areas reviewed

On the day of inspection, the morning medicines round did not conclude until 11:50am. Medicines must be administered at the prescribed time and records of administration must be accurately maintained. Measures should be implemented to ensure that care staff are supported to complete the medicines round in a timely manner. This was discussed with the manager and an area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3*	2*

* the total number of areas for improvement includes four that were carried forward for review at the next inspection.

The new area for improvement and details of the Quality Improvement Plan were discussed with Mr Mark Wilkinson, Manager, as part of the inspection process. The timescale for completion commences from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 5 June 2025	<p>The registered person shall ensure that measures are implemented to enable staff to complete the medication round in a timely manner.</p> <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Manager is looking in to ways to ensure medication round is completed in a timely manner. This is a holistic approach which includes; knowing which residents require medication 4x daily, completing medications in a logical order (residents who are already awake and in the lounge first). As well as looking at ways to speed up the process (getting new residents transferred to Pilpac system etc</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: 14 April 2025	<p>The registered person shall ensure that residents do not have access to substances hazardous to their health such as laundry detergents and air fresheners.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 2.0</p>
Area for improvement 3 Ref: Regulation 19 (1) (b) Stated: First time To be completed by: 14 April 2025	<p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <p>Response by registered person detailing the actions taken: Confidential information is locked away and doors remain locked.</p>

Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for Improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 31 July 2025	The registered person shall ensure that the internal premises are kept in a good state of repair, this area for improvement relates to the replacing and ongoing monitoring of carpets throughout the home.
	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. Ref: 2.0
Area for Improvement 2 Ref: Standard 35.7 Stated: First time To be completed by: 14 April 2025	The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff remain bare below the elbows at all times.
	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. Ref: 2.0

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