

Inspection Report

Name of Service: The Pines
Provider: The Pines
Date of Inspection: 14 March 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 Person:	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 14 March 2025, from 9.45am to 2.20pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines 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. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Areas for improvement were identified in relation to self-administration, medicines administration records, storage of medicines, disposal of medicines and governance and audit.

Whilst areas for improvement were identified, there was evidence that the majority of medicines were administered as prescribed. After the inspection, the findings were discussed with the senior pharmacist inspector in RQIA and with Mr Kevin McKinney, Responsible Individual. It was decided that the home would be given a period of time to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, and new areas for improvement identified, 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 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.

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

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.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines, prescribed on a 'when required' basis for distressed reactions, was reviewed. Directions for use were clearly recorded on the personal medication record. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. However resident-centred care plans were not updated with this information. This was highlighted to the manager for action and ongoing review.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place however these required update with the residents most recent pain medicines, this was highlighted to the manager for action and ongoing review.

Care plans were in place when residents required insulin to manage their diabetes. There was sufficient detail to direct staff if the resident's blood sugar was outside of the recommended range.

The management of warfarin was reviewed. Warfarin is a high risk medicine which requires regular blood testing. The dose of warfarin prescribed depends on the blood test result. Blood tests had been carried out at the identified times and warfarin had been administered as prescribed; a resident specific care plan was in place.

Where medicines were self-administered by residents a care plan was in place, however records of transfer of medicines to residents were not recorded and a risk assessment was not in place. An area for improvement was identified.

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.

All medicines were available for administration on the day of the inspection. However, records reviewed showed that one medicine had been out of stock recently resulting in one missed dose. This was highlighted to the manager for investigation and the inspector requested that this was reported to RQIA. The incident report, which included actions taken to prevent a recurrence, was submitted to RQIA.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. 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 current temperature of the medicine refrigerator was monitored each day however the thermometer had not been reset daily after each reading so the maximum and minimum had not been accurately recorded; this does not provide evidence that the temperature is maintained within the required range at all times. The room temperature of the medicines storage area and the dining room where the medicines trolley was stored were not monitored. An area for improvement was identified.

A large quantity of medicines awaiting disposal were observed in the treatment room. The manager was reminded that medicines awaiting collection for disposal should be stored securely to prevent unauthorised access and collected in a timely manner. An area for improvement was identified.

One in use insulin pen device was not stored securely, this was highlighted to the manager for corrective action and on-going monitoring.

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. A number of the records reviewed were missing the month and year of administration. This meant that accurate records

were not maintained to facilitate audit. A small number of missed verification signatures were also brought to the attention of the manager for ongoing monitoring. Records for one cream and one laxative were not present meaning that administration could not be audited. An area for improvement was identified.

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. The strength and form of some controlled drugs had not been recorded in the record book. This was highlighted to the manager for immediate correction.

The audits completed by management and staff had not identified the issues identified at this inspection including medicines administration records, refrigerator and room temperatures, and medicines for disposal. The manager should implement a robust audit system which covers all aspects of the management and administration of medicines including those identified. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was identified.

The date of opening was not consistently recorded on medicines to facilitate audit and disposal at expiry. An area for improvement was identified.

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. However, a missed dose of medicine was observed where the staff had not obtained further supplies of medication for a new resident in time. The inspector highlighted this to the manager and requested that this was investigated and reported to RQIA (see section 3.3.2).

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.

No medicine related incidents have been reported to RQIA since 2023. The findings of this inspection indicate that the auditing system is not robust and incidents may not be identified. A robust audit system, which covers all aspects of medicines is necessary, to ensure that safe

systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. An area for improvement was identified (see also section 3.3.3).

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. Policies and procedures should be up to date and readily available for staff reference.

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

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

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	2*	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Mark Wilkinson, Manager, and Mr Kevin McKinney, Responsible Person, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13.4 Stated: First time To be completed by: 14 March 2025	<p>The registered person shall ensure that medicines awaiting disposal are stored securely and disposed of in a timely manner.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Return Medication has been moved to a locked cabinet within the medication room (which is also locked).</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: From date of inspection 6 June 2024	<p>The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to and supervision of the cleaning trolleys with in the home.</p> <hr/> <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>
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 Ref: Standard 33 Stated: First time To be completed by: 14 March 2025	<p>The registered person shall ensure that when medicines are transferred to residents for self-administration, records are accurately maintained.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: There is a signing sheet for medications which are self-administered.</p>
Area for improvement 2 Ref: Standard 32 Stated: First time To be completed by: 14 March 2025	<p>The registered person shall ensure that temperatures of storage areas are monitored daily so that medicines are stored under conditions that conform to statutory and manufacturers' requirements.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: New thermometers in place and temperature is recorded daily.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 31 Stated: First time</p> <p>To be completed by: 14 March 2025</p>	<p>The registered person shall ensure that accurate records of medicines administration are maintained and available for inspection.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All Mar sheets are checked to ensure dates are clear and signed by staff.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 30 Stated: First time</p> <p>To be completed by: 14 March 2025</p>	<p>The registered person shall ensure that a robust audit system, covering all aspects of medicines management, is in place.</p> <p>Ref: 3.3.3 & 3.3.5</p> <p>Response by registered person detailing the actions taken: Robust audit in place to address issues highlighted.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30.8 Stated: First time</p> <p>To be completed by: 14 March 2025</p>	<p>The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry</p> <p>Ref: 3.3.3 & 3.3.5</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to record open on and expiry dates on medications. It will be monitored through audits.</p>
<p>Area for Improvement 6</p> <p>Ref: Standard 6 Stated: Second time</p> <p>To be completed by: 31 March 2024</p>	<p>The registered person shall ensure that care plans are person centred and reflect the outcomes of the assessment of need of the assessment process.</p> <p>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.</p> <p>Ref: 2.0</p>

<p>Area for Improvement 7</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 6 June 2024</p>	<p>The registered person shall ensure that a record is kept of staff working over a 24-hour period and the capacity in which they worked.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>
<p>Area for Improvement 8</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2024</p>	<p>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.</p> <hr/> <p>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.</p> <p>Ref: 2.0</p>



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