

# Inspection Report

5 January 2023



## Rowandale

Type of service: Residential Care Home  
Address: 1-3 Shingle Cove, Bay Road, Carnlough, BT44 0EH  
Telephone number: 028 2888 5543

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Lynn McKillop Ltd  <b>Responsible Individual(s):</b> Mr Feargal Joseph Lynn	<b>Registered Manager:</b> Mr Feargal Joseph Lynn  <b>Date registered:</b> 9 May 2011
<b>Person in charge at the time of inspection:</b> Mr Feargal Lynn	<b>Number of registered places:</b> 15  Including: No more than 2 male residents in category RC-MP(E) and no more than 6 residents in category RC-DE on the ground floor in single bedrooms.
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category DE – dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This is a registered residential care home which provides health and social care for up to 15 residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 January 2023, from 10.30am to 2.45pm. It was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection on 12 May 2022 indicated that robust systems were not in place for some aspects of the management of medicines. The purpose of the inspection was to follow up the progress made since the last medicines management inspection and to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that with one exception, the areas for improvement identified at the last inspection would be followed up at the next care inspection.

The outcome of this inspection concluded that although some progress had been made, robust arrangements were still not in place for all aspects of medicines management and new areas for improvement were identified. Three areas for improvement identified at the last medicines management inspection have been stated for a second time and four new areas for improvement were identified.

Areas for improvement are detailed in the quality improvement plan and include: ensuring robust systems are in place so that prescribed medicines are available for administration, monitoring of medicine storage temperatures, records of incoming medicines, staff training and competency assessment in medicines management, and establishing a robust audit system. These improvements are required to ensure that the home is delivering safe, effective and well-led care with respect to medicines management.

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector. Comprehensive feedback was given to the responsible individual following the inspection and RQIA decided that a period of time would be given 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.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing 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 previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

### **4.0 What people told us about the service**

The inspector met with the manager and a senior care assistant. Staff were warm and friendly and it was evident from discussions that they knew the residents well.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received by RQIA.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last medicines management inspection 12 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines requiring cold storage are stored appropriately with reference to: <ul style="list-style-type: none"> <li>• having an appropriate medicines refrigerator thermometer in place</li> <li>• monitoring and recording minimum, maximum and current refrigerator temperatures on a daily basis</li> <li>• ensuring that refrigerator temperatures remain in the required range of 2°C to 8°C and that appropriate action is taken if temperatures deviate from this range.</li> </ul>	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Despite being assured at both the last medicines management and care inspections, that this would be put into place, there was still no maximum/minimum thermometer. <b>See Section 5.2.1</b> <b>This area for improvement has been stated for a second time.</b>	
<b>Area for Improvement 2</b> Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicines with a limited life after opening are not administered after expiry.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that appropriate action had been taken and this area for improvement was assessed as met.	

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Although an audit record had been put in place and some audits completed on medicines in use, the system was not robust or used consistently and did not include all aspects of the management of medicines, including the areas for improvement identified at the last medicines management inspection.</p> <p><b>See Section 5.2.2</b></p> <p><b>This area for improvement was stated for a second time.</b></p>	<p><b>Partially met</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)(i)(ii)(iii)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall put a more robust system in place to ensure compliance with mandatory staff training.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident’s needs. This is made in regards to skincare and SALT care plans.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the flooring in the bathroom is repaired/ replaced and the ceiling in the lounge is repainted.</p> <hr/> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>

<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>	
<p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that a robust governance systems is implemented and maintained to assure the quality of services in the home.</p>
<p><b>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.</b></p>	<p><b>Validation of compliance</b></p>	
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards 2021 (Version 1.1)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that prescribed medicines are confirmed in writing for each admission or readmission.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Prescribed medicines had been confirmed in writing for recent admissions examined.</p>	<p><b>Not met</b></p>	
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>		<p>The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent.</p>
<p><b>Action taken as confirmed during the inspection:</b> No progress had been made.</p> <p><b>See Section 5.2.3</b></p> <p><b>This area for improvement which is stated for a second time.</b></p>		

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Third time</p>	<p>The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. The activities plan should demonstrate the involvement of residents in its production.</p>	<p><b>Carried forward to the next inspection</b></p>	
<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>Carried forward to the next inspection</b></p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> Second time</p>		<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> <li>• Includes the manager’s hours of work and the capacity in which they work within the home.</li> </ul>	<p><b>Carried forward to the next inspection</b></p>
<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>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p>	
<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>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that oxygen cylinders are safely and securely stored.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Oxygen cylinders were safely and securely stored.</p>			

## 5.2 Inspection findings

### 5.2.1 Medicine storage

It is important that medicines 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.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. Storage areas were tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

The temperature of the medicine storage area had not been checked daily, this was discussed at the last medicines management inspection. This should be monitored and recorded daily to ensure that medicines are stored appropriately at temperatures not exceeding 25°C. An area for improvement was identified.

Current refrigerator temperatures were monitored and recorded on some occasions, however it is necessary to record minimum and maximum temperatures daily, using an appropriate refrigerator thermometer and reset the thermometer. An area for improvement was stated for a second time (see Section 5.1).

### 5.2.2 Governance and audit

Robust audit arrangements were not in place for all aspects of medicines management (see Section 5.1). An area for improvement was stated for a second time.

No medicine related incidents had been reported to RQIA since the last inspection. The type of incidents that should be reported, which includes medicines being omitted because they are out of stock in the home, was discussed. It was advised that incidents must be reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

### 5.2.3 Staff training and competency assessment

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.

No staff training or competency assessment in medicines management had taken place since the last inspection (see Section 5.1). An area for improvement was stated for a second time.

### 5.2.4 Other areas examined

#### Medicine records

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff checked and signed most of the personal



medication records when they were written and updated to state that they were accurate. It was agreed that staff would be reminded that this should take place on every occasion.

There was no record of the medicines received for recently admitted residents. All incoming medicines must be recorded appropriately to ensure all prescribed medicines are received and to facilitate audit. An area for improvement was identified.

### **Medicine stock levels**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that each resident's medicines are available for administration as prescribed.

Over recent months there were a number of examples of omissions of prescribed doses of medicines, due to them being out of stock in the home. Robust systems must be established immediately, to ensure that medicines are ordered in a timely manner and available for administration as prescribed. An area for improvement was identified.

### **Disposal of medicines**

The arrangements in place for the disposal of medicines were examined. Medicines awaiting return to the pharmacy for disposal had been allowed to accumulate and some were observed on the manager's desk and in an open desk drawer. The key to the storage area for medicines awaiting disposal and the record of disposal/transfer book were not available. This was also the case at the last medicines management inspection. Medicines for disposal must be stored appropriately, promptly returned to the pharmacy and records of disposal/transfer must be available for inspection. An area for improvement was identified.

## **6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards 2021.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	8*	7*

\* The total number of areas for improvement includes three that have been stated for a second time and eight which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Feargal Lynn, Registered Person, 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 Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 12 January 2023	<p>The registered person shall ensure that medicines requiring cold storage are stored appropriately with reference to:</p> <ul style="list-style-type: none"> <li>• having an appropriate medicines refrigerator thermometer in place</li> <li>• monitoring and recording minimum, maximum and current refrigerator temperatures on a daily basis</li> <li>• ensuring that refrigerator temperatures remain in the required range of 2°C to 8°C and that appropriate action is taken if temperatures deviate from this range.</li> </ul> <p>Ref: 5.1 &amp; 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A standard fridge thermometer was in place however a Maximum / Minimum Thermometer is now in place and recorded daily</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately and ongoing (5 January 2023)	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.1 &amp; 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Although medicines are audited and records show this a more comprehensive audit system is being implemented resident by resident to encompass all aspects of medicines administration</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (1) (c)(i)(ii)(iii)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 September 2022	<p>The registered person shall put a more robust system in place to ensure compliance with mandatory staff training.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is</b></p>

<p><b>To be completed by:</b> 1 September 2022</p>	<p><b>carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2022</p>	<p>The registered person shall ensure that the flooring in the bathroom is repaired/ replaced and the ceiling in the lounge is repainted.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (9 June 2022)</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2022</p>	<p>The registered person shall ensure that a robust governance systems is implemented and maintained to assure the quality of services in the home.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing (5 January 2023)</p>	<p>The registered person shall establish robust systems, to ensure that medicines are ordered in a timely manner and available for administration as prescribed.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A daily check is in place to ensure that medications are ordered in a timely manner.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards 2021 (Version 1.1)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> Second time <b>To be completed by:</b> 5 February 2023	<p>The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent.</p> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            One to one training and competency assessments are in place in addition to a group training session.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Third time <b>To be completed by:</b> 30 May 2021	<p>The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. The activities plan should demonstrate the involvement of residents in its production.</p> <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>Ref: 5.1</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 25 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect (5 May 2021)	<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> <li>• Includes the manager's hours of work and the capacity in which they work within the home.</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>Ref: 5.1</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 24 <b>Stated:</b> First time <b>To be completed by:</b> 1 September 2022	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <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>Ref: 5.1</p>
<b>Area for improvement 5</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	<p>The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded on a daily basis.</p> <p>Ref: 5.2.1</p>

<p><b>To be completed by:</b> 12 January 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Fridge temps are recorded daily and any issues are directed to manager for immediate action.</p>
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time <b>To be completed by:</b> Immediately and ongoing (5 January 2023)</p>	<p>The registered person shall ensure that all incoming medicines are recorded appropriately.  Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> A medicines received book was in place but in one instance at the time one residents medicines were not listed as received.</p>
<p><b>Area for improvement 7</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time <b>To be completed by:</b> 12 January 2023</p>	<p>The registered person shall ensure that medicines for disposal are stored appropriately and disposed of in a timely manner. Records of disposal should be available for inspection.  Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> At time of inspection the Returns Book as at the pharmacy and we were awaiting their return. Medications no longer in use are returned that day or next day.</p>

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



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