

Inspection Report

Name of Service: Meadowbank Care Home

Provider: Age NI

Date of Inspection: 7 August 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:	Age NI
Responsible Individual:	Ms Linda Robinson
Registered Manager:	Mrs Clare Lafferty
<p>Service Profile: Meadowbank Care Home is registered to provide health and social care for up to 25 residents with dementia. The home is divided into three units over one floor. Each unit has its own lounge and dining communal areas and is connected by a central corridor.</p> <p>An enclosed garden is available and accessible for all residents in each of the units.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 August 2025, from 10.40am to 2.55pm. 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.

There was evidence that residents were administered their medicines as prescribed. Medicines were stored securely. Staff had received training and been deemed competent to manage medicines. Medicine administration records and the majority of medicine related care plans were well maintained. However, improvements were necessary in relation: to management of distressed reactions; pain care plans; the cold storage of medicines; the management of controlled drugs; the management of eye preparations and governance and audit.

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff.

Details of the inspection findings, including new areas 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).

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 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

The four questionnaires returned by residents indicated they were satisfied with how their medicines were managed.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs. They also 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 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 majority of 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 discrepancies were highlighted to staff and the manager 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.

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

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 and care plans were in place. The manager was advised on the importance of personalising care plans to ensure they accurately reflect each resident's individual needs.

Staff knew how to recognise a change in each resident's behaviour and were aware that this change may be associated with pain and other factors. Records of administration did not include the reason for and outcome of each administration. An area for improvement was identified.

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 not in place for two residents and one care plan needed updated with the most recent prescribed medication. An area for improvement was identified.

Staff advised that insulin is managed and administered by the district nursing team. Two in use insulin pens did not have a date of opening recorded and one insulin pen was not labelled to denote ownership. This was discussed with the manager who agreed to discuss with the district nursing team and staff for review. Assurances were provided that this would be monitored through the audit process. Care plans were in place when residents required insulin to manage their diabetes.

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. All medicines were available for administration on the day of the inspection. However, it was noted that one medication had recently been out of stock for a period of eight days; this had not been escalated to the manager, reported to the prescriber for guidance or reported to RQIA as a medication incident. An incident report detailing the action to prevent a recurrence was received by RQIA on 7 August 2025. See Section 3.3.5.

The medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately.

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. There were two medicines refrigerators in the home. A review of records indicated that temperatures were being recorded for one fridge only. An area for improvement was identified.

With the exception of one supply of a Schedule 2 controlled drug (for a recently admitted resident) all other controlled drugs were stored appropriately in a controlled drug cupboard. This was immediately rectified during the inspection.

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.

The receipt, administration and disposal of all controlled drugs should be recorded in a controlled drug record book. There was no controlled drug record book in place on the day of the inspection. An area for improvement was identified.

Review of the records of receipt, administration and disposal of controlled drugs indicated that they had been administered as prescribed and the balances remaining in stock were correct. However, a review of the reconciliations carried out by two members of staff at each handover indicated that the balances had been recorded incorrectly. This suggests that staff do not perform a physical count of the stock each time. This was discussed with staff and the manager for immediate corrective action. An area for improvement was identified.

The date of opening was recorded on the majority of medicines to facilitate audit and disposal at expiry. A number of eye preparations were observed to be in use for more than 28 days after opening; these were removed from the trolley during the inspection. The management of eye preparations should be reviewed to ensure that they are administered as prescribed and disposed of at expiry. An area for improvement was identified.

The audits completed by management and staff had not identified the issues identified at this inspection. The manager should implement a robust audit system which covers all aspects of the management and administration of medicines including those identified at this inspection. Any shortfalls identified should be detailed in an action plan and addressed. 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. Written confirmation of prescribed medicines was obtained at or prior to admission and records had been accurately maintained. However, staff had not followed up one query for a recently admitted resident, no medicines had been administered in error. This was discussed with the manager and addressed during the inspection.

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.

There have been no medicine related incidents reported to RQIA since the last medicines management inspection. The inspector discussed the type of incidents that should be reported to RQIA and signposted staff to the RQIA provider guidance in relation to the statutory notification of medication related incidents available on the RQIA website. See Section 3.3.2

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 very small number of medicines. The audits were discussed in detail the manager for on-going monitoring.

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 their 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. Competency had been assessed following induction and annually thereafter.

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	4*	9*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Clare Lafferty, Registered Manager, 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: 7 August 2025	The registered person shall ensure records for the receipt, administration and disposal of controlled drugs are maintained in a controlled drug record book. Ref: 3.3.3 Response by registered person detailing the actions taken: A new controlled drug book has been sought from our named pharmacist and commenced, all senior care staff made aware of the importance of documenting when controlled drugs are administered or discontinued.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 7 August 2025	The registered person shall ensure eye preparations are administered as prescribed and disposed of at expiry. Ref: 3.3.3 Response by registered person detailing the actions taken: New documentation has been introduced to ensure all eye preparations are administered as prescribed and disposed of at expiry date.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: 7 August 2025	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls should be detailed in an action plan and addressed. Ref: 3.3.3 Response by registered person detailing the actions taken: A robust audit system is in place and any shortfalls found will be addressed immediately.

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2024</p>	<p>The registered person shall ensure that residents are provided with the correct diet/fluids in accordance with SALT recommendations.</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>
<p>Action required to ensure compliance with the Care Standards for Residential Homes, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person shall review the management of medicines prescribed 'when required' for distressed reactions to ensure the reason and outcome of each administration is recorded on all occasions.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: New documentation has been implemented for each resident on as and when required medication as provided by the RQIA medication inspector.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person shall ensure person centred care plans are in place for the management of pain and are kept up to date to reflect the resident's current needs.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Residents pain care plans are updated to reflect a more person centred approach and kept up to date with any changes in current needs.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person shall ensure the maximum, minimum and current refrigerator temperatures are monitored each day and thermometer reset. Action must be taken if temperatures outside the recommended range (2°C -8°C) are observed.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: The temperature of both fridges are now being recorded each day.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person should review the process for reconciling controlled drugs at shift handover to ensure that a physical count occurs on all occasions.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Senior care workers will ensure that controlled drugs are counted by both persons before the end and start of each shift and reviewed on a regular basis.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2024</p>	<p>The registered person shall ensure that relevant care plans and risk assessments are updated for any resident being admitted back into the home from hospital, to reflect the resident's current needs.</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 6</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2024</p>	<p>The registered person shall ensure that care plans are person centred to state residents' preference to male/female care assistants when assisting with personal care.</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 6.2</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2024</p>	<p>The registered person shall ensure that residents who require a urinary catheter have a detailed care plan in place with the person responsible for renewing the catheter and the frequency of catheter renewal.</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 8</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2024</p>	<p>The registered person shall ensure that residents requiring blood sugars to be monitored have a detailed care plan with the recommended frequency of obtaining blood sugars and the action to take if a blood sugar reading is outside of the normal range.</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>

	Ref: 2.0
Area for improvement 9	The registered person shall ensure that the IPC issues identified during inspection are addressed. With specific reference to ensuring that staff are bare below the elbow.
Ref: Standard 35	
Stated: First time	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.
To be completed by: 26 September 2024	Ref: 2.0

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



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