



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Louisville
Provider: Mr Barry Murphy
Date of Inspection: 29 July 2025

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

1.0 Service information

Registered Provider:	Mr Barry Murphy
Responsible Person:	Mr Barry Murphy
Registered Manager:	Mrs Geetha Rajappan
Service Profile: Louisville is a nursing home, registered to provide nursing care for up to 48 patients within the categories of elderly, physical disability and terminal illness. Communal lounges and a dining room are located on the ground floor with patients' bedrooms located on the ground and first floors.	

2.0 Inspection summary

An unannounced inspection took place on 29 July 2025, from 10.00am to 3.40pm. 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 inspection also reviewed the area for improvement identified at the last medicines management inspection. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, improvements were necessary in relation to infection prevention and control within the treatment room and the storage of inhaler spacer devices.

Whilst areas for improvement were identified, there was evidence that, patients were being administered their medicines as prescribed.

The area for improvement in relation to the management of distressed reactions, identified at the last medicines management inspection, was assessed as met. New areas for improvement were identified in relation to infection prevention and control within the treatment room and the storage of inhaler spacer devices. 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).

Patients were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the patients 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 patients, 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 patients 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 patient 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?

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' 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.

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

Personal medication records were in place for each patient. 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.

All patients 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 distressed reactions, pain and thickening agents, 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.

Care plans were in place when patients required insulin to manage their diabetes. However, more detail was needed to direct staff if the patient's blood sugar was outside of the recommended range. This was discussed with the manager who agreed to update the care plans with the necessary information.

The management of specialist (red list medicines) medicines was reviewed. These medicines are prescribed by a consultant and dispensed directly from the hospital pharmacy. While staff were aware of the ordering, delivery and monitoring arrangements in place for these medicines, a care plan was not in place to direct staff. This was discussed with the manager for immediate corrective action.

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 patient'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 patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner. Some "when required" medicines were not in stock. These medicines had not been required for a prolonged period of time and the medicines being out of stock had not resulted in any missed administration. This was discussed with the manager who agreed to contact the prescriber for review and new prescriptions as necessary.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal of medicines.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC), however the sink, treatment room door, lower cupboards and floor in the medicines storage area, required cleaning. This was discussed with the manager who agreed to ensure regular monitoring of the environment and staff practice to ensure compliance. An area for improvement was identified.

Inhaler spacer devices belonging to some patients were not stored separately in line with good IPC practice and required cleaning or replacing. This was highlighted to the nurse in charge for immediate correction and an area for improvement was identified.

Some medicines in the refrigerator (which were not currently being administered) had passed their expiry date. This was highlighted to the nurse in charge for disposal and ongoing 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 patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines 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.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that action plans had been implemented and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry. As detailed in Section 3.3.2 the manager agreed that IPC would be included in the audit process.

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.

There had been no recent admissions/readmissions to the home. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the patient's medicines and this was shared with the GP and community pharmacist.

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.

Over the last two years, only one medicine related incident has been reported to RQIA. The manager and staff advised that they were familiar with the type of incidents that should be reported. Staff were signposted to the RQIA provider guidance in relation to the statutory notification of medication related incidents, available on the RQIA website.

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

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 patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients 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.

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 Standards.

	Regulations	Standards
Total number of Areas for Improvement	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 Mrs Geetha Rajappan, 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 Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 29 July 2025	The registered person shall ensure that the environmental issues relating to the cleanliness of the treatment room are addressed and that there is regular monitoring of the environment and staff practice to ensure compliance. Ref: 3.3.2
	The issues relating to the treatment room have been addressed including the refreshment of cabinet doors and regular monitoring to ensure best practice. A cleaning schedule is in place and the nursing staff on duty are advised to deep clean the treatment room on a daily basis.
Area for improvement 2 Ref: Standard 45 Stated: First time To be completed by: 29 July 2025	The registered person shall ensure that inhaler spacer devices are cleaned or replaced in line with the manufacturers' instructions. Ref: 3.3.2
	Inhaler spacer devices are washed after each use and retained in a separate sealed bag.
Area for improvement 3 Ref: Standard 22 Stated: First time To be completed by: 25 September 2024	The registered person shall ensure that the falls policy within the home is reviewed regularly to accurately reflect the actions to be taken following a fall.
	The falls policy is regularly reviewed and comprehensively updated. This includes any actions to be taken following a fall. Ref: 2.0
Area for improvement 4 Ref: Standard 44 Stated: First time To be completed by: 25 September 2024	The registered person shall ensure that the flooring in the identified areas is repaired or replaced.
	The Home has ordered a new replacement floor that will be fitted by contractors at the earliest opportunity. Ref: 2.0

Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: 25 September 2024	The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff; this refers to the waste disposal bin in the identified areas.
	A new waste disposal bin is in place and regular infection control audits will continue with any identified issues actioned. Ref: 2.0

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