

# Inspection Report

**Name of Service:** Innisfree  
**Provider:** Innisfree  
**Date of Inspection:** 26 August 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Innisfree
<b>Responsible Person:</b>	Mrs Shauna Stanford
<b>Registered Manager:</b>	Mrs Shauna Stanford
<b>Service Profile:</b> Innisfree is a residential care home registered to provide health and social care for up to 28 residents. The home is situated on the ground floor of the building. Residents have access to communal lounges, bathrooms, a dining room and a patio and garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 August 2025, from 10.20am to 4.00pm. 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.

The outcome of this inspection indicated that robust arrangements were not in place for some aspects of medicines management. Medicines were stored securely. There were processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, areas for improvement were identified in relation to records regarding the management of distressed reactions, the management of warfarin, the disposal of medicines, the management of changes to prescribed medicines, records of outgoing medicines, controlled drug records and audit procedures.

The area for improvement in relation to the storage of medicines, identified at the last medicines management inspection, was assessed as met.

Following the inspection, the findings were discussed with the senior pharmacist inspector in RQIA. 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.

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. Activity during the inspection included bingo and it was clear that residents involved were enjoying this. It was evident throughout the inspection 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.

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 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 electronic personal medication records reviewed were mostly accurate and up to date (see below). In line with best practice, a second member of staff had verified the records when they were written and updated to confirm that they were accurate. A small number of minor discrepancies were highlighted 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 recorded on the personal medication record and care plans were usually in place. 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. One care plan needed to be written and the reason for and outcome of each administration were needed on all occasions that these medicines are used. 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 in place; however, two needed to be updated to reflect recent changes to the prescription. The manager agreed to complete these updates following the inspection.

Care plans were in place when residents required insulin to manage their diabetes. Written directions were available to direct staff, if the resident's blood sugar was outside of the recommended range. The insulin prescribed was not documented on the personal medication record, staff advised this was due to insulin being managed by the district nurse. However, this could result in inaccurate information being provided to another healthcare professional. The manager agreed to address this immediately.

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. Although blood tests had been carried out at the identified times and written confirmation of the regime and a care plan was in place, a discrepancy was observed in the balance of warfarin. A running balance should be maintained for each strength of warfarin to enable discrepancies to be identified and action taken immediately. 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.

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.

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. Trolleys and medicine cupboards were securely fixed to the wall in a locked storage area. Temperatures of medicine storage areas were 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.

The date of opening was recorded on medicines to facilitate audit. However, an eye preparation with a reduced expiry date, once opened, had continued to be in use following expiry. Medicines must be disposed of promptly once expired. An area for improvement was identified.

Records of outgoing medicines were examined. These did not always include the date, the reason for disposal/transfer or two signatures to evidence this. In addition, records did not always correlate with medicines recorded as transferred/disposed of in the controlled drug record book (see section 3.3.3). An area for improvement was identified.

### 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 electronic medicine administration records was reviewed. Most of the records were found to have been accurately completed. A small number of discrepancies were brought to the attention of the manager for ongoing monitoring.

Controlled drugs are medicines subject to strict legal controls and legislation. They commonly include strong painkillers. The receipt, administration and disposal of controlled drugs should be accurately recorded in the controlled drug record book.

A small number of controlled drugs were held in stock at the time of the inspection and the audits completed at inspection, indicated that they had been administered as prescribed. However, review of the controlled drug record book indicated that records had not been maintained to the required standard:

- the name, form and strength of the medicine was missing from a significant number of pages
- the name of the resident was missing from a number of entries
- balances had not been brought to zero and closed by two staff members when medicines were transferred/disposed of
- there were some duplicate entries
- records of outgoing controlled drugs did not always correlate with records of outgoing medicines
- records of reconciliation of controlled drugs indicated that they had not always been checked and verified by the two staff members involved at each handover of responsibility.

These findings were discussed in detail with the manager who was requested to review and reconcile all records and report any discrepancies to RQIA. It was agreed that Standard Operating Procedures for the management of controlled drugs would be reviewed and shared with all staff. 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 in this report. 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.

The arrangements were in place to manage medicines at the time of admission or for residents returning from hospital were examined. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Records of incoming medicines were completed electronically. For new residents and those being readmitted from hospital a written record was usually also maintained. The manager agreed to ensure that this took place on every occasion to facilitate a clear audit trail.

For one resident discontinued medicines, including those supplied in the monitored dosage system, had not been removed promptly following readmission, in accordance with the home's procedure. There is a potential that recent medication changes may not be followed and that a discontinued medicine may be administered in error. An area for improvement was identified.

### **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.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents, which had been reported to RQIA since the last inspection, were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. Discrepancies were observed in the administration of a small number of medicines. The audits were discussed in detail with the staff on duty and 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 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 and that staff would receive supervision on record keeping in relation to controlled drugs.

## 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
<b>Total number of Areas for Improvement</b>	4	7*

\* 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 Mrs Shauna Stanford, Registered Manager and Responsible 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 Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time <b>To be completed by:</b> 26 August 2025	<p>The registered person shall ensure that medicines are disposed of promptly once expired.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Registered person shall ensure medicines are disposed of promptly once expired.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time <b>To be completed by:</b> 26 August 2025	<p>The registered person shall ensure that records of outgoing medicines are accurately maintained and include the date, the reason for disposal/transfer and two signatures to evidence this.</p> <p>Ref: 3.3.2 &amp; 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Registered person shall ensure records of outgoing medicines are accurately maintained and included the date and reason for disposal/transfer and two signitures to evidentce this.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time <b>To be completed by:</b> 26 August 2025	<p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs as detailed in the report.</p> <p>Ref: 3.3.2 &amp; 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b>            A new CD book has been purchased and registestered person will ensure medicinces are disposed of correctly and balance ammended accordingly.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time <b>To be completed by:</b> 26 August 2025	<p>The registered person shall ensure that robust arrangements are in place to manage changes to prescribed medicines.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Registered person will ensure that robust arrangments are in palce to manage changes to prescribed medications.</p>

<b>Action required to ensure compliance with the Care Standards for Residential Homes, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 26 August 2025	The registered person shall ensure that when medicines are prescribed for use 'when required' in the management of distressed reactions, a resident-centred care plan is in place and the reason for and outcome of each administration is recorded.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> Care plans in place for residents that are prescribed 'when required' medications.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 26 August 2025	The registered person shall ensure that robust arrangements are in place for the management of warfarin. A running balance should be maintained for each strength of warfarin to enable discrepancies to be identified and action taken immediately.  Ref: 3.3.1
	<b>Response by registered person detailing the actions taken:</b> Running balance now in place.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 2 September 2025	The registered person shall implement a robust audit system, which covers all aspects of the management and administration of medicines.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> Registered person has received audit template from RQIA which is now in operation.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 8 July 2025	The registered person shall ensure that a record is kept of all staff working over a 24-hour period and the capacity in which they worked.
	<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>  Ref: 2.0

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2025</p>	<p>The registered person shall ensure that care plans with regards to DoLs are kept up to date and reflect the resident's current needs.</p> <hr/> <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: 2.0</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2025</p>	<p>The registered person shall ensure that the premises and grounds are safe, well maintained and remain suitable for their stated purpose.</p> <hr/> <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: 2.0</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 July 2025</p>	<p>The registered person shall ensure the infection prevention and control issues identified on the inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the correct storage of personal protective equipment</p> <hr/> <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: 2.0</p>

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews