



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: The Cottage
Provider: Merit Retail Limited
Date of Inspection: 19 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:	Merit Retail Limited
Responsible Individual:	Ms Victoria Humphries
Registered Manager:	Mrs Carol McAlary
Service Profile: The Cottage is a nursing home registered to provide nursing care for up to 67 patients. The home comprises three suites over two floors. The Rose and Benone suites are on the ground floor and provide general nursing care or nursing care for patients with a physical disability. The Dunluce suite is located on the first floor and provides care for people living with dementia. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 19 August 2025, from 10.00am to 4.30pm. The inspection was completed by two pharmacist inspectors 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.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely and medicine records were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines. However, improvements were necessary in relation to the management of medication changes, prompt disposal of discontinued controlled drugs, disposal at medicines at expiry and monitoring the refrigerator temperature.

Whilst areas for improvement were identified, there was evidence that with the exception of a small number of medicines, patients were being administered their medicines as prescribed.

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

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, thickening agents, insulin and, nutrition and medicines administered via the enteral route 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.

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. For one patient, although blood tests had been carried out at the identified times and warfarin had been administered as prescribed, a patient specific care plan was not in place. Assurances were provided that a patient specific care plan would be implemented following the inspection.

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.

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 patient could be easily located. A small number of medicines were observed being stored on an open shelf below one trolley in the Rose Suite. This was discussed with the manager who agreed to address immediately.

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. The temperature of the medicine refrigerator in the Rose Suite was not monitored each day. An area for improvement was identified.

Controlled drugs were stored securely in the controlled drug cupboards. However, a number of discontinued controlled drugs had not been segregated from current stock and had been awaiting disposal for several weeks. Discontinued controlled drugs should be segregated from current stock, denatured and disposed of promptly to ensure that a discontinued medicine is not administered in error. An area for improvement was identified.

One liquid medicine (controlled drug) remained in use past its expiry date. This medicine had a shortened expiry date once opened, this was highlighted to the nurse in charge for disposal and replacement. 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 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.

The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. However, one recent medication change (strength of tablet) had not been identified when the medicine was received into the home; the previous dose continued to be administered. This was highlighted to the nurse in charge who agreed to investigate the error and to notify RQIA. A notification was received by RQIA on 25 August 2025 detailing the action taken to prevent a recurrence. Medicines must be administered in accordance with the prescriber's most recent directions. Robust systems should be in place to ensure that medication changes are implemented without delay. 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 controlled drug record book had been maintained to a satisfactory standard, however, one anomaly was highlighted for review in the Benone Suite.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plan. Written consent and care plans were in place when this practice occurred.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry. The manager agreed to include the areas for improvement identified at this inspection within 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.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for patients returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

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.

One medicine related incident has been reported to RQIA since the last medicines management inspection. Management and staff advised that they were familiar with the type of incidents that should be reported. The inspectors signposted staff to the RQIA provider guidance in relation to the statutory notification of medication related incidents available on the RQIA website.

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 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	3*	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Carol McAlary, 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 Nursing Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2025</p>	<p>The registered person shall review the management of controlled drugs to ensure that controlled drugs are denatured and disposed of in a timely manner.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: The controlled drugs identified as not in use on the day of the inspection were denatured and disposed of promptly. Supervision has been completed with nursing staff reiterating the importance of disposing controlled drugs in adherence with company policy and procedures.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2025</p>	<p>The registered person shall ensure that medicines do not remain in use after expiry.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Auditing processes have been enhanced to ensure review of use by dates and expiry dates. Learnings have been shared with nursing staff via meetings and supervisions.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2025</p>	<p>The registered person shall review the management of medication changes to ensure that medicines are administered in accordance with the prescriber's most recent directions.</p> <p>Ref : 3.3.3</p> <p>Response by registered person detailing the actions taken: Medications are administered in accordance with the prescriber's most recent directions. Supervision has been completed with staff regarding the protocol for receiving medications into the home and staff utilise a diary system and daily handovers to ensure medication changes are implemented promptly.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 19 August 2025	The registered person shall ensure the maximum, minimum and current fridge temperatures are monitored and recorded daily. Corrective action must be taken if temperatures are outside the recommended range of 2°C and 8°C. Ref: 3.3.2
	Response by registered person detailing the actions taken: A new fridge was purchased following inspection. Maximum, minimum and current fridge temperatures are monitored and recorded daily to ensure medications are stored appropriately within 2 oC and 8oC. Any corrective action is being documented appropriately.
Area for improvement 2 Ref: Standard 41.1 Stated: First time To be completed by: 24 July 2024	The registered person shall review the staffing arrangements in the home and make any necessary adjustments to ensure that staff are in a position at all times to meet the needs of patients without avoidable delay.
	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. Ref: 2.0
Area for improvement 3 Ref: Standard 6 Criteria 12 Stated: First time To be completed by: 24 July 2024	The registered person shall review the laundry systems to ensure that patients' clothing is laundered with care and that clothing is returned to the correct patients.
	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. Ref: 2.0

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