

Inspection Report

Name of Service:	Northlands Addiction Treatment Centre
Provider:	Northlands Addiction Treatment Centre
Date of Inspection:	16 October 2025

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

1.0 Service information

Organisation:	Northlands Addiction Treatment Centre
Responsible Individual:	Mr Niall Blee
Registered Manager:	Mr Tommy Canning
Service Profile: Northlands Addiction Treatment Centre is a registered residential care home, which provides health and social care for up to eight residents. The home offers a six-week placement for people who are undertaking treatment for alcohol or drug addiction. Counselling is also provided for non-residential persons who attend the home as part of their treatment programme. The home is a two-storey building with bedrooms located on the first floor. Offices and counselling rooms are located over the two floors. Residents have access to a communal lounge, dining room and outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 16 October 2025, from 10.45am to 1.45pm. 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.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines. However, an improvement was necessary in relation to the monitoring of room temperature in the medication storage area.

Whilst an area for improvement was identified, there was evidence that with the exception of a small number of medicines, residents 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 area 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. It was evident 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. Medicines were administered in accordance with 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.

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 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 to staff 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.

There were arrangements in place to facilitate any residents who wished to self-administer their medicines.

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. 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.

Residents bring their medicines with them at admission and any unused medicines are returned to them at the end of their stay. Arrangements were in place to ensure residents could obtain further supplies of medication in a timely manner should this be required.

Ordering medicines remains the responsibility of the resident or their carer and medicines will continue to be ordered via the resident's existing ordering process with their pharmacy and GP. However, staff regularly reviewed stock levels and advised of the procedures in place to ensure that each resident had a continuous supply of their medicines. Staff can help support residents with obtaining pharmacy services and medication delivery options.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

The temperature of the medicine storage area was not monitored and recorded each day. Temperatures of medicine storage areas must be monitored and recorded each day to ensure that medicines are stored appropriately at or below 25°C. An area for improvement was identified.

Satisfactory arrangements were in place for medicines requiring cold storage, the storage of controlled drugs and the safe disposal and transfer 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. 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 no controlled drugs in stock in the home on the day of the inspection; however, a controlled drug cabinet was available for use as needed. Staff advised that they were aware of which medicines required storage in the controlled drug cabinet and the necessary records to be kept should a resident be prescribed these medicines.

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.

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 management of medicines for two residents who were recently admitted to Northlands Addiction Treatment Centre was reviewed. Written confirmation of the resident's medicine regime was obtained from the GP at or prior to admission and this was reconciled with the medicines brought in on admission. There was evidence that medicine were accurately received into the home and 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.

There have been no medicine related incidents 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 inspector signposted staff 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 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 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

An area for improvement has been identified where action is required to ensure compliance with Regulations.

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

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

The area for improvement and details of the Quality Improvement Plan were discussed with

Mr Tommy Canning, 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 Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: 16 October 2025	The registered person shall ensure that the room temperature of the medicine storage area is monitored daily and maintained at or below 25°C. Ref: 3.3.2
	Response by registered person detailing the actions taken: A monitoring sheet was introduced that records the temperature of the medicine storage area on a daily basis. This began on November 1 st 2025
Area for improvement 2 Ref: Regulation 15 (2) Stated: First time To be completed by: 10 July 2025	The registered person shall ensure that for all residents who smoke or vape, there is a comprehensive risk assessment in place.
	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. Ref: 2.0
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 20.10 Stated: Second time To be completed by: 11 August 2025	The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the home's policies and procedures and action is taken when necessary.
	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 2 Ref: Standard 23.4 Stated: First time To be completed by: 11 August 2025	The registered person will ensure that the person in charge in the absence of the manager has sufficient training and knowledge to carry out this role.
	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 23.3 Stated: First time To be completed by: 11 August 2025	The registered person will ensure that there is an effective system in place to monitor staff engagement with mandatory training.
	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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The Regulation and
Quality Improvement
Authority

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



Web: www.rqia.org.uk



Twitter: @RQIANews