The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Knockagh Rise

Provider: Knockagh Rise Ltd

Date of Inspection: 15 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/Registered Provider:	Knockagh Rise Ltd
Responsible Individual:	Mrs Ruth Elizabeth Logan
Registered Manager:	Mrs Joeleen Logan
Service Profile: Knockagh Rise is a nursing home registered to provide nursing care for up to 30 patients. Patients have access to a communal lounge, dining room and outside space on the ground floor. Bedrooms are situated over three floors.	

2.0 Inspection summary

An unannounced inspection took place on 15 October 2025, from 10.50am 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 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 and controlled drugs were managed appropriately. Medicine records and medicine related care plans were generally well maintained. There were processes in place to ensure that staff were trained and competent to manage medicines. However, six new areas for improvement were identified. These related to ensuring that expired medicines are removed from use, all prescribed medicines are available for and administered as prescribed, the management of inhaler spacer devices, the management of medicines refrigerator temperatures, archiving obsolete personal medication records, and records for the management of distressed reactions.

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.

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).

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

Two questionnaires completed by patients during the inspection, provided positive responses regarding the management of medicines and the care provided.

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 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 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 other healthcare professionals, for example, may use them 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 number of these records did not include a patient photograph, which is necessary for identification purposes. The manager stated that photographs had not been transferred when records were recently reviewed/replaced and agreed to address this. A small number of minor discrepancies were highlighted for immediate corrective action and on-going vigilance.

Obsolete personal medication records had not always been cancelled and archived. This is necessary to ensure that staff do not refer to obsolete directions in error and administer medicines incorrectly. An area for improvement was identified.

Copies of patients' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

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 pain, thickening agents and antibiotics was reviewed. Care plans contained sufficient detail to direct the required care. Medicine records were well maintained.

Patients 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 patient's distress and if the prescribed medicine is effective for the patient.

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 patient-centred care plans were in place. Staff knew how to recognise a change in a patient'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.

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 medicine doses had been omitted on a number of occasions, as the medicines were not available in the home. This has the potential to affect the health and well-being of the patient and must be reported to the prescriber for advice and to the appropriate authorities, including RQIA. Omitted doses due to stock supply issues had not been escalated to management for immediate action and investigation to prevent a recurrence. Medicines must be available for administration as prescribed. An area for improvement was identified.

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 patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for the storage of controlled drugs.

Medicines that require cold storage must be stored between 2^{o}C and 8^{o}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 current temperature of the medicine refrigerator was monitored each day; this does not provide evidence that the temperature is maintained within the required range at all times. An area for improvement was identified.

The manager was reminded that medicines awaiting collection for disposal should be collected in a timely manner. The manager advised that a change in waste contactor was underway and that the large quantity of medicines awaiting transfer would be collected within a week of the inspection. This was confirmed by email following the inspection.

The date of opening was recorded on the majority of medicines, this is necessary to facilitate audit and disposal at expiry. However, a number of expired medicines were available for use and two expired medicines were in use. Robust systems are necessary to ensure that expired medicines and those with a reduced expiry date once opened, are removed from use promptly once expired. An area for improvement was identified.

A number of inhaler spacer devices were in use. There were not labelled or covered, which is necessary for infection prevention and control purposes. These should also be cleaned/replaced according to the manufacturers' instructions. 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 retrievable for audit/review.

Controlled drugs are medicines that are subject to strict legal controls and legislation. They commonly include strong painkillers. 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, however the audits had not identified the issues identified at this inspection. The manager agreed to review the audit system.

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.

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.

The types of incidents (including omitted doses due to stock supply issues) that should be reported were discussed and the inspector signposted the manager to the RQIA provider guidance, in relation to the statutory notification of medication related incidents, available on the RQIA website. The medicine related incidents, which had been reported to RQIA since the last inspection, were discussed. There was evidence that these 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. However, audit discrepancies were observed in the administration of a small number of medicines not supplied in the monitored dosage system. These were discussed in detail with the nurses on duty and the manager for on-going monitoring. An area for improvement was identified (see also section 3.3.2).

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 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	9*	8*

* the total number of areas for improvement includes 11 that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Joeleen Logan, Registered Manager, and Mrs Ruth Logan, Responsible Individual, 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	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that obsolete personal medication records are promptly cancelled and archived. Ref: 3.3.1
	Response by registered person detailing the actions taken: All old kardexs removed and trained staff reminded to ensure these are filed away after used.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that all prescribed medicines are available for administration and are administered as prescribed. Ref: 3.3.2 & 3.3.5
	Response by registered person detailing the actions taken: New residents being admitted will be asked to supply at least 2 weeks worth of all prescribed medications moving forward
Area for improvement 3 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that the maximum and minimum temperatures of the medicines refrigerator are monitored and recorded each day and the thermometer reset. Corrective action must be taken if the temperature is outside the recommended range. Ref: 3.3.2
	Response by registered person detailing the actions taken: A new sheet has been comprised to record the Max & Min temps daily. Nurses reminded to reset fridge as required and document,
Area for improvement 4 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that robust systems are in place; to remove expired medicines and those with a reduced expiry date once opened, promptly once expired. Ref: 3.3.2
	Response by registered person detailing the actions taken: Nightly audits to be completed and staff to ensure all expired medication is removed from trolleys promptly.

Area for improvement 5 **Ref:** Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.
	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
Area for improvement 6 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that patients who are identified as being at risk of choking are appropriately supervised at mealtimes in keeping with their assessed needs and plan of care.
	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
Area for improvement 7 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure detailed and person centred care plans are in place for those patients who require one to one care.
	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
Area for improvement 8 **Ref:** Regulation 27 (4) (d) (i) (iii) **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that: • fire doors in the home are not propped or wedged open preventing closure in the event of the fire alarm system activating • the practice of storing combustible items under stairwells ceases with immediate effect
	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

Area for improvement 9 **Ref:** Regulation 29 (3) **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that the Regulation 29 monitoring visits are completed monthly. These should be available for inspection. **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 Care Standards for Nursing Homes, December 2022	
Area for improvement 1 **Ref:** Standard 18 **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall review the management of distressed reactions to ensure that, the reason for and outcome of administering 'when required' medicines, is recorded on every occasion. Ref: 3.3.1 **Response by registered person detailing the actions taken:** Staff to ensure this is completed for all residents who require it moving forward.
Area for improvement 2 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 15 October 2025	The registered person shall ensure that inhaler spacer devices are labelled and stored covered, for infection prevention and control purposes, and are cleaned/replaced according to the manufacturers' instructions. Ref: 3.3.2 **Response by registered person detailing the actions taken:** All spacers now stored separately in polythene bags.
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure records are kept of all staff working in the home over a 24-hour period. The capacity in which they are working should be clearly identified. **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 4 **Ref:** Standard 39.1 **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that all staff newly appointed, including agency staff, complete a structured orientation and induction programme in a timely manner and that accurate records are retained for inspection. Records should evidence managerial oversight of all staff inductions. **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 5 **Ref:** Standard 40 **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept. **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 6 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that staff meetings take place on a regular basis; at a minimum quarterly. **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 7 **Ref:** Standard 12.12 **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that patients' weights are recorded on admission to the home. **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 8 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 17 June 2025	The registered person shall ensure that nursing staff evaluate care in a meaningful manner and at an appropriate 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.** Ref: 2.0

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