The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Croft Communities Residential Care Home

Provider: The Cedar Foundation

Date of Inspection: 6 February 2026

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:	The Cedar Foundation
Responsible Individual:	Mrs Mary Elaine Armstrong
Registered Manager:	Miss Laura Overton – not registered
Service Profile: Croft Communities Residential Care Home is a residential care home registered to provide health and social care for up to 16 residents living with a learning disability. There are shared dining areas and lounge areas in the home. Permanent residents reside in 'Mayne House' and 'Croft Lodge' is utilised for respite.	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2026, from 10.30am to 2.30pm. 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 reviewed at inspection 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 and residents were administered their medicines as prescribed. However, improvements were necessary in relation to the monitoring and recording of the temperature of the medicine storage areas and the monitoring and recording of temperature of the medicines refrigerator.

Whilst areas for improvement were 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 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. 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. 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 who reside in the home in “Mayne House” were registered with a GP and medicines were dispensed by the community pharmacist. Residents who avail of the “Croft Lodge” respite unit, bring their own medicines with them at the start of their short break and any unused medicines are returned at the end of the stay.

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.

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.

The management of 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.

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. Residents who avail of the “Croft Lodge” respite unit, bring their own medicines with them at the start of their short break and any unused medicines are returned at the end of the stay.

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. The temperature of the medicine storage area in “Mayne House” was not monitored and recorded each day. The temperature of medicine storage areas must be monitored and recorded each day to ensure that medicines are stored appropriately. An area for improvement was identified.

Medicines, which 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 temperature of the medicines refrigerator in "Mayne House" was not monitored each day. There were several missed entries in the previous month's temperature record sheet; this does not provide evidence that the temperature is maintained within the required range at all times. An area for improvement was identified.

Satisfactory arrangements were in place for the storage of controlled drugs and the safe disposal 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 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.

Occasionally, residents 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 resident'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 the majority of medicines to facilitate audit and disposal at expiry. A small number of medicines did not have a date of opening recorded. This was discussed with the manager for ongoing monitoring.

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 for permanent residents and also for each short stay in the respite unit. 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.

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. However, audit 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 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	9*	10*

* the total number of areas for improvement includes 17, which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Laura Overton, 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 15 (2) (a) (b) **Stated:** Second time **To be completed by:** 8 October 2025	The registered person shall ensure that the assessment of the resident's need is kept under review; revised at any change and reviewed no less than annually. **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 2 **Ref:** Regulation 13 (4) (a) **Stated:** Second time **To be completed by:** 8 October 2025	The registered person shall ensure that all prescribed medication is securely stored. **Medicines reviewed at the inspection were stored securely. However, action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this is carried forward to the next inspection.** Ref: 2.0
Area for improvement 3 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** 8 October 2025	The registered person shall ensure that the manager maintains clear operational oversight and control of the services, treatment and supervision of residents provided in line with the home's current registration and Statement of Purpose. **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 4 **Ref:** Regulation 13 (1) (a) (b) **Stated:** Second time **To be completed by:** 8 October 2025	The registered person shall ensure that there is a robust system in place to oversee and monitor the arrangements in place for those residents who may require Deprivation of Liberty Safeguards (DoLS). **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 5 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 8 October 2025	The registered person shall ensure that where a resident may be at risk of choking, the associated risk assessment and care plan are in place, and are reviewed and updated where necessary. **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) (a) (b) **Stated:** First time **To be completed by:** 8 October 2025	The registered person shall ensure that where a person requires their diet to be modified that the care plans accurately reflect the most recent assessment; and are updated following any review by specialist professionals. **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 13 (1) (a) (b) **Stated:** First time **To be completed by:** 8 October 2025	The registered person shall ensure that where a resident has been assessed by an appropriate professional as suitable for bedrails, there is an associated risk assessment and care plan in place which is appropriately reviewed. **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 15 (2) (a) **Stated:** First time **To be completed by:** 8 October 2025	The registered person will ensure that where there are toiletries accessible to residents that there is evidence of comprehensive assessment of risk. **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 (5) (a) **Stated:** First time **To be completed by:** From 5 December 2025	The registered person shall ensure that completed Regulation 29 monthly monitoring reports are submitted to RQIA on or before the 5th of every month. **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 Residential Homes, December 2022	
Area for improvement 1 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 6 February 2026	The registered person shall ensure that the room temperature of the medicine storage areas is monitored daily and maintained at or below 25ºC. Ref: 3.3.2 **Response by registered person detailing the actions taken:** The Registered person will ensure that the temperture of medication room is recorded and monitered daily to ensure the temperture remains below 25oC any concerns identified will be actioned.
Area for improvement 2 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 6 February 2026	The registered person shall ensure that the current, maximum and minimum temperatures of the medicines refrigerators are monitored and recorded each day and the thermometer is reset. Ref: 3.3.2 **Response by registered person detailing the actions taken:** The registered person will ensure that the minium and maxium temperture of the medication refrigerators are recorded daily and reset, any concerns identified will be actioned.

Area for improvement 3 **Ref:** Standard 8.2 **Stated:** Third time **To be completed by:** 8 October 2025	The registered person will ensure records maintained for resident's detail accidents, incidents or near misses occurring and action taken. This is in relation specifically to post falls records being accurate and up to date.
	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 12.1 **Stated:** Second time **To be completed by:** 8 October 2025	The registered person will ensure that there is a system in place to ensure that staff have access to the up-to-date assessment of resident's requirements for modified diets and levels of assistance.
	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 6.2 and 6.6 **Stated:** Second time **To be completed by:** 8 October 2025	The registered person shall ensure care plans regarding personal emergency evacuation plans (PEEP's) are kept up-to-date and reflects the residents' current needs.
	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 8.2 **Stated:** Second time **To be completed by:** 8 October 2025	The registered person will ensure that where a resident is supported with repositioning, this is recorded in care records.
	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 6.7 **Stated:** Second time **To be completed by:** 8 October 2025	The registered person will ensure that care plans are kept up-to-date and reflect the residents' current needs. This is in relation to residents who are subject to Deprivation of Liberty.
	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 6.2 and 6.6 **Stated:** Second time **To be completed by:** 8 October 2025	The registered person will ensure that care plans are kept up-to-date and reflect the residents' current needs. This is in relation to residents who have one-to-one support in place.
	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 9 **Ref:** Standard 9.3 **Stated:** First time **To be completed by:** 8 October 2025	The registered person will ensure that where a person has been identified at risk of pressure damage, there is evidence of monitoring and onward referral to the appropriate professionals.
	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 10 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 8 December 2025	The registered person will ensure that where deficits are identified through audit processes, there is a time bound action plan to address these, with appropriate management oversight.
	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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