The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Knockagh Rise

Provider: Knockagh Rise Ltd

Date of Inspection: 24 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:	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 24 February 2026, from 10.10am to 2.30pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The findings of the medicines management inspection on 15 October 2025 evidenced that safe systems were not in place for some aspects of medicines management. Areas for improvement were identified in relation to ensuring that expired medicines are removed from use, all prescribed medicines are available for administration 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. The management team were given a period of time to address the issues identified. This follow-up inspection was undertaken to evidence if the necessary improvements had been implemented and sustained.

Mostly satisfactory arrangements were in place for the safe management of medicines and improvement was evidenced. Medicines were stored securely. Medicine records and medicine related care plans examined were well mostly well maintained. There were auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed. However, further improvements were necessary in relation to the management of medicines refrigerator temperatures and records for the management of distressed reactions. A new area for improvement was identified in relation to the management of medicines on admission.

The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Future inspections will include review of the areas for improvement identified, to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection and the 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).

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 said they had worked hard to implement and sustain improvements identified at the last medicines management inspection and had received help and support from senior management to do so. 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

Availability and administration of medicines

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, that medicines were supplied in a timely manner, and that any stock supply issues were escalated to management and immediate action taken.

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. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Medicines storage

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was 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, 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 current, maximum and minimum temperatures of the medicine refrigerator were monitored daily, the current temperature was satisfactory. However, the maximum and minimum temperatures had remained the same in recent months, with the maximum temperature consistently recorded as 15^{o}C. This indicates that the thermometer is not being reset correctly each day and that temperatures outside of the necessary range were not being investigated or reviewed. Guidance on how to reset the thermometer was provided for the manager and staff. The manager agreed to monitor the daily records. An area for improvement was stated for the second time.

Satisfactory arrangements were in place for the safe disposal of medicines, although levels had accumulated. The manager confirmed that the waste contractor had been contacted and was due to collect the medicines imminently. The manager advised that this was under review to ensure collection is managed in a timely manner going forward.

The date of opening was recorded on the medicines examined and medicines in use were within their expiry date.

Inhaler spacer devices in use were labelled and stored appropriately, and had been cleaned/replaced according to the manufacturers' instructions.

Personal medication records

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 and included patient photographs. 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. Obsolete personal medication records had been cancelled and archived.

Management of distressed reactions

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.

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 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 always include the reason for and outcome of each administration, and a clear audit trail was not facilitated for audit and review purposes. A new recording sheet had been introduced following the last inspection, the format was discussed. It was suggested each recording sheet should include a running balance, which would enable audit and review of the use of these medicines. A couple of minor amendments to care plans, to reflect recent changes, were discussed and addressed. An area for improvement was stated for a second time.

Other areas discussed

Management and staff audited the management and administration of medicines on a regular basis within the home. A review of the audits indicated that although a revised audit system had been implemented, the issues raised at this inspection had not been reviewed in the necessary detail. The manager agreed to address this in further audits, in meetings with nurses and to update the action plan.

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.

Records reviewed indicated that staff had not always received written confirmation of the patient's current prescribed medicines from their GP. If currently prescribed medicines are not verified and are administered in accordance only with information provided by family or the medicines brought in at admission, there is a potential that recent medication changes may not have been implemented. An area for improvement was identified.

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	7*	8*

* the total number of areas for improvement includes two that have been stated for a second time and 12, which were 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, 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:** Second time **To be completed by:** 24 February 2026	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: 2.0 & 3.3
	Response by registered person detailing the actions taken: Daily temperature readings continue. staff now fully aware of how to correctly reset fridge temperature.
Area for improvement 2 **Ref:** Regulation 21 (1) (b) Schedule 2 **Stated:** Second time **To be completed by:** 11 December 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 3 **Ref:** Regulation 13 (1) (b) **Stated:** Second time **To be completed by:** 11 December 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 4 **Ref:** Regulation 13 (1) (a) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that all registered nursing staff have sufficient competence and skill to access and amend the electronic risk assessments and care plans.
	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 14 (2) (a) (c) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that access to the electrical store and staff room is reviewed and managed to ensure patients are not potentially placed at risk of harm.
	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 (7) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene
	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 10 (1) **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall review the home's current governance systems to ensure that they are effective in identifying concerns and in driving the necessary improvements.
	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:** Second time **To be completed by:** 24 February 2026	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: 2.0 & 3.3
	Response by registered person detailing the actions taken: separate audit sheets no in place for every distressed reaction and medication prescribed.

Area for improvement 2 **Ref:** Standard 28 **Stated:** First time **To be completed by:** 24 February 2026	The registered person shall review the management of medicines on admission to ensure that written confirmation of current medicines prescribed is received from the prescriber on every occasion. Ref: 3.3
	Response by registered person detailing the actions taken: This has been communicated to staff and stressed the importance of obtaining same movinh forward
Area for improvement 3 **Ref:** Standard 41 **Stated:** Second time **To be completed by:** 11 December 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:** Second time **To be completed by:** 11 December 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:** Second time **To be completed by:** 11 December 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 6.1 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that all staff treat patients with dignity and respect.
	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 22.10 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that falls are reviewed and analysed on a monthly basis to identify any patterns or trends that may help prevent further falls occurring taken.
	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 46 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that patient equipment is not stored where there is a toilet, as per Regional IPC Guidelines and that patient equipment is effectively cleaned between each use.
	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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