The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Carnmoyne

Provider: Benmacdui Ltd

Date of Inspection: 2 April 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:	Benmacdui Ltd
Responsible Individual:	Mr Benjamin Logan
Registered Manager:	Mrs Emma Logan
Service Profile: Carnmoyne is a residential care home registered to provide health and social care for up to 16 residents.	

2.0 Inspection summary

An unannounced inspection took place on 2 April 2026, from 10.15am to 3.10pm. 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 inspection also reviewed the areas for improvement identified at the last medicines management inspection. 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 were mostly well maintained. Staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, improvements were necessary in relation to auditing processes, records of medicines administered 'when required' for the management of distressed reactions, medicine related care plans and controlled drug records.

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. Residents said that living in the home was a good experience.

The areas for improvement identified at the last medicines management inspection, in relation to medicine storage temperatures, confirming medicines at admission and training/competency assessment, were assessed as met. However, an area for improvement in relation to auditing processes was stated for a third and final time and an area for improvement relating to records

of medicines administered 'when required' for the management of distressed reactions, was partially met and has been stated for a second time. New areas for improvement were identified in relation to medicine related care plans and controlled drug records.

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. Failure to implement and sustain the improvements may lead to enforcement.

Details, including areas for improvement carried forward for review at the next inspection, 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 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.

No completed questionnaires or responses to the staff survey were received 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 in the home were registered with a GP and medicines were dispensed by the community pharmacist.

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 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 distressed reactions, pain and insulin were reviewed.

Residents 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 resident's distress and if the prescribed medicine is effective for the resident.

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. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain and other factors. However, although often recorded in the daily notes, records did not always clearly include the reason for and outcome of each administration. It was suggested that a separate recording sheet, including a running balance, could be used to better facilitate audit and review. A sample template was provided. An area for improvement identified at the last medicines management inspection, was assessed as partially met and was stated for a second time. Resident-centred care plans, to direct the required care were not

always in place or up to date with the most recent directions. An area for improvement regarding medicines related care plans was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Resident-centred care plans, to direct the required care were not always in place or up to date with the most recent directions. As detailed above, an area for improvement regarding medicines related care plans was identified.

A resident-centred care plan was not in place when a resident required insulin to manage their diabetes, to include directions for staff if the resident's blood sugar was outside of the recommended range and responsibility for blood glucose monitoring. As detailed above, an area for improvement regarding medicines related care plans 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 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. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area and trolley 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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage, 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 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 (CDRB). Improvement in the management of the controlled drug record book was necessary. It was suggested and agreed that a pre-printed CDRB would facilitate accurate record completion, which must include:

- when medicines are returned to the pharmacy for disposal, the balance in the CDRB must be brought to zero and the quantity returned to the pharmacy clearly recorded
- resident and medicine details must be recorded on every page
- records of reconciliation at handover must be completed while Schedule 2 and 3 controlled drugs are held in the home
- all Schedule 2 controlled drugs, including those administered by other visiting healthcare professionals, must be included.

An area for improvement was identified.

The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

The audits completed by management and staff had not identified the issues identified at this inspection. A robust audit system, which covers all aspects of the management and administration of medicines, should be implemented. Any shortfalls identified should be detailed in an action plan and addressed. An area for improvement was stated for a third and final time. The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed (section 3.3.5).

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 residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy as necessary. 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 incident that had been reported to RQIA since the last inspection was discussed. There was evidence that the incident 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 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 Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	13*

* the total number of areas for improvement includes one stated for a third and final time, one stated for a second time and ten which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma 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 Residential Home Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1)(b) **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure that pre-employment information has been obtained prior to any persons commencing employment in the home. This is stated in relation to obtaining a full employment history and exploring any gaps in employment.
	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 30 **Stated:** Third and final time **To be completed by:** 9 April 2026	The registered person shall ensure that a robust auditing system, which covers all aspects of medicines management in the home, is implemented, appropriate action taken when necessary and a record maintained. Ref: 2.0 & 3.3.3
	Response by registered person detailing the actions taken: The medecines management audit tool has now been implemented, is kept on file and any necessary action taken and passed on to appropriate staff.
Area for improvement 2 **Ref:** Standard 33 **Stated:** Second time **To be completed by:** 2 April 2026	The registered person shall review the management of medicines prescribed on a 'when required' basis for distressed reactions to ensure that the reason for and the outcome of administration is recorded on every occasion. Ref: 2.0 & 3.3.1
	Response by registered person detailing the actions taken: A template for medecines given for distressed reactions has been implemented for any resident administered these. The reason given and outcome is recorded on same.

Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 9 April 2026	The registered person shall review care plans relating to the management of medicines, to ensure that these are resident specific, up to date and accurately detail the care required. Ref: 3.3.1
	Response by registered person detailing the actions taken: Care plans have been updated to ensure appropriate and up top date medecines information included.
Area for improvement 4 **Ref:** Standard 31 **Stated:** First time **To be completed by:** 2 April 2026	The registered person shall ensure that the controlled drug record book is accurately maintained. Ref: 3.3.3
	Response by registered person detailing the actions taken: A new pre printed controlled drugs register has been ordered. Information has been shared with with appropriate staff to ensure The receipt, administration and disposal of all Schedule 2 controlled drugs is properly managed.
Area for improvement 5 **Ref:** Standard 29.6 **Stated:** Second time **To be completed by:** 1 July 2026	The registered person shall ensure that all staff have attended a fire drill at least once annually, and records of this are maintained.
	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 23.3 **Stated:** First time **To be completed by:** 1 July 2026	The registered person shall ensure that mandatory training requirements are met. This is stated but not limited to COSHH, dysphagia, diabetes, and moving and handling 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
Area for improvement 7 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall endure that staff meetings take place on a regular basis and at least 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 8 **Ref:** Standard 21 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall review and update the home's falls policy in accordance with best practice guidelines.
	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 13 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure a record is kept of all activities that take place in the home, and that these are recorded consistently. If a resident refuses to attend an activity, this needs to be recorded. The length of time of the activity needs to be recorded as well.
	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 6.6 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to: • The impact of a locked keypad on DOL safeguards. • The management of weight loss • The management of wound care.
	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 11 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure care plans are regularly reviewed.
	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 12 **Ref:** Standard E38 **Stated:** First time **To be completed by:** 1 July 2026	The registered person shall ensure that there are hand towel dispensers available in areas where care is provided. **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 13 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 May 2026	The registered person shall ensure there is a range of audits being completed in the home, with clear action plans. **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

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