

Inspection Report

Name of Service: Meadowbank Care Home

Provider: Age NI

Date of Inspection: 18 & 19 June 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:	Age NI
Responsible Individual:	Ms Linda Robinson
Registered Manager:	Mrs Clare Lafferty
Service Profile: Meadowbank Care Home is a residential care home registered to provide health and social care for up to 25 residents with dementia. The home is divided into three units over one floor. Each unit has its own lounge, dining and communal areas which are connected by a central corridor. An enclosed garden is available and accessible for all residents.	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2026 from 10:00 am to 3.30pm by two pharmacist inspectors, and on 19 June 2026 from 10.30am to 2.45pm by a finance inspector. The inspection focused on medicines management and the management of residents' finances and property.

The inspection was undertaken to evidence how medicines and residents' finances 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 and residents' finances. The areas for improvement identified at the last medicines management inspection were also reviewed. 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 administration records and medicine related care plans were well maintained. Staff had received training and been deemed competent to manage medicines. There was evidence that with the exception of a small number of medicines, residents were being administered their medicines as prescribed. The areas for improvement in relation to management of distressed reactions, pain care plans, the cold storage of medicines, the management of controlled drugs and the management of eye preparations identified at the last medicines management inspection were assessed as met.

However, the area for improvement in relation to audit has been stated for a second time and, new areas for improvement were identified in relation to the management of thickening agents and ensuring residents have a continuous supply of their prescribed medicines.

The outcome of the finance inspection indicated that robust arrangements were not in place for all aspects of the management of residents' finances. Areas for improvement were identified in relation to: governance and oversight; policies and procedures for managing residents' monies; staff training; residents' written agreements; the management of the comfort fund; balances held in the business bank account and bank reconciliations. Whilst areas for improvement were identified, there was evidence that comfort fund records and personal allowance spend records were up to date, signed by two members of staff and receipts present.

Enforcement action resulted from the findings of the finance inspection. In line with RQIA's enforcement procedures, the responsible individual and registered manager were invited to attend a serious concerns meeting with RQIA on 2 July 2026 to discuss the inspection findings and their plans to address the issues identified. An action plan was submitted to RQIA on 30 June 2026.

The serious concerns meeting was attended by the registered manager and representatives of the responsible individual. During the meeting, Age NI management team discussed the action plan, providing an update on the actions completed and planned to ensure the improvements necessary to achieve full compliance with the relevant regulations and standards. RQIA accepted the action plan and assurances provided by the management team.

RQIA will continue to monitor and review the quality of service provided in Meadowbank Care Home and will carry out a further inspection to assess compliance. Failure to implement and sustain the necessary improvements may lead to further enforcement action.

Details of the inspection findings, including new areas for improvement identified, the restated area for improvement and 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).

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 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 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.

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 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

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents and nutritional supplements was reviewed. Speech and language assessment reports and care plans were in place. However, records of prescribing and administration did not include the recommended consistency level. 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 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 had been omitted on five occasions in the four weeks preceding the inspection. One resident had missed two doses of their prescribed medicine and four residents had missed one dose. On the day of the inspection one medicine was out of stock. This had not been escalated to management for immediate corrective action and investigation to prevent a recurrence. The medicine ordering system should be reviewed to ensure that medicines are available for administration as prescribed. An area for improvement was identified.

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. 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.

There were no Schedule 2 controlled drugs prescribed at the time of inspection. Schedule 3 controlled drugs were stored appropriately in the controlled drug cupboard as per safe custody requirements.

The manager was reminded that medicines awaiting collection for disposal should be stored securely to prevent unauthorised access and collected in a timely manner.

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. The records were found to have been accurately completed. 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. A controlled drug record book had been put in place since the last inspection. Schedule 3 and 4 controlled drugs were being recorded in the controlled drug record book; guidance on accurate record keeping was provided. The manager agreed to review the standard of maintenance of the controlled drug record book as part of the audit process. A review of the reconciliations carried out at each handover showed that a physical count of stock was carried out each time.

It was acknowledged that the manager had implemented an audit tool following the last inspection. However, the audit did not include all aspects of medicines management including those identified at this inspection. A robust audit system, which covers all aspects of medicines management is necessary, to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff. The inspectors signposted staff to the audit tool available on the RQIA website. An area for improvement was stated for a second time.

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.

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 medicine related incident which 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 manager was reminded that omitted doses due to stock unavailability are medication incidents which must be reported to the prescriber for guidance and the appropriate authorities including RQIA.

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.

3.3.7 Management of residents' finances and property

The manager confirmed that staff were not the appointee for any service user. Residents' families or the Trust managed the services users' finances. The manager also confirmed that a transport scheme was not in place and valuables were not held for any resident at the time of the inspection.

Effective financial governance and oversight ensures that robust systems are in place to safeguard residents' monies and valuables in line with guidance and legislation. This includes clearly defined staff roles and responsibilities, and up to date policies and procedures. The registered person has a responsibility to confirm that the staff are competent in managing residents' finances and that they are supported. Policies and procedures should be up to date and readily available for staff reference. The financial governance arrangements in relation to defining the roles and responsibilities of finance staff and ensuring oversight of segregated duties at the home and head office (finance) level were not robust. There was no evidence that finance staff carried out monitoring checks at the home and the manager was did not have oversight of each resident's ledger balance held at head office. An area for improvement was identified.

Policies and procedures for the management of residents' finances and property and the comfort fund were not available in the home. The registered person should ensure that up to date finance policies and procedures are available in the home. In addition, records of staff training in relation to the operational finance processes for managing residents' finances were not available for inspection. Two areas for improvement were identified.

Residents' balances held in the business account were reviewed. The home held a large amount of money for one resident in the business bank account; this balance was above that

required for charges payable for accommodation or other services provided. There were also large balances owed to the home for three residents. Assurances were provided that the home would invoice for monies owed to Age NI and the personal allowance balance for one resident would be reduced by returning the money to the Trust. An area for improvement was identified.

Reconciliations of the monies held on behalf of residents were not available on the day of inspection. The most recent bank reconciliation (March 2026) was submitted to RQIA following the inspection. Bank reconciliations should be completed in a timely manner, signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff. The home manager should have oversight of the reconciliations. An area for improvement was identified.

A safe place was provided within the home for the retention of residents' monies. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies held at the home showed that the record balances were accurate and up to date.

The home maintained a comfort fund for residents. These are monies raised via fundraising or money donated to the home for the benefit of all residents. Record balances were accurate and up to date and there was evidence that all residents benefitted from the comfort fund. However, there was a large balance of cash held in the home and it was noted that monies were borrowed from the comfort fund for residents' personal allowance purchases. There was evidence that monies owed to the comfort fund were routinely reimbursed. Immediate assurances were provided that excess comfort fund monies would be banked and only a reasonable amount held at the home. A more robust system should be put in place for residents' personal allowance spend. An area for improvement was identified.

A sample of records of monies deposited on behalf of residents evidenced that the records were not always up to date. One resident's personal allowance monies had not been receipted to the resident's ledger, five weeks after they were received from the Trust; this role is carried out at head office. Discussions with the manager confirmed transactions to ledgers would be carried out timely and reviewed as part of the strengthened oversight arrangements. In line with good practice, any person depositing monies at the home was issued with a receipt.

A sample of records of payments to the hairdresser, local shop (cigarettes & toiletries), and clothing was reviewed. Records were up to date and receipts were maintained.

Residents' agreements should detail the terms and conditions in respect of accommodation to be provided including fee amount and method of payment. Agreements should be updated when there has been an increase of fees. Three residents' files were reviewed; written agreements were retained within two files only. The list of services provided to residents was included within the agreement. However, the agreements had not been updated to include the details of the weekly fee paid by, or on behalf of, the residents. In addition, one written agreement had not been signed by the resident, or their representative, nor a representative from the home. A second agreement had not been signed by a representative of the home. An area for improvement was identified.

A sample of three residents' files evidenced that property records were in place for residents. Their records were updated with additional items brought into the home and when items were disposed of. The residents sampled did not have valuable items in the home, for example, televisions, laptops etc. The manager advised that when residents bring valuable items into the

home full details of the items is recorded and spot checks are carried out by two members of staff on a monthly basis.

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*	5*

* the total number of areas for improvement includes one that has been stated for a second time and four which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Clare Lafferty, 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 13 (4) Stated: Second time To be completed by: 18 June 2026	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls should be detailed in an action plan and addressed. Ref 2.0 & 3.3.3
	Response by registered person detailing the actions taken: Audit system is in place to cover all aspects of management of medicines using audit tool as received from Pharmacy inspector. Any shortfalls are detailed in action plan and have been addressed.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 18 June 2026	The registered person shall ensure residents have a continuous supply of their prescribed medicines. Ref: 3.3.2
	Response by registered person detailing the actions taken: Audit System in place to monitor stock of medicines, Action plan in place to address any shortfalls and ensure all residents have continuous supply of prescribed medicines.
Area for improvement 3 Ref: Regulation 10 Stated: First time To be completed by: 30 September 2026	The registered person shall ensure that a more robust system is put in place which covers management oversight of residents' finances. Ref: 3.3.7
	Response by registered person detailing the actions taken: Monthly Audit process is now in place on-site led by Head of Finance. Member of the Finance team will visit home on a monthly basis and audit all systems in place to ensure residents finances are being managed within the required regulations and standards.
Area for improvement 4 Ref: Regulation 10 Stated: First time To be completed by: 31 October 2026	The registered person shall ensure that policies and procedures for the management of residents' finances and the comfort fund are up to date and available for staff use. Ref: 3.3.7
	Response by registered person detailing the actions taken: Age NI will update policies and procedures for the management of resident's finances and the comfort fund:

	These will be drafted to include processes for the use of residents money, detail the maximum cash amount to be held in the home (Personal Allowance and Comfort Fund). All staff shall have access to Policies and Procedures and trained on their use.
Area for improvement 5 Ref: Regulation 20 Stated: First time To be completed by: 31 October 2026	The registered person shall ensure that staff training is up to date in relation to the operational finance processes for managing residents' finances. Records of staff training shall be available at the home. Ref: 3.3.7
	Response by registered person detailing the actions taken: All staff will be trained on updated operational Policies & Procedures within specified timeframes and training records will be available in the home.
Area for improvement 6 Ref: Regulation 22 Stated: First time To be completed by: 30 September 2026	The registered person shall ensure that balances held for residents in the business account are limited to charges payable by residents for accommodation or other services provided by the registered person at the home only. Ref: 3.3.7
	Response by registered person detailing the actions taken: All balances held in business account for residents relates solely to charges payable for accommodation or other services provided. Work is in progress to send monies back to Trust and recover debt balances.
Area for improvement 7 Ref: Regulation 19 Stated: First time To be completed by: 7 August 2026	The registered persons shall ensure that bank reconciliations are completed and reviewed in a timely manner. The registered persons shall have oversight of the bank reconciliations. Ref: 3.3.7
	Response by registered person detailing the actions taken: Bank & cash reconciliations are now up to date and will be maintained in an accurate, complete and timely fashion going forward.

Area for improvement 8 Ref: Regulation 10 Stated: First time To be completed by: 30 September 2026	The registered person shall review the systems in place for managing the residents' comfort fund and residents' personal allowance spend. Ref: 3.3.7 Response by registered person detailing the actions taken: Residents Personal Allowance monies will now be managed through a separate bank account. Comfort fund is managed separately.
Area for improvement 9 Ref: Regulation 5 Stated: First time To be completed by: 30 September 2026	The registered person shall ensure that resident agreements are updated to include the current fees paid by, or on behalf of, the residents. All agreements should be signed by the resident, or their representative and a representative from the home. Ref: 3.3.7 Response by registered person detailing the actions taken: All written agreements are in place for all residents, these include fee amount and will be updated when fees increase. All signed by resident, or their representative and signed by a representative of the home.
Action required to ensure compliance with the Care Standards for Residential Homes, December 2022	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 18 June 2026	The registered person shall review the management of thickening agents to ensure that the recommended consistency level is recorded on both personal medication records and administration records. Ref 3.3.1 Response by registered person detailing the actions taken: Management of thickening agents has been reviewed. Drug records and careplans have been reviewed and updated where required to show consistency level and All Senior staff have been made aware of this requirement.
Area for improvement 2 Ref: Standard 6.6 Stated: Second time To be completed by: 24 September 2026	The registered person shall ensure that relevant care plans and risk assessments are updated for any resident being admitted back into the home from hospital, to reflect the resident's 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 3 Ref: Standard 8 Stated: First time To be completed by: 24 September 2026	The registered person shall ensure that post falls observations are consistently recorded in accordance with current guidance and the homes own policy. 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 29.1 Stated: First time To be completed by: 24 October 2026	The registered person shall ensure that the action stated within the fire risk assessment is addressed. 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 20 Stated: First time To be completed by: 24 September 2025	The registered person shall ensure that audits are commenced in relation to accidents and incidents to review any patterns or trends. 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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