

Unannounced Follow Up Medicines Management Inspection Report 27 February 2019



Wood Green Residential Home

Type of Service: Residential Care Home
**Address: Wood Green, Circular Road,
Jordanstown, BT37 0RJ**
Tel No: 028 9036 9901
Inspector: Judith Taylor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home that provides care for up to 48 persons living with care needs as detailed in Section 3.0. This home shares the same building as Wood Green Nursing Home.

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Limited Responsible Individual: Mrs Yvonne Diamond	Registered Manager: Ms Debby Gibson
Person in charge at the time of inspection: Ms Debby Gibson	Date manager registered: 21 September 2018
Categories of care: Residential Care(RC) DE – Dementia MP – Mental disorder excluding learning disability or dementia	Number of registered places: 48 comprising: <ul style="list-style-type: none"> - a maximum of 22 residents accommodated on the ground floor - a maximum of 26 residents accommodated on the second floor - one named resident in category RC-MP

4.0 Inspection summary

An unannounced care and medicines management inspection took place on 27 February 2019 from 10.15 to 17.10.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005/the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

RQIA had received correspondence which related to a variety of issues in the home, and included medicines management. Following discussion with senior inspectors in RQIA, it was agreed that a care and a medicines management inspection to Wood Green Residential Home would be undertaken on 27 February 2019. The care inspector's findings are detailed in a separate report.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

This inspection sought to determine if there were robust arrangements in place for the management of medicines and if the service was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- management of medicine changes
- completion of medicine records
- management of medicine incidents

The findings of the inspection indicated that significant improvements were necessary in the management of new residents' medicines and medicines changes, the standard of record keeping, the management of incidents, auditing processes and staff knowledge and understanding of pain management, to ensure the safe administration of medicines.

Following the inspection, the findings were discussed with senior inspectors in RQIA. As a consequence of these findings a meeting was held on 6 March 2019 in RQIA Belfast office with the intention of issuing three failure to comply notices under Regulations - 13(4) (Health and Welfare), 20(1) (Staffing) and Regulation 30(1) (Notification of death, illness and other events) of The Residential Care Homes Regulations (Northern Ireland) 2005. The meeting was attended by Mrs Yvonne Diamond, Responsible Individual, Ms Debby Gibson, Registered Manager and the Team Leader of Wood Green Management Company (NI) Ltd.

During this meeting, an action plan to address the concerns that had been identified during the inspection was submitted by Mrs Yvonne Diamond. The action plan evidenced that sufficient progress had been made to address Regulation 20(1). However, RQIA were not fully assured that the actions to address Regulation 13(4) and Regulation 30(1) provided sufficient evidence that the necessary improvements would be made and sustained. Given the potential impact on resident safety, it was decided that two failure to comply notices would be issued with compliance to be achieved by 8 May 2019.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	9	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Debby Gibson, Registered Manager at the inspection and with Mrs Yvonne Diamond, Responsible Individual, by telephone on 28 February 2019, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did result from the findings of this inspection.

Two failure to comply notices FTC Ref: FTC000023 with respect to Regulation 13(4) and FTC Ref: FTC000024 with respect to Regulation 30(1) of The Residential Care Homes Regulations (Northern Ireland) 2005 were issued to Wood Green Residential Home. The date for compliance with these notices was agreed as 8 May 2019 when a further medicines management inspection will be completed.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection completed on 10 December 2018. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

A poster was displayed to inform visitors to the home that an inspection by RQIA was being conducted.

During the inspection the inspector met with one care assistant, two senior care assistants, the team leader and the registered manager.

A sample of the following records was examined during the inspection:

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|--|-------------------------------|
| • medicines requested and received | • medicine audits |
| • personal medication records | • care plans |
| • medicine administration records | • training records |
| • medicines disposed of or transferred | • controlled drug record book |
| • incident and investigation records | |

Areas for improvements identified at the last medicines management inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 December 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 10 December 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: Second time	The registered person shall ensure that the transcribing of medicines information on MARs includes two staff and both staff initial the entry.	Not met
	Action taken as confirmed during the inspection: Following examination of handwritten medication administration records (MARs) there was insufficient evidence to indicate that two staff were involved in transcribing medicine details. The need for this was discussed in relation to the safe administration of medicines. This area for improvement was subsumed into FTC000023.	

6.3 Inspection findings

Management of medicine changes

We examined the systems in place to manage new resident's medicines and also changes made to residents' medicine regimes. We found that written confirmation of the resident's most recent medicine regime was not obtained from the resident's general practitioner, therefore we could not be assured that the residents were being administered the correct medicines. Staff must have the latest information regarding prescribed medicines to ensure that residents receive their medicines

correctly and their health is not compromised. An area for improvement is specified in the failure to comply notice (FTC000023).

We had concerns regarding the administration of three medicines which required immediate follow up action by the registered manager. At the meeting, we were advised that these concerns had been discussed with the prescriber after the inspection; details of the action taken and outcome were also provided.

Robust arrangements must be put in place to safely manage changes to medicines. An area for improvement is specified in the failure to comply notice (FTC000023).

Completion of medicine records

The standard of record keeping in relation to the management of medicines requires improvement.

We observed some discrepancies in the completion of personal medication records and these were highlighted at the inspection and it was agreed these would be addressed with immediate effect.

The medication administration records were not being fully and accurately maintained when information was recorded about new medicines and medicines changes. The handwritten medicine entries did not always include the full dosage directions and two staff were not routinely involved in the transcribing process to ensure accuracy of the information, and to direct the safe administration of medicines. This has resulted in one area for improvement under standards being subsumed into the failure to comply notice (FTC000023).

During the review of medicine administration records, we noted that bisphosphonate medicines were not being administered separately from food or other medicines, as specified by the manufacturer. This was discussed with staff and an area for improvement was identified.

We were unable to complete a number of audit trails due to incomplete records of the receipt of medicines and therefore could not be assured that the residents were being administered their medicines as prescribed.

Records must indicate that residents' medicines are being safely managed and that residents are being administered their medicines in strict accordance with the prescriber's instructions. An effective auditing process must be put in place. Areas for improvement are specified in the failure to comply notice (FTC000023).

Management of medicine incidents

We had received information regarding a medicines related incident which had occurred in the home in November 2018. We evidenced that this incident had occurred between 16-19 November 2018 and involved the wrong medicine being administered and also a lack of stock of pain relieving medicines. There was evidence of the investigation with staff following the incident; however, no evidence that this had been reported to the general practitioner or the trust and we could not determine if the lack of stock had been followed up. This incident had not been reported to RQIA and we were not notified until 7 March 2019.

During the inspection, we were advised of a medicine related incident that had occurred earlier in the week; a resident had been administered the wrong dose of a medicine for several days and this had not been reported to RQIA.

The care inspector had also identified notifiable events which had not been reported to RQIA. This is concerning as this had been identified at the most recent care inspection on 22 November 2018, and resulted in an area for improvement regarding incident reporting.

The management of incidents requires further review and development to ensure that all incidents are reported to RQIA in accordance with Regulation 30. We have requested that the registered persons undertake a full review of all incidents and ensure that any notifiable event is report to RQIA. Areas for improvement are specified in the failure to comply notice (FTC000024).

Other areas examined

Pain management

We identified concerns regarding staff knowledge and understanding of pain management in residents living with dementia. The systems in place for the management of pain relief require improvement. We observed that medicines for pain relief were not always available for residents.

We could not be assured that one resident's pain management needs were being met, as records indicated that there was a long interval between the administration of doses. This resident did not have the capacity to tell staff when they were in pain. This resident was also prescribed a medicine to manage distressed reactions, this was infrequently administered; however, there had been an increase in the dose prescribed on 11 February 2019 due to the level of agitation and this was not recorded on the personal medication record. The level of agitation may have been caused by the resident experiencing pain.

As residents are often unable to express the need for pain relief, robust systems must be in place to ensure that any pain is managed appropriately. Whilst we acknowledged that staff training in pain management and dementia had been arranged for March 2019, this area of medicines managements should be closely monitored. In relation to stock control, an area for improvement was identified.

The outcome of this inspection indicated that medicines were not being effectively managed by the staff, which had the potential to impact on the health, safety and well-being of residents. Staff should be provided with training in the safe management of medicines to ensure that care is safe, effective and compassionate. An area for improvement is specified within the failure to comply notice (FTC000023).

We noted that the list of staff names and specimen signatures/initials required updating. It was agreed that this would be addressed by management.

Areas for improvement

Areas for improvement were specified in relation to the management of new residents' medicines, the management of medicine changes, staff training, record keeping and audit. A failure to comply notice under Regulation 13(4) of The Residential Care Homes Regulations (Northern Ireland) 2005 was issued.

Areas for improvement were specified in relation to the management of incidents. A failure to comply notice under Regulation 30(1) of The Residential Care Homes Regulations (Northern Ireland) 2005 was issued.

The management of bisphosphonate medicines should be reviewed to ensure that they are administered at the correct time and that this time is clearly stated.

The stock control of medicines is reviewed to ensure that all residents have a continuous supply of their medicines.

	Regulations	Standards
Total number of areas for improvement	9	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ms Debby Gibson, Registered Manager and with Mrs Yvonne Diamond, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000023</p>	<p>The registered person shall ensure that robust arrangements are in place for the management of medicines for newly admitted residents.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Medication information is included in the Pre - Admission process. The GP is contacted for confirmation of current medications if the resident is being admitted from home. This is being monitored during the weekly medication audits. All SCA have received face to face training and supervisions.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000023</p>	<p>The registered person shall ensure that robust arrangements are in place for the management of medicine changes.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Changes to medications are being monitored during the recently introduced weekly medication audits. All SCA have received supervisions regarding changes in medication and communication of same. The Pharmacy have been approached to email any changes to medications that they receive.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000023</p>	<p>The registered person shall ensure that medicine administration records are fully and accurately maintained.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Medication administration records are checked during the weekly medication audit. MAR sheets are checked at the end of shift and any omission is addressed at the time or a message left for the member of staff to complete when next on shift.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of the receipt of medicines are fully and accurately maintained.</p> <p>Ref: 6.3</p>

<p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000023</p>	<p>Response by registered person detailing the actions taken: We have introduced a Medication Received book for staff to sign in medications received outside of the monthly cycle. These medications are also entered onto the MAR sheet. This is being monitored through the weekly and monthly medication audits.</p>
<p>Area for improvement 5 Ref: Regulation 13(4) Stated: First time</p> <p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000023</p>	<p>The registered person shall develop the governance arrangements to ensure effective auditing and monitoring systems for medicines management are in place and that these are fully implemented.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Daily, weekly and monthly medication audits have been implemented and carried out by SCA, Team Leader and members of the Senior Management team. The MAR is also being checked as part of the weekly audit.</p>
<p>Area for improvement 6 Ref: Regulation 13(4) Stated: First time</p> <p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000023</p>	<p>The registered person shall ensure that staff are provided with training in the safe management of medicines.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All SCA have attended medication management training. All SCA have also repeated their online medication module.</p>
<p>Area for improvement 7 Ref: Regulation 30(1) Stated: First time</p> <p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000024</p>	<p>The registered person shall undertake an audit of all incidents that have occurred in the home and notify RQIA of any event that has adversely affected the care, health, welfare or safety of residents.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: An audit of all incidents has been completed and any missed incidents have been reported retrospectively.</p>
<p>Area for improvement 8 Ref: Regulation 30(1) Stated: First time</p>	<p>The registered person shall ensure that immediate action is taken to ensure that RQIA is notified of any event in accordance with Regulation 30.</p> <p>Ref: 6.3</p>

<p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000024</p>	<p>Response by registered person detailing the actions taken: All staff have been informed that if it is not possible to submit a notification at the time of the incident can be reported via telephone or email and followed up with the notification on the Portal.</p>
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<p>Area for improvement 9 Ref: Regulation 30(1) Stated: First time</p>	<p>The registered person shall develop the current incident management system to ensure that robust arrangements are in place to report and manage incidents. Ref: 6.3</p>
<p>To be completed by: 8 May 2019 as outlined in the Failure to Comply Notice FTC000024</p>	<p>Response by registered person detailing the actions taken: A tracker has been introduced and is completed upon receipt of an incident. A further check of the tracker is completed on a weekly basis.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

<p>Area for improvement 1 Ref: Standard 31 Stated: First time</p>	<p>The registered person shall ensure that all bisphosphonate medicines are administered at the correct time and that this time is clearly stated. Ref: 6.3</p>
<p>To be completed by: 29 March 2019</p>	<p>Response by registered person detailing the actions taken: A planner has been introduced as an aid - memoire to ensure that all biophosphonate medications are administered at the correct time.</p>

<p>Area for improvement 2 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall review the stock control systems to ensure that residents have a continuous supply of their medicines. Ref: 6.3</p>
<p>To be completed by: 29 March 2019</p>	<p>Response by registered person detailing the actions taken: Three residents medications are audited each night and any shorfalls are communicated at handover. All SCA received supervisions detailing the stock levels when medications should be ordered. A running balance is in progress of non blistered medication either on the MAR or a daily audit sheet.</p>

Please ensure this document is completed in full and returned via Web Portal



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