

# Unannounced Post-Registration Medicines Management Inspection Report 6 October 2017



## Wood Green Private Residential Home

Type of service: Residential Care Home

Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ

Tel No: 028 9036 9901

Inspector: Catherine Glover

[www.rqia.org.uk](http://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 with 54 beds that provides care for residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Manor Healthcare Ltd  <b>Responsible Individual:</b> Mr Eoghain King	<b>Registered Manager:</b> Mr Tiago Moreira
<b>Person in charge at the time of inspection:</b> Mr Tiago Moreira	<b>Date manager registered:</b> 20 March 2017
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 54

### 4.0 Inspection summary

An unannounced inspection took place on 6 October 2017 from 09.50 to 14.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

This was the first medicines management inspection since registration. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to medicines administration, the majority of medicine records, storage and the management of controlled drugs.

Areas requiring improvement were identified in relation to signing and verifying personal medication records and records of receipt of medicines.

Residents were relaxed and comfortable in the home.

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
<b>Total number of areas for improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Tiago Moreira, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection**

Other than the actions detailed in the QIP, no further actions were required to be taken following the most recent care inspection on 13 September 2017.

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 incidents: it was ascertained that no incidents involving medicines had been reported to RQIA since the home registered.

During the inspection the inspector met with two residents, three senior care assistants and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

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

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- care plans
- training records
- medicines storage temperatures

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 13 September 2017**

The most recent inspection of the home was an announced variation to registration care inspection. There were no areas for improvement made as a result of the inspection.

## 6.2 Review of areas for improvement from the last medicines management inspection

This was the first medicines management inspection of the home.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for care staff who had been delegated medicine related tasks. The impact of training was monitored through team meetings, supervision and appraisals are planned to be completed annually. Competency assessments were completed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines. However, personal medication records had not been updated by two staff members. This is safe practice and an area for improvement was identified.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Discontinued or expired medicines were disposed of appropriately.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Medicine refrigerators were checked at regular intervals.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training, competency assessments, the management of medicines on admission and controlled drugs.

## Areas for improvement

The registered manager should ensure that the personal medication records are updated and verified by two suitably qualified staff members.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

#### The right care, at the right time in the right place with the best outcome

The sample of medicines examined had been administered in accordance with the prescriber's instructions. Some medicines could not be audited as the date of opening had not been recorded. The recording of dates of opening on all medicines would facilitate the audit process. An area for improvement was identified in relation to the audit process as discussed in Section 6.7.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded. A care plan was maintained.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. Staff advised that most of the residents could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment is completed as part of the admission process.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included additional records for the administration of transdermal patches. However the records of medicines received into the home were incomplete and should be reviewed. An area for improvement was identified.

Following discussion with the registered manager and staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the standard of record keeping, care planning and the administration of medicines.

### Areas for improvement

The registered manager should ensure that a complete record of all medicines received into the home is maintained.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The administration of medicines to residents was completed in a caring manner, residents were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, it was found that there were good relationships between the staff and the residents. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the residents' likes and dislikes.

None of the questionnaires that were issued were returned within the timescale for inclusion in this report.

### Areas of good practice

There was evidence that staff listened to residents and relatives and took account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

Written policies and procedures for the management of medicines were in place. They were not examined in detail during this inspection.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

The registered manager advised that the planned auditing programme had not been completed in recent months. A new deputy manager will be taking up their post in the coming weeks and will have responsibility for completing the medicines audits. The issues identified during this inspection should be resolved by regular monitoring and auditing and it was recommended to the registered manager that the auditing programme should recommence as soon as possible. As stated in Section 6.5, the date of opening should be recorded on all medicines to facilitate the audit process. An area for improvement was identified.

Following discussion with the registered manager and care staff it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements. There were clearly defined roles and responsibilities for staff.

**Areas for improvement**

The registered manager should ensure that medicine management audits are completed regularly.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1



## 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 Mr Tiago Moreira, Registered Manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005 and 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> 6 November 2017	<p>The registered person shall ensure that the personal medication records are updated and verified by two suitably qualified staff members.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Daily audits implemented and spot checks are carried out regularly to ensure compliance</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> 6 November 2017	<p>The registered person shall ensure that a complete record of all medicines received into the home is maintained.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Upon receiving medication for the regular monthly cycles, the total amount of tablets is now being recorded on the new MARS to ensure there is an accurate record of all medicines into the home</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 6 November 2017	<p>The registered person shall ensure that medicine management audits are completed regularly.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>            New deputy manager is in post and these have now started to be carried out regularly</p>



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