



Unannounced Enforcement Medicines Management Inspection Report 5 June 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: Catherine Glover

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) Ltd 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 inspection took place on 5 June 2019 from 10.30 to 15.30.

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 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

Following a medicines management inspection in the home on 27 February 2019 two Failure to Comply (FTC) Notices were issued by RQIA on 7 March 2019:

FTC ref: FTC000023 with respect to Regulation 13(4) and FTC000024 with respect to Regulation 30(1) of The Residential Care Homes Regulations (Northern Ireland) 2005. The areas identified for improvement and compliance with the regulations were in relation to safe management of medicines and management of incidents. The date of compliance with the notices was 8 May 2019.

Evidence was not available at the inspection on 8 May 2019 to validate compliance with the above FTC Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. RQIA senior management made a decision to extend the compliance date to 5 June 2019; FTC notices - FTC000023E and FTC000024E were issued. Compliance with these notices was to be achieved by 5 June 2019.

The outcome of the inspection on 5 June 2019 indicated that the necessary improvements had been made regarding incident management and compliance had been achieved with FTC000024E.

However, we were unable to validate compliance with the FTC Notice in relation to FTC000023E. Given the sustained non-compliance and the continued potential impact on the health and welfare of residents, a meeting was held with the management of Wood Green Residential Home on 12 June 2019 with the intention of issuing a Notice of Proposal to impose conditions on the registration of Wood Green Residential Home. Following this meeting, a Notice of Proposal (NOP000008) was issued on 14 June 2019 to impose the following condition on the registration of Wood Green Residential Home:

It is proposed that admissions to Wood Green Residential Home will cease until compliance with the specific actions stated in FTC000023E dated 7 March 2019 have been fully met.

As part of the inspection, the two areas for improvement in the QIP from the previous inspection was reviewed; this related to the stock control of medicines and bisphosphonates. There was evidence that the necessary improvement had been made

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	0	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Debby Gibson, Registered Manager, Mrs Yvonne Diamond, Responsible Individual and Ms Tara Watters, Team Leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action resulted from the findings of this inspection (see section 4.0).

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.

5.0 How we inspect

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

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents

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 three senior care assistants, the team leader, the registered manager and the responsible individual.

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
- medicine audits
- training records
- controlled drug record book

Areas for improvement 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 8 May 2019

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

6.2 Review of areas for improvement from the last medicines management inspection dated 8 May 2019

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: First time	The registered person shall ensure that all bisphosphonate medicines are administered at the correct time and that this time is clearly stated.	Met
	Action taken as confirmed during the inspection: Bisphosphonate medicines were being administered at the correct time and this was accurately recorded on the medicines administration records.	

Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall review the stock control systems to ensure that residents have a continuous supply of their medicines.	Met
	Action taken as confirmed during the inspection: All medicines were in stock and available for administration at the time of this inspection. Any instances of unavailability of medicines were reported and managed appropriately.	

6.3 Inspection findings

FTC Ref: FTC000023E

Notice of failure to comply with Regulation 13(4) of The Residential Care Homes Regulations (Northern Ireland) 2005

Health and welfare of residents

Regulation 13.–(4) *Subject to paragraph (5) the registered person shall make suitable arrangements for the ordering, storage, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the home to ensure that –*
(b) medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed, and to no other resident: and
(c) a written record is kept of the administration of any medicine to a resident.

In relation to this notice the following six actions were required to comply with this regulation.

The Registered Person must ensure that:

- robust arrangements are in place for the management of medicines for newly admitted residents
- robust arrangements are in place for the management of medicine changes
- staff are provided with training in the safe management of medicines
- medicine administration records are fully and accurately maintained
- records of the receipt of medicines are fully and accurately maintained
- the governance arrangements are developed to ensure effective auditing and monitoring systems for medicines management are in place and that these are fully implemented

We examined the management of medicines for one new resident. Written confirmation of the medicine regimes had been obtained and two staff were involved in transcribing the information on personal medication records and medication administration records. All medicines had been administered as prescribed.

There was evidence of some progress regarding how staff manage new medicines and medicines changes. However, the receipt and administration records for one antibiotic medicine did not tally. One dosage change regarding one medicine had not been appropriately recorded on the medicine administration sheet.

There was evidence that staff had received training in medicines management, including pain management since the last inspection. Supervision sessions with staff and competency assessment had also been completed in March and April 2019.

We examined the records in place for incoming medicines. Receipt records had not been made for one full trolley of medicines and the record of receipt for one antibiotic was not clear. An additional receipt book was in use for some incoming medicines and this did not contain all of the required information. Insufficient detail had been recorded when medicines were received in pharmacy filled compliance packs.

There was evidence of changes in auditing processes and they included an increased frequency of auditing. However, the auditing process had not been effective in driving the required improvements to ensure compliance with the FTC Notice. The auditing process should be further developed and embedded into practice.

There was evidence of some improvement and progress made to address the required actions within the notice, however, the evidence was insufficient to validate compliance with this FTC Notice.

FTC Ref: FTC000024E

Notice of failure to comply with Regulation 30(1) of The Residential Care Homes Regulations (Northern Ireland) 2005

Notification of death, illness and other events

Regulation 30.– (1) *The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –*

(d) *any event in the home which adversely affects the care, health, welfare or safety;*

In relation to this notice the following three actions were required to comply with this regulation.

The Registered Person must ensure that:

- an audit of all incidents that have occurred in the home is undertaken; and notify RQIA of any event that has adversely affected the care, health, welfare or safety of residents
- immediate action is taken to ensure that RQIA is notified of any events in accordance with Regulation 30
- the current incident management system is developed to ensure that robust arrangements are in place to report and manage incidents

Evidence was available to validate compliance with the Failure to Comply Notice.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with one Failure to Comply Notice but not the other. There was evidence of some improvement and progress made to address the required actions within the notice.

Following the inspection, RQIA senior management held a meeting with representatives of Wood Green Management Company (NI) Ltd on 12 June 2019. The Failure to Comply Notice which was served cannot be extended beyond three calendar months and a decision was made to issue a Notice of Proposal to impose a condition on the registration until full compliance with the FTC000023E has been achieved. The proposal, when implemented will cease admissions to the home, until full compliance with the FTC000023E has been achieved.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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