



# Unannounced Enforcement Medicines Management Inspection Report 8 May 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](http://www.rqia.org.uk)

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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

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

### 4.0 Inspection summary

An unannounced inspection took place on 8 May 2019 from 10.20 to 16.45.

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).

On 7 March 2019 the following Failure to Comply (FTC) Notices were issued by RQIA to Wood Green Residential Home:

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.

The inspection sought to assess the level of compliance achieved in relation to the two FTC Notices.

Evidence was not available 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. Following the inspection, RQIA senior management held a meeting on 9 May 2019 and a decision was made to extend the compliance date to 5 June 2019. Compliance with the notices must therefore be achieved by 5 June 2019.

One area in relation to the stock control of medicines was also reviewed as part of this inspection. We did not 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
<b>Total number of areas for improvement</b>	0	*2

\*The total number of areas for improvement includes one which has been stated for a second time.

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

Ongoing enforcement action resulted from the findings of this inspection.

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, the responsible individual and a director from the organisation.

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.

One area for improvement identified at the last medicines management inspection was not reviewed as part of this inspection and is carried forward to the next medicines management inspection.

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 inspections dated 27 February 2019**

The most recent inspections of the home were unannounced care and medicines management follow up inspections. A care and medicines management QIP was issued. Once returned these were approved by the inspectors.

The QIP in relation to the care inspection will be validated by the care inspector at the next care inspection.

### **6.2 Review of areas for improvement from the last medicines management inspection dated 27 February 2019**

Whilst the purpose of this inspection was to focus solely on the actions contained within the two Failure to Comply Notices issued on 7 March 2019, one area in the QIP regarding the stock control of medicines was examined during the inspection and related to the administration of medicines and incident management as detailed in the two Failure to Comply Notices.

One area for improvement from the last medicines management inspection on 27 February 2019 was not reviewed as part of the inspection and is carried forward to the next medicines management inspection. The QIP in Section 7.2 reflects the carried forward area for improvement.

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that all bisphosphonate medicines are administered at the correct time and that this time is clearly stated.	<b>Carried forward to the next medicines management inspection</b>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall review the stock control systems to ensure that residents have a continuous supply of their medicines.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> We identified two instances within the last month where the resident missed doses of their medicines as there was no stock. One resident missed seven doses of an analgesic; and another resident missed three doses of one medicine which must be administered on a continuous basis to maintain therapeutic effect. This resident had also missed doses of the same medicine in March 2019.  This area for improvement will form part of the compliance inspection to be undertaken on 5 June 2019.	

### 6.3 Inspection findings

FTC Ref: FTC000023

#### 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 two new residents. 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.

There was evidence of some progress regarding how staff manage medicine new medicines and medicines changes. However, we could not obtain the necessary information regarding some medicines and therefore the inspection findings indicate that this area has not been fully addressed.

We reviewed a sample of medication records for eight residents. We identified further instances of omissions which were not noted by staff and therefore we could not be assured that residents were being administered their medicines as prescribed.

We examined the records in place for incoming medicines. These had been well maintained and no further concerns were noted.

There was evidence of changes in auditing processes and they included an increased frequency of auditing. However, we observed some audit discrepancies and areas for improvement in relation to stock control, record keeping and incident management. Therefore, the area for improvement has not been fully addressed.

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.

**FTC Ref:** FTC000024

## **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

Following the inspection, we were notified retrospectively of the incidents which should have been, but had not been notified to RQIA.

Whilst we acknowledged that there had been better reporting of notifiable events, two out of stock situations were identified and had not been reported to RQIA.

There was evidence of the developments in incident management, which included a tracker system intended to ensure that all incidents were reported to the necessary persons and also enable identification of trends. However, the out of stock situations had not been reported to RQIA.

We cross referenced the information on the tracker with the notifiable events reported to RQIA. Whilst we had received the notifiable events, not all of these events were recorded on the tracker. Therefore, we could not be assured that the incident management system was robust.

### **Areas for improvement**

No new areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Number of areas for improvement</b>	0	0

## **6.4 Conclusion**

Evidence was not available to validate compliance with the Failure to Comply Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices. Following the inspection, RQIA senior management held a meeting

on 9 May 2019 and a decision was made to extend the compliance date up to 5 June 2019 and therefore compliance must be achieved by this date.

## **7.0 Quality improvement plan**

There were no new areas for improvement identified during this inspection. The QIP contains one area which has not yet been effectively addressed and was not part of the Failure to Comply Notice.

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.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 13(4)</p> <p><b>To be completed by 5 June 2019 as stated in the Failure to Comply Notice which was extended from 8 May 2019</b></p>	<p>The Registered Person must ensure that:</p> <ul style="list-style-type: none"> <li>• robust arrangements are in place for the management of medicines for newly admitted residents</li> <li>• robust arrangements are in place for the management of medicine changes</li> <li>• staff are provided with training in the safe management of medicines</li> <li>• medicine administration records are fully and accurately maintained</li> <li>• records of the receipt of medicines are fully and accurately maintained</li> <li>• the governance arrangements are developed to ensure effective auditing and monitoring systems for medicines management are in place and that these are fully implemented</li> </ul> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Confirmation of prescribed medication for newly admitted residents is confirmed with the GP prior to admission to the home. The pharmacy informs the home via email of any changes to medications received in the form of a script from the GP. All changes to medication are placed on the electronic record system in the form of a significant conversation to alert management of the changes.</p> <p>Staff have received face to face training for safe management of medicines and pain management. They have also repeated their online training for medication management.</p> <p>A tracking system has been implemented to monitor administration records for all medicines.</p> <p>Medication received into the are recorded on the MAR sheet and also in the medication register on each unit.</p> <p>Weekly medication audits have been implemented and include a check of all MAR and Kardex. Night medication audits are carried out for 3 residents on each unit. Peer audits have also been implemented.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 30(1)</p> <p><b>To be completed by 5 June 2019 as stated in the Failure to Comply</b></p>	<p>The Registered Person must ensure that:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• immediate action is taken to ensure that RQIA is notified of any events in accordance with Regulation 30</li> </ul>

<b>Notice which was extended from 8 May 2019</b>	<ul style="list-style-type: none"> <li>the current incident management system is developed to ensure that robust arrangements are in place to report and manage incidents</li> </ul> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>  An audit of all incidents has been completed and a tracker was introduced to monitor all incidents. All incidents have been put through to the RQIA.  All incidents are being submitted in accordance with Regulation 30. The incident tracker has been updated to ensure all relevant incidents are being reported and recorded to aid the auditing process.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 28 March 2019	<p>The registered person shall ensure that all bisphosphonate medicines are administered at the correct time and that this time is clearly stated.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</b></p> <p>Ref: 6.2</p>

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



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