Unannounced Follow Up Medicines Management Inspection Report 10 December 2018

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

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 care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Limited **Responsible Individual:** Mrs Yvonne Diamond	**Registered Manager:** Ms Debby Ann 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:** 54

4.0 Inspection summary

An unannounced inspection took place on 10 December 2018 from 11.00 to 14.00.

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).

The previous medicines management inspection on 29 August 2018 had shown that robust arrangements for the management of medicines were not in place. To ensure that the necessary improvements have been made, it was decided that this further medicines management inspection would be completed.

This inspection sought to determine if the necessary improvements had been made to ensure 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:

- governance arrangements
- the management of controlled drugs
- medicines records and medicines administration

It was evidenced that most of the areas identified for improvement had been addressed effectively. Management had reviewed the systems in place. Staff had received further training on the management of medicines, roles and responsibilities and accountability. The evidence seen during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well led. The improvements which had taken place were acknowledged. These must be sustained in order that staff

continue to deliver safe and effective care. However, some further improvement is necessary to ensure that robust systems are in place regarding transcribing of medicines information.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

*The area for improvement refers to one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Debby Gibson, Registered Manager and Mrs Yvonne Diamond, Responsible Individual, 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 those actions detailed in the QIP no further actions were required to be taken following the care inspection on 22 November 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 incidents: it was ascertained that no medicine related incidents had been 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 we met with three senior care assistants, one care assistant, the registered manager and the responsible individual.

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

- medicines received
- personal medication records
- medicine administration records
- medicines disposed of
- medicine audits
- care plans
- training records
- controlled drug 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 22 November 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP 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 29 August 2018

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall investigate the observations made in the disposal of one controlled drug and forward a report of the findings to RQIA.	**Met**
	Action taken as confirmed during the inspection: A written report of the investigation findings and action taken to prevent a recurrence was received by RQIA.	
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: There was evidence that the management of controlled drugs had been reviewed and robust arrangements were in place.	

Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that all residents are administered their medicines in strict accordance with the prescribers' instructions.	**Met**
	Action taken as confirmed during the inspection: A review of the internal audits and the outcomes of the audits undertaken as part of the inspection indicated that residents were administered their medicines as prescribed.	
Area for improvement 4 **Ref:** Regulation 13(4) **Stated:** First time	The registered person shall ensure that records of administered medicines are fully and accurately maintained.	**Met**
	Action taken as confirmed during the inspection: We examined a number of medicine administration records. These had been well maintained and included a reason for any non-administration of medicines.	
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 the transcribing of medicines information on MARs includes two staff and both staff initial the entry.	**Partially met**
	Action taken as confirmed during the inspection: There was limited evidence that this had been embedded into routine practice, as there were handwritten medicine entries which were not verified by two staff. This area for improvement is stated for a second time.	
Area for improvement 2 **Ref**: Standard 31 **Stated:** First time	The registered person shall ensure that a system is in place to enable care staff to record the administration of thickened fluids.	**Met**
	Action taken as confirmed during the inspection: A system had been developed to ensure that the administration of thickened fluids was recorded by care staff.	

6.3 Inspection findings

Governance arrangements

Following the last medicines management inspection, training, supervision and competency assessment of designated staff had been completed. Training in oxygen management is scheduled.

We were informed of the new arrangements for the ordering and supply of medicines. Staff and management advised of the action taken to review the auditing system and further develop it to ensure that this was effective. Staff had been reminded of their roles and responsibilities in implementing these audits and reporting outcomes to management. They provided details of the daily, weekly and monthly audits on a variety of medicines and medicines records. A sample of audit records was made available and there was evidence of the action taken to address any issues. It was evident that staff were knowledgeable regarding the resident's medicines.

The management of controlled drugs

Controlled drugs were safely managed. The controlled drug record book was fully maintained. All controlled drugs subject to safe custody legislation and other controlled drugs, such as Schedule 4 controlled drugs were checked at each shift check. In relation to discontinued or expired controlled drugs, these were safely disposed of; staff were reminded that stocks of discontinued controlled drugs should be checked by staff until returned to the community pharmacy. It was agreed that this practice would commence from the day of the inspection onwards.

Medicine records and medicines administration

We examined several residents' medicine records and evidenced a good standard of record keeping. Medicine records were legible and included the necessary information to direct the care of the residents; this included reminders for medicines which were prescribed at weekly intervals and alerts when more than one medicine containing paracetamol was prescribed.

A range of medicines and medicine formulations were audited. The outcomes indicated that residents were being administered their medicines as prescribed. There were no evidence of missing signatures or unexplained omissions in the records examined. Thickening agents were administered by senior care staff and care staff; a new system had been developed to ensure that each administration was recorded.

There were largely satisfactory systems in place to manage new medicines and medicine changes. The need for two staff to be involved in transcribing medicines information on medication administration records was discussed and the area for improvement is stated for a second time.

Additional areas examined

In relation to one medicine prescribed for the management of seizures, there was no evidence that staff had received the necessary training and a care plan/epilepsy management plan was not in place; we queried the medicine supplied in relation to the dose to be administered. On

11 December 2018, the registered manager provided details of the action taken, including discussion with the prescriber and advised that this medicine was no longer prescribed.

Areas of good practice

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

Areas for improvement

No new areas for improvement were identified. One area for improvement in relation to transcribing has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	0

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 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 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 **Ref**: Standard 31 **Stated:** Second time **To be completed by:** 10 January 2019	The registered person shall ensure that the transcribing of medicines information on MARs includes two staff and both staff initial the entry. Ref: 6.2 & 6.3
	Response by registered person detailing the actions taken: Supervision and informal training held with all Senior Care Staff identifying the importance of two staff transcribing all written entries. Pharmacy contacted who now forward printed Mar sheets for medication supplied mid-cycle. Management team will continue to monitor and observe.

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

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