

Inspection Report

15 June 2021



Wood Green Residential Home

Type of service: Residential Care Home
Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ
Telephone number: 028 9036 9901

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Wood Green Management Company (NI) Ltd	Registered Manager: Ms Debby Gibson
Responsible Individual: Mrs Yvonne Diamond	Date registered: 21 September 2018
Person in charge at the time of inspection: Ms Debby Gibson – Registered Manager	Number of registered places: 49 A maximum of 23 residents accommodated on the Ground Floor and a maximum of 26 residents accommodated on the Second Floor.
Categories of care: Residential Care (RC): DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 43
Brief description of the accommodation/how the service operates: This is a residential care home which is registered to provide care for up to 49 residents. This home is situated on the same site as Wood Green Nursing Home.	

2.0 Inspection summary

An announced inspection took place on 15 June 2021 from 10.30am to 5:00pm. The inspection was conducted by two pharmacist inspectors.

At the last inspection on 26 April 2021, serious concerns were identified with the management of medicines and with management and governance systems within the home. Following a meeting with the registered persons, two Failure to Comply (FTC) notices were issued on 6 May 2021.

This inspection was planned to assess compliance with the actions detailed in the FTC notices. The outcome of this inspection evidenced that management within the home had taken appropriate action to comply with the FTC notices.

There was evidence of improvements in all aspects of the management of medicines from the previous medicines inspection on 26 April 2021.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified, relating to care, would be followed up at the next care inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings, incidents and correspondence. To complete the inspection we reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines.

4.0 What people told us about the service

We spoke with four care staff, the activities co-ordinator, the deputy manager and the registered manager, the responsible individual and the owner of Wood Green Residential Home. We also spoke with a visiting podiatrist.

Staff expressed satisfaction with how the home was managed. They felt that staff morale was improving. They described the training that had been provided and the staff meetings that had been held since the last medicines inspection. They felt confident that should they have any concerns that management would respond appropriately. They said that they had the appropriate training to look after residents and to meet their needs. The activities co-ordinator said that management were open to suggestions for improvements and that he was well supported in his role. Staff were engaged in activities with the residents during the inspection.

The visiting podiatrist told us that staff in the home were responsive to residents' needs. He spoke positively of the staff group and said that any advice or instruction that he gave was followed promptly.

One relative spoke in positive terms about individual staff members caring for their relative. Some concerns were raised and the details of these were shared, with the agreement of the relative, with the responsible individual for resolution.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to this residential care home was undertaken on 26 and 27 April 2021 by care and pharmacist inspectors.

Areas for improvement from the last inspection on 26 and 27 April 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 18(2)(n) Stated: First time	The registered person shall having regard to the size of the home and the number and needs of residents ensure that activities are planned and provided with regards to the needs of the residents and residents are consulted about the planned programme of activities.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance summary
Area for Improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans to direct staff in the management of pain are completed for the relevant residents.	Met
	Action taken as confirmed during the inspection: Care plans for the management of pain were reviewed for three residents and had been completed satisfactorily.	
Area for improvement 2 Ref: Standard 31 Stated: First time	The registered person shall ensure that records of prescribing and administration of thickening agents contain the recommended consistency level as outlined in the residents' SALT care plan.	Met
	Action taken as confirmed during the inspection: The records relating to thickened fluids had been fully completed and correlated with the SALT care plan.	

<p>Area for improvement 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed 	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure a full review of the residents' meal time experience to ensure residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans are individualised and person centred with attention given to language used to ensure the resident's dignity is maintained at all times.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: N9</p> <p>Stated: First time</p>	<p>The registered person shall ensure call bells are positioned in an accessible way to meet the general needs of residents.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward</p>		

	to the next inspection.	
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5.2 Inspection findings

FTC Ref: FTC000145

Notice of failure to comply with regulation:

The Residential Care Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.

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

The registered person must ensure that:

1. A robust system of audit and review is implemented, that encompasses all aspects of the management of medicines to ensure that there are safe systems in place.
2. When a deficit is identified through the audit process, there is a quality improvement plan in place that evidences:
 - The action(s) that have been put in place to prevent reoccurrence of the deficit in the short, medium and long term
 - The action(s) that have been implemented to assure the necessary improvements are made and sustained across the home.
3. A comprehensive review of training and competency of all staff that have responsibility for managing medicines is undertaken. Any concerns in relation to knowledge, skills or practical application must be identified and a plan for quality improvement in place. A plan in relation to the staff members role and responsibility while this is being managed must also be in place.
4. A comprehensive review of managerial arrangements and who has responsibility for managing medicines is completed. The review should conclude who has responsibility for audit, monitoring and governance of medicines and who will drive improvement when deficits or concerns are identified.
5. An effective, comprehensive and meaningful quality monitoring report is completed fortnightly which reviews and monitors progress with the actions specified in Failure to

Comply Notices FTC000145 and FTC000146. Where progress is still required, the quality monitoring report must evidence:

- The monitoring officer's escalation of deficits and concerns
- An impact assessment of concerns on safe care and residents welfare
- The improvement plan that assures residents safety and welfare is protected.

6. The quality monitoring report is forwarded to RQIA, on a fortnightly basis until further notice.

Action taken by the registered persons:

Evidence in relation to the six action points outlined in the Failure to Comply Notice was gathered to establish if Wood Green Residential Home had complied with the Regulation. The following was established in relation to each action:

1. The auditing process had been reviewed. Daily, weekly and monthly medication audits were completed by the management team. These audits were effective at identifying issues and an action plan was drafted to address any deficits identified. The deputy manager was responsible for ensuring that the actions were completed by staff and the plan was reviewed and signed by the manager. This action has been assessed as met.
2. Review of the audits showed that deficits were identified and were generally resolved in a timely manner. However, a small number of actions had been repeated a number of times before they were effectively addressed. These issues were of a minor nature, for example, a missed signature and allergy information not recorded. This was discussed with the management team who said they had reviewed the process and this would no longer occur. This action has been assessed as met.
3. Staff involved in the management of medicines had attended a live virtual training session with the community pharmacist on 10 and 11 June 2021 and their competency levels were assessed as complaint by the management team. The management team plan to implement a new medication system on Monday 21 June 2021. Staff had attended training on this system prior to implementation. This action has been assessed as met.
4. Review of management arrangements had been completed by Mark Donnelly, Home Owner and the outcome was emailed to RQIA on 13 May 2021. Staff spoken with were aware of the new management arrangements and who had responsibility for audit and escalating concerns. There were clear lines of accountability. This action has been assessed as met.
5. Comprehensive quality monitoring reports have been completed fortnightly. All aspects of the management of medicines were reviewed during the monitoring visits and action plans to address any identified deficits were produced. This action has been assessed as met.
6. Quality monitoring reports have been received by RQIA on a fortnightly basis. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

FTC Ref: FTC00146

Notice of failure to comply with regulation:

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 –

- (a) any medicine which is kept in a home is stored in a secure place; and*
- (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 actions were required to comply with this regulation:

The registered person must ensure that:

1. Residents have a supply of their currently prescribed medicines which are administered as prescribed.
2. Complete and contemporaneous records of the administration of medicines are completed.
3. The admission and readmission process is reviewed and detailed in a policy which includes;
 - arrangements to obtain written confirmation of the current medicine regime from the prescriber
 - processes to check that the correct medicines have been supplied
 - how any discrepancies are managed and how changes will be carried into the new medicine cycle.
4. Personal medication records are fully and accurately completed.
5. Handwritten entries on medicine administration records are verified and signed by two staff members.
6. Records of disposed medicines are verified, and signed by two staff members.
7. Robust reconciliation checks for controlled drugs must be completed at each transfer of responsibility. Controlled drugs keys must be held by the person responsible for those medicines.

8. Care plans for to direct staff in the management of distressed reactions are completed for the relevant residents. Records of the administration of “when required” medicines are completed. The reason for and outcome of administration of these medicines is recorded.
9. Systems are implemented to improve the safe and secure storage of medicines.
10. All staff with responsibility for managing medicines are provided with further medicines management training from a suitably qualified person and records are maintained.

Action taken by the home

Evidence in relation to the ten action points outlined in the Failure to Comply Notice was gathered to establish if Wood Green Residential Home had complied with the Regulation. The following was established in relation to each action:

1. All medicines were in stock during this inspection. Since the last inspection only one medicine was out of stock and this was promptly reported and addressed. This action has been assessed as met.
2. Medicine administration records examined were fully and accurately completed. Internal audits were identifying ‘gaps’ in the record keeping and the appropriate actions were being taken to address these gaps. Significant improvement from the previous medicines management inspection was evidenced. This action has been assessed as met.
3. An admission checklist had been implemented and the home’s policy updated to reflect the new process. Review of recent re-admissions to the home confirmed an accurate list of medicines had been received on re-admission to the home and medicines were available for administration. This action has been assessed as met.
4. Examination of personal medication records evidenced that changes were accurately documented and no issues were identified. This action has been assessed as met.
5. All handwritten entries on medication administration records had been verified and signed by two staff members. This action has been assessed as met.
6. Records of disposed medicines were accurately completed; verified and signed by two staff. This action has been assessed as met.
7. Controlled drug reconciliation checks had been fully completed and controlled drug safe keys were held by the senior care assistant. This action has been assessed as met.
8. Care plans were in place for any resident requiring “when required” medicines. This action has been assessed as met.
9. It was evident that processes were in place to ensure medicines were safely and securely stored. This action has been assessed as met.
10. Review of records and discussion with staff evidenced that further training and competency assessment had been completed. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC notice.

5.2.1 What additional action has been taken to enhance care within the home?

A recent staff culture survey had been completed and staff had provided feedback on their experience of working in the home. The management team has implemented a number of new initiatives to boost staff morale and promote a positive culture in the home. There was a plan to complete this survey again in six months to measure improvement.

In the culture survey staff had indicated that communication could be improved. Regular team and departmental meetings have been held to give staff the opportunity to raise any identified issues. Management of the home have improved communication to both staff and relatives of residents with the introduction of newsletters which are issued regularly by email.

6.0 Conclusion

The inspection sought to assess if the home had taken the necessary actions to ensure compliance with the two FTC notices issued by RQIA on 6 May 2021.

The outcome of this inspection concluded that the home had taken appropriate action to comply with the issued FTC notices. The importance of sustaining the progress made was emphasised.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	5*

* These areas for improvement have been carried forward for review at the next care inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 18(2)(n) Stated: First time To be completed by: 8 May 2021	<p>The registered person shall having regard to the size of the home and the number and needs of residents ensure that activities are planned and provided with regards to the needs of the residents and residents are consulted about the planned programme of activities.</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 27 May 2021	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: 28 April 2021	<p>The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 11 May 2021</p>	<p>The registered person shall ensure a full review of the residents' meal time experience to ensure residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2021</p>	<p>The registered person shall ensure care plans are individualised and person centred with attention given to language used to ensure the resident's dignity is maintained at all times.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: N9</p> <p>Stated: First time</p> <p>To be completed by: 27 April 2021</p>	<p>The registered person shall ensure call bells are positioned in an accessible way to meet the general needs of residents.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>



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