

# Announced Enforcement Inspection Report 15 July 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**

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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 announced inspection took place on 15 July 2019 from 10.10 to 14.30.

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).

As a result of an inspection on 27 February 2019, two Failure to Comply (FTC) notices regarding the safe management of medicines and incident management (Regulation 13(4) and Regulation 30(1) respectively) were issued. Evidence was not available at the monitoring inspection on 8 May 2019 to validate compliance with these FTC Notices. We extended the compliance date to 5 June 2019. At a further inspection on 5 June 2019 compliance with one FTC notice regarding Regulation 30 (1) was achieved. Following the inspection, RQIA senior management held a further meeting with representatives of Wood Green Management Company (NI) Ltd on 12 June 2019. A decision was made to issue a Notice of Proposal to place a condition on the registration of the home until full compliance with Regulation 13(4) had been achieved. The condition proposed was in relation to the home ceasing admissions.

This inspection sought to evidence compliance with the issues identified under Regulation 13(4).

From the outcomes of the inspection we evidenced that significant improvement had been made, residents were being administered their medicines as prescribed and robust governance systems were in place. RQIA management considered these findings and has decided not to proceed with our proposal to impose a condition on the registration of Wood Green Residential 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	0

This inspection resulted in no new areas for improvement being identified.

#### 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 about 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 we met with three senior care assistants, the team leader, the deputy manager, 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
- medicine audits
- training and supervision records
- controlled drug record books
- care plans

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 5 June 2019

The most recent inspection of the home was an unannounced enforcement monitoring inspection to assess compliance with Regulation 13(4) of The Residential Care Homes (Northern Ireland) 2005. (For the review of this see Section 6.2.)

## 6.2 Inspection findings

### Breach of 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 regulation the following six actions were required for compliance:

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

The management of new residents' medicines was discussed. There had been no new residents admitted to the home since the last inspection. It was acknowledged that no further concerns were noted at the last medicines management inspection. Staff were aware of the procedures to follow to ensure that written confirmation of resident's medicine regimes was in place.

There was evidence of the robust systems in place to manage new medicines and medicines changes. Records were well maintained and included two staff signatures to evidence the information and details were included in the sample of care plans examined. In addition, specific administration records for antibiotics had been brought into use.

Staff had received training in medicines management in July 2019; this was specific to documentation. There was evidence of recent supervision with staff, including additional supervision as applicable post medicine related incidents. Following discussion with staff, it was evident that the staff were knowledgeable about the residents' medicines.

We reviewed a sample of medication records for 11 residents. There was evidence that residents were being administered their medicines as prescribed. Personal medication records correlated with the corresponding medication administration records. In the instances where residents missed doses of their medicines due to ongoing refusal, this had been reported to the residents' doctor, family and care manager and recorded in the resident's care plan.

We examined the records in place for incoming medicines. A record of the receipt of medicines was maintained for all of the medicines selected for examination.

There was evidence of further development of the auditing processes. Audits were completed by senior staff and management. Daily, weekly and monthly audits were in place, including the routine recording of running stock balances for some medicines, monitoring of eye drops and records pertaining to delegated medicine tasks. Peer review audits had also commenced. There was evidence that any shortfalls were addressed with management and followed up as required. The community pharmacist continued to visit the home on a regular basis to audit and provide support and guidance.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.3 Conclusion

Evidence was available to validate compliance with Regulation 13(4) of The Residential Care Homes Regulations (Northern Ireland) 2005.

Following the inspection, RQIA has decided not to proceed with our proposal to impose a condition on the registration of Wood Green Residential Home.

### 7.0 Quality improvement plan

There were no 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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