



# Unannounced Medicines Management Inspection Report 29 August 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**

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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 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 with care needs as detailed in Section 3.0.

This home is situated on the same site as Wood Green Nursing Home.

### 3.0 Service details

<b>Organisation:</b> Wood Green Management Company (NI) Limited  <b>Registered Provider:</b> Mrs Yvonne Diamond	<b>Registered Manager:</b> See box below
<b>Person in charge at the time of inspection:</b> Ms Debby Gibson	<b>Date manager registered:</b> Ms Debby Ann Gibson (Application received - "registration pending")
<b>Categories of care:</b> Residential Care (RC): DE – Dementia MP – Mental disorder excluding learning disability or dementia	<b>Number of registered places:</b> 54

### 4.0 Inspection summary

An unannounced inspection took place on 29 August 2018 from 10.40 to 15.35.

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 inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There was some evidence of good practice in relation to medicines management regarding the governance arrangements, training, care planning, the completion of personal medication records and the storage of medicines.

Areas for improvement were identified in relation to the management of controlled drugs, record keeping and the administration of medicines.

The residents we met with spoke positively about the management of their medicines and the care provided by staff. They were noted to be relaxed and comfortable in their environment.

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>	4	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Debby Gibson, Manager and Mrs Yvonne Diamond, Registered Provider, by telephone after the inspection, 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. The outcomes of the inspection were discussed with the senior pharmacist inspector in RQIA. It was agreed that the findings would be discussed with the registered provider and the omissions identified during the inspection monitored through the quality improvement plan and another inspection.

## 4.2 Action/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 30 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management medicine related incidents 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 residents, one relative, three senior care staff, the manager and a representative of 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
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

We provided 10 questionnaires to distribute to residents and their representatives, for completion and return to RQIA; and we asked the manager to display a poster which invited staff to share their views and opinions by completing an online questionnaire.

We left 'Have we missed you' cards in the home to inform residents and their representatives, who we did not meet with or were not present in the home, how to contact RQIA to tell us their experience of the quality of care provided. Flyers which gave information on raising a concern were also left in the home.

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 30 May 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This 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 6 October 2017**

<b>Areas for improvement from the last medicines management inspection</b>		
<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>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure that the personal medication records are updated and verified by two suitably qualified staff members.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Printed personal medication records were in use and were signed by two trained staff.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure that a complete record of all medicines received into the home is maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A record of incoming medicines was maintained.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that medicine management audits are completed regularly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We were advised of auditing processes completed by staff and management and also of the areas for improvement which had been recently identified; a copy of the most recent action plan (28 August 2018) to address the issues and monitor progress was provided.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Medicines were managed by staff who have been trained and deemed competent to do so. Staff completed a competency assessment following induction, post medicine related incidents and at least annually. Refresher training had been completed in May and July 2018 as a result of recent incidents and audit outcomes. The manager advised that as she was recently appointed, she was currently completing staff supervision/competency and appraisal would be completed in due course.

There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Written confirmation of medicine regimes was obtained. Personal medication records (PMRs) were updated by two trained staff. This is safe practice and was acknowledged. However, this did not occur when medicines information was transcribed onto medication administration records (MARs). The need for this was discussed and an area for improvement was made.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify, report and follow up any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

Shortfalls were noted in the procedures to manage medicine changes. There was evidence of missed doses, incorrect record keeping and administration of the wrong dose. A system must be put in place to ensure that changes in medicines are closely monitored to ensure adherence to the prescribers' instructions. An area for improvement regarding medicines administration was made in Section 6.5

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to. Training had been completed.

The management of controlled drugs was reviewed. Controlled drugs which require safe custody were stored in the controlled drug cabinet; arrangements were in place to check stock balances of controlled drugs which require safe custody at each shift check. We noted several areas for improvement in relation to the completion of the controlled drug record book regarding stock balances, administration, use of correction fluid and missing staff signatures. We also raised a query in relation to the disposal of a controlled drug. The manager was requested to investigate this matter and forward a report to RQIA. Two areas for improvement were made. The need for staff to refer to the organisation's Standard Operating Procedures for controlled drugs was also discussed.

Discontinued or expired medicines including controlled drugs were returned to the community pharmacy for disposal. Advice was also given regarding the disposal process in residential care homes.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened. Arrangements were in place to monitor the temperatures of the treatment room and the medicines refrigerator. Staff were reminded that the medicines refrigerator thermometer must be reset every day.

Oxygen cylinders were held in stock and signage was in place. We were advised that a supply was held for emergency use. Staff confirmed that they had received training in the management of oxygen. The need for emergency oxygen in a residential care home was discussed and the manager advised that this would be reviewed with immediate effect.

### Areas of good practice

There were examples of good practice in relation to staff training and competency assessment and stock control of medicines.

### Areas for improvement

The transcribing of medicines information should involve two staff and both staff should initial the entry.

The observations made regarding the disposal of one controlled drug should be investigated and the findings reported to RQIA.

The management of controlled drugs should be reviewed to ensure that robust arrangements are in place.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The majority of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, discrepancies were observed indicating that a small number of medicines had not been administered as prescribed and were highlighted to staff and management. See also below. An area for improvement was made.

Some of the medicine records were well maintained and facilitated the audit process. In relation to the records of medicines administration, there were several unexplained gaps in administration. The audit trails indicated that some of these medicines had been administered but the record had not been signed or, medicines had been omitted and a reason for the missed dose was not recorded. Medicines administration records must be accurately maintained. An area for improvement was identified. Staff were reminded that obsolete personal medication records should be cancelled and archived, with only the current PMR kept in the folder.



The management of pain was reviewed. This was referenced in a care plan and a pain assessment was completed every month. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the resident was comfortable. With the exception of two medicines, the sample of records examined indicated that pain relieving medicines had been administered as prescribed. The omissions in the administration of these medicines were discussed with the manager who assured us that this would be investigated with immediate effect.

We reviewed the management of distressed reactions. These medicines were prescribed for a small number of residents. A care plan was in place and the reason for and outcome of the administration were recorded in the resident's notes. However, we noted that one resident was prescribed two medicines and both were being administered at separate times; it was not clear when each medicine should be administered. The manager assured us that this would be reviewed with the prescriber and details recorded in the resident's care plan.

The management of swallowing difficulty was examined. For those residents prescribed a thickening agent, a care plan and speech and language assessment report was in place and details were recorded on their PMR. Records of administration were incomplete as there was no system in place for care staff to record administration. An area for improvement was made.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Following discussion with the manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the residents' healthcare needs.

### **Areas of good practice**

There were some examples of good practice in relation to care planning.

### **Areas for improvement**

The necessary arrangements must be made to ensure that all residents are administered their medicines in strict accordance with the prescribers instructions.

Staff must ensure that MARs are fully and accurately maintained.

A system must be developed to ensure the administration of thickening agents by care staff is recorded.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	1

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The administration of medicines to residents was not observed during the inspection.

There was a warm and welcoming atmosphere in the home. We observed that there were good relationships between the staff, residents and residents' representatives. Staff were noted to be friendly and courteous; they treated the residents with dignity. It was clear from discussion and observation of staff, that they were familiar with the residents' likes and dislikes.

We met with three residents, who expressed their satisfaction with the staff and the care provided. We were advised that medicines were administered on time and any requests e.g. for pain relief, were adhered to. The residents stated they had no concerns. Comments included:

"The staff are more than good."

"Food is lovely."

"I have no pain at all."

"They (staff) are very good in here."

"I like it here, no complaints."

We met with one resident's relative who was complimentary about the staff and advised how well his relative was being looked after.

Of the questionnaires which were left in the home to facilitate feedback from residents and their representatives, two were returned within the time frame (two weeks). The responses indicated they were very satisfied with the care provided. One comment was made and was shared with the manager and care inspector:

"The staff on the ground floor are brilliant. I have no problems with my xxx's (resident) care. The only problem I have is getting in and out of the building. I think changes will be made."

Any further comments in questionnaires received after the return date will be shared with the manager as necessary.

### Areas of good practice

Staff listened to residents and relatives and took account of their views.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. We were advised that arrangements were in place to implement the collection of equality data within Wood Green Residential Home.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

The governance arrangements for medicines management were reviewed. We were advised of the daily, weekly and monthly audits which take place and how areas for improvement were identified and followed up. Also, as part of the community pharmacist support to the home, a quarterly audit was undertaken and a list of the findings was left in the home for management to address. The manager advised of the training that had been provided as a result of recent audit outcomes and medicine related incidents and provided us with a detailed action plan to address the identified shortfalls in medicines management.

There were satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. They provided details of the procedures in place to ensure that all staff were made aware of incidents and to prevent recurrence. We discussed the medicine related incidents reported and the resultant changes in practice which had occurred. In relation to the regional safeguarding procedures, staff confirmed that they were aware that medicine incidents may need to be reported to the safeguarding team.

The manager advised of the communication systems in the home, which included written and verbal shift handovers and a weekly 'head of department' meeting to ensure that staff were kept up to date. She advised that the implementation of a daily 'flash meeting' was currently under consideration.

Following discussion with the manager and staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management. Staff confirmed that any concerns in relation to medicines management were raised with management.

The staff we met with spoke positively about their work and the working relationships in the home and with other healthcare professionals. All of the staff stated they felt well supported in their work and advised they had no concerns.

No online questionnaires were completed by staff within the specified time frame (two weeks).

## Areas of good practice

There were examples of good practice in relation to governance arrangements, the management of medicine incidents and quality improvement. There were clearly defined roles and responsibilities for staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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, Manager and Mrs Yvonne Diamond, Registered Provider, 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 the Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 September 2018	The registered person shall investigate the observations made in the disposal of one controlled drug and forward a report of the findings to RQIA.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Investigation completed and report sent seperately to inspector.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 September 2018	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> New Controlled Drug Books in place. Management Audits in place. Diazepam currently being checked at each hand over.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 September 2018	The registered person shall ensure that all residents are administered their medicines in strict accordance with the prescribers' instructions.  Ref: 6.4 & 6.5  <b>Response by registered person detailing the actions taken:</b> Copies of prescriptions manitained in the home and checked against Kardex's at each medication cycle. Report sent seperatel. Management continue to monitor.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 September 2018	The registered person shall ensure that records of administered medicines are fully and accurately maintained.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Staff Supervision completed with all Senior Care Staff, importance of accurate recording discussed. Staff are completing fully and accurately. Management continue to monitor same.

<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> 29 September 2018	The registered person shall ensure that the transcribing of medicines information on MARs includes two staff and both staff initial the entry.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> A review of hand written entries carried out, all staff reminded of importance of two signatures. New Mar sheet is currently being provided with all interim prescriptions. Management continue to monitor same.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time <b>To be completed by:</b> 29 September 2018	The registered person shall ensure that a system is in place to enable care staff to record the administration of thickened fluids.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> Fluid recording on current electronic system records the consistency of fluid for each individual. Each staff member has log in details, where their name appears at each entry of fluid intake. New form has been sourced and implemented.

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



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