

Inspection Report

21 May 2024



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

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Wood Green Management Company (NI) Ltd	Registered Manager: Mrs Tara Watters
Responsible Individual: Mrs Yvonne Diamond	Date registered: 22 July 2022
Person in charge at the time of inspection: Mrs Tara Watters	Number of registered places: 78 Including: a maximum of 23 residents accommodated on the ground floor, a maximum of 28 residents on the middle 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: 77
Brief description of the accommodation/how the service operates: Wood Green Residential Home is a residential care home, registered to provide health and social care, for up to 78 residents living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 21 May 2024, from 9.50am to 2.15pm. This was completed by two pharmacist inspectors and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection will be followed up at the next care inspection.

Robust governance systems were in place to ensure that medicines were managed safely and administered as prescribed. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. The progress made and sustained since the last inspection was acknowledged. No new areas for improvement were identified.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team regarding the management of medicines.

RQIA would like to thank the residents and staff for their assistance throughout the 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection, the following were 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. Discussions were held with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspectors met with the senior care assistant in each unit, the manager and the responsible individual.

Staff were warm and friendly and it was evident that they knew the residents well. The staff members spoken with expressed satisfaction with how the home was managed and the training received.

Feedback methods included a staff poster and paper questionnaires which were provided for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 16 & 17 January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b)(d)(i) Stated: First time	The registered person shall ensure that the environment in the Elm unit is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and repeated thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.	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.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that all staff wear surgical face masks in line with IPC guidance. The registered person shall draw up a risk assessment, to direct staff when working outside of PHA guidance.	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 Residential Care Homes Minimum Standards, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that the choices of meal offered at lunchtime are varied, and that a choice of meal is offered to those residents on modified diets.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	The registered person shall ensure the daily menu is displayed in a suitable format in the Elm unit.	Carried forward to the next inspection
	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.	

Area for improvement 3 Ref: Standard 6.3 Stated: First time	The registered person shall ensure the resident, or their representative, signs their care plan.	Carried forward to the next inspection
	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.	
Area for improvement 4 Ref: Standard 13 Stated: First time	The registered person shall ensure the home offers a structured programme of varied activities relating to the identified needs of the residents. The programme of activities is displayed in a suitable format. This is stated in relation to the Elm unit	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were usually retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans were in place. Advice on ensuring care plans are resident specific and direct the appropriate use of these medicines was provided. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with other factors such as pain or infection. Records included the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place as appropriate and reviewed regularly.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Care plans were in place when residents were prescribed warfarin or required insulin to manage their diabetes. Staff were reminded to cancel and archive obsolete warfarin records promptly.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded. Storage temperatures in two of the four units had exceeded the maximum recommended storage temperature of 25°C in recent days. The manager agreed to monitor this closely and take action if necessary. Medicine refrigerators and controlled drugs cabinets were available for

use as needed. It was agreed that inhaler spacer devices, stored on medicine trolleys, would be covered for infection prevention and control purposes.

Satisfactory arrangements were in place for the safe disposal of most medicines. Staff were reminded not to dispose of currently prescribed medicines as overstock and to review the receipt of medicines not ordered/needed with the prescriber/community pharmacist.

One liquid antibiotic preparation had passed its expiry date. This was addressed immediately and the manager agreed to alert/remind staff that medicines which have a reduced shelf life after reconstitution must be discarded when expired, according to the manufacturer's directions.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of medicine administration records was reviewed. Most of the records were found to have been fully and accurately completed. The records were filed once completed, staff were reminded to include the start date on any handwritten records to facilitate retrieval for review/audit.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Several residents have their medicines crushed and/or administered in food/drinks to assist administration. Care plans detailing how the residents take their medicines were in place. The prescriber had provided written authorisation and the suitability of each medicine for this type of administration had been checked with the pharmacist.

Management and staff audited medicine administration on a regular basis within the home. A range of audits was carried out. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was usually obtained at or prior to admission and details shared with

the community pharmacy. The manager agreed to follow up on prescriber confirmation of medicines prescribed for one admission. Medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	2*	4*

* The total number of areas for improvement includes six which are carried forward for review at the next inspection

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mrs Tara Watters, Registered Manager and Mrs Yvonne Diamond, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b)(d)(i) Stated: First time To be completed by: 1 July 2024	<p>The registered person shall ensure that the environment in the Elm unit is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and repeated thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.</p> <hr/> <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>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate and ongoing (17 January 2024)	<p>The registered person shall ensure that all staff wear surgical face masks in line with IPC guidance. The registered person shall draw up a risk assessment, to direct staff when working outside of PHA guidance.</p> <hr/> <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 the Residential Care Homes Minimum Standards, December 2022	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: From the date of the inspection (17 January 2024)	<p>The registered person shall ensure that the choices of meal offered at lunchtime are varied, and that a choice of meal is offered to those residents on modified diets.</p> <hr/> <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 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (17 January 2024)</p>	<p>The registered person shall ensure the daily menu is displayed in a suitable format in the Elm unit.</p> <hr/> <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 6.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (17 January 2024)</p>	<p>The registered person shall ensure the resident, or their representative, signs their care plan.</p> <hr/> <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 13</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection (17 January 2024)</p>	<p>The registered person shall ensure the home offers a structured programme of varied activities relating to the identified needs of the residents. The programme of activities is displayed in a suitable format. This is stated in relation to the Elm unit.</p> <hr/> <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>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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