

# Inspection Report

16 May 2022



## Woodgrove

Type of service: Nursing Home  
Address: 67 Hillsborough Road, Lisburn, BT28 1JN  
Telephone number: 028 9260 7302

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Mrs Natasha Southall	<b>Registered Manager:</b> Mrs Dawn Grady  <b>Date registered:</b> Acting since 20 April 2022
<b>Person in charge at the time of inspection:</b> Mrs Dawn Grady	<b>Number of registered places:</b> 32
<b>Categories of care:</b> Nursing (NH): PH – physical disability other than sensory impairment LD – learning disability SI – sensory impairment	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 24
<b>Brief description of the accommodation/how the service operates:</b>  This is a nursing home which is registered to provide care for up to 32 patients. The home is located over three floors with patient's bedrooms located on the first and second floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 May 2022, from 10.15am to 2.00pm. This was completed by two pharmacist inspectors.

The inspection 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. It also assessed progress with two areas for improvement identified at the last inspection. Following discussion with the aligned care inspector, it was agreed that the other areas for improvement identified at the last care inspection would be followed up at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. 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 patients were administered their medicines as prescribed.

The outcome of this inspection identified two areas for improvement in relation to the controlled drugs records and the refrigerator temperature. Areas for improvement are detailed in the quality improvement plan.

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.

RQIA would like to thank the 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. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

### **4.0 What people told us about the service**

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

The inspector spoke with two patients who said that they were happy living in the home. One patient said "I love it here, the staff are great".

The inspectors also met with nursing staff, the deputy manager and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients and meet their needs.

Feedback methods included a staff poster and (easy read for LD) paper questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires 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 24 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nursing staff consistently comment on the patient's neurological status in their daily evaluations following a head injury/unwitnessed fall. Patient's care plans should be updated to reflect their assessed needs following a fall.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall provide adequate means of escape by ensuring combustible items are not inappropriately stored under stairwells.</p> <p><b>Action taken as confirmed during the inspection:</b> Combustible items were still stored under two stairwells. The manager said there is a lack of storage and she would escalate this to senior management within the company for resolution.</p>	
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure unnecessary risks to the health, welfare and safety of patients are identified and so far as possible eliminated. This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• domestic trolleys are not left unsupervised with access to cleaning chemicals</li> <li>• the treatment room should be locked at all times</li> <li>• food and fluid thickening agent and cleaning chemicals should be securely stored.</li> </ul>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b>                  Domestic trolleys were supervised and in control of the domestic staff. The treatment room was in use at the time of the inspection. Thickening agents were not observed to be inappropriately stored in the home.</p>	
<p><b>Area for Improvement 4</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• appropriate use of hypochlorite solution</li> <li>• staff knowledge and training regarding the use of cleaning chemicals.</li> </ul> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients care records and care plans reflect:</p> <ul style="list-style-type: none"> <li>• patients preferred time of rising and retiring</li> <li>• any specific behavioural traits displayed by patients</li> </ul> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard 39.9 <b>Stated:</b> First time	The registered person shall ensure that mandatory training requirements are met.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time	The registered person shall ensure wound assessments and evaluations should be completed in keeping with best practice guidance. Daily progress notes should consistently comment on the patient's skin condition if they have a wound.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 5.2 Inspection findings

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

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' 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.

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

Personal medication records were in place for each patient. 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 patients' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Patients 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 on 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 patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of administration for the majority of the recent administrations reviewed.

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

Some patients 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 patient 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 patient.

The management of thickening agents and nutritional supplements were 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.

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

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient'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 patients required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Daily temperature records of the medicine refrigerator were reviewed and the maximum temperature was exceeding the limit of 8°C on many occasions over the past two months. This had already been identified by the staff and manager and they provided evidence that they had attempted to arrange a replacement. They advised that they would escalate this issue through their senior management for urgent action. An area for improvement was identified.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **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 patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed.

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 four occasions where administration of a controlled drug patch was not recorded in the controlled drug record book. This was discussed with the manager and an area for improvement was identified.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on most 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.

Review of medicines for patients who had a recent hospital stay and/or were discharged back to this home, showed that hospital discharge letters had been received and a copy had been forwarded to the patients' GPs. The patients' personal medication records had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions.



### **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 the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the majority of medicines were being administered as prescribed. However, audit discrepancies were observed in the administration of one medicine. There were four doses of one medicine which was prescribed to be administered at 7pm missed for one patient. This was discussed with the manager who had already identified these missing doses and has requested that staff on duty set reminder alarms for this. The manager also may consider using a notice board which highlights medicines at unusual times to be put in the treatment room for any agency staff to be aware.

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

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

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments were recorded online.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and or the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	4*

\* The total number of areas for improvement includes one that has been stated for a second time following this inspection and five which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dawn Grady, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards (24 August 2021)	The registered person shall ensure that nursing staff consistently comment on the patient's neurological status in their daily evaluations following a head injury/unwitnessed fall. Patient's care plans should be updated to reflect their assessed needs following a fall.  <b>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.</b>  Ref: 5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of the inspection onwards (16 May 2022)	The registered person shall provide adequate means of escape by ensuring combustible items are not inappropriately stored under stairwells.  Ref: 5.1  <b>Response by registered person detailing the actions taken:</b> This was addressed on 01.06.22 and all combustible items were removed from under stairwells and stored away. Monitoring undertaken as part of daily walkabout by Manager or Nurse in Charge.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards (24 August 2021)	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  This area for improvement relates to the following: <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene</li> <li>• appropriate use of hypochlorite solution</li> <li>• staff knowledge and training regarding the use of cleaning chemicals.</li> </ul> <b>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.</b>  Ref: 5.1

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (16 May 2022)</p>	<p>The registered person shall ensure that the controlled drug record book is fully completed, reconciliation checks are robust and controlled drugs are administered in accordance with best practice guidelines.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Controlled drug medication supervisions have been carried out with all qualified staff. Controlled drug book compliance was raised and discussed at Nurses meeting on 18<sup>th</sup> May 2022 - staff to check controlled drug book and the balance book at the end and beginning of each shift. Manager and Deputy Manager to ensure compliance during daily walk abouts and stock checks</p>
<p><b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (24 August 2021)</p>	<p>The registered person shall ensure that patients care records and care plans reflect:</p> <ul style="list-style-type: none"> <li>• patients preferred time of rising and retiring</li> <li>• any specific behavioural traits displayed by patients</li> </ul> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (24 August 2021)</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <hr/> <p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure wound assessments and evaluations should be completed in keeping with best practice guidance. Daily progress notes should consistently comment on the patient's skin condition if they have a wound.</p>

<p><b>To be completed by:</b> From the date of the inspection onwards (24 August 2021)</p>	<p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 June 2022</p>	<p>The registered person shall ensure that the medicine refrigerator temperature is maintained within the required range of 2-8°C.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A new drug fridge has been purchased and is in place. Temperatures are checked daily and recorded on daily fridge check sheets. Compliance to be monitored during monthly medication audit.</p>

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



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