

# Inspection Report

17 August 2021



## Woodlawn House

Type of service: Nursing Home  
Address: Quarry Lane, Dungannon, BT70 1HX  
Telephone number: 028 3756 6380

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Southern Health and Social Care Trust  | <b>Registered Manager:</b><br>Ms Maureen Currie - Acting                                       |
| <b>Responsible Individual:</b><br>Mr Shane Devlin  |  |
| <b>Person in charge at the time of inspection:</b><br>Ms Maureen Currie  | <b>Number of registered places:</b><br>9   |
| <b>Categories of care:</b><br>Nursing (NH):<br>LD – learning disability<br>LD(E) – learning disability – over 65 years   | <b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br>2 |
| <b>Brief description of the accommodation/how the service operates:</b><br>This is a nursing home which is registered to provide care for up to nine patients. |  |

## 2.0 Inspection summary

An unannounced inspection took place on 17 August 2021 between 10.15am and 1.00pm. This inspection was conducted by a pharmacist inspector.

This inspection focused on medicines management within the home.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection 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 information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection 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 were reviewed.

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

We met with one nurse and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed. Staff were warm and friendly and it was evident from their interactions that they knew the patients well.

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

Feedback methods included a staff poster and paper questionnaires which were provided to the registered 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 last inspection?

| Areas for improvement from the last inspection on 25 May 2021                                   |   |   |
|---|---|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance                      |
| <b>Area for improvement 1</b><br>Ref: Regulation 30<br>Stated: Second time                      | The registered person shall ensure RQIA are notified of any reportable event as required.   | <b>Carried forward to the next inspection</b> |
|   | <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>  |   |
| <b>Area for improvement 2</b><br>Ref: Regulation 20(1)(a)<br>Stated: First time                 | The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients. | <b>Carried forward to the next inspection</b> |
|   | <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>  |   |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(4) (d)(i)</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall ensure that adequate arrangements are maintained for, containing fires; this is in specific reference to ensuring that fire doors are not wedged or propped open.</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 4</b></p> <p><b>Ref:</b> Regulation 14. (5) (6)</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances.</p> <p>On any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Improvement Authority as soon as practicable.</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>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b></p>             |   | <p><b>Validation of compliance summary</b></p>       |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p>            | <p>The registered person shall ensure the completion and action where necessary of regular audits to monitor the quality of care delivered in the home.</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><b>Carried forward to the next inspection</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>             | <p>The registered person shall ensure the duty rota reflects the staff working over a 24 hour period, the capacity in which they work and identifies the nurse in charge of the home at all times.</p>  | <p><b>Carried forward to the next</b></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> | <b>inspection</b> |
|--|--|-------------------|

The last medicines management inspection of this home was on 26 July 2018. No areas for improvement were identified.

## 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 will 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 nurse had checked and signed the personal medication records when they were written and updated to provide a double check that they are accurate. A discrepancy between the directions on the personal medication record and directions on the pharmacy label for one medicine was highlighted to the manager for further clarification with the prescriber.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required.

Some patients cannot take food and medicines orally; it may be necessary to administer food and medicines via an enteral tube. The management of medicines via the enteral route was reviewed for one patient. An up to date regimen detailing the recommended fluid intake was in place. Records of administration were maintained. Nurses on duty advised that they had received training and felt confident to manage medicines via the enteral route. Records of the training were available for inspection.

### **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.

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.

The arrangements for the disposal of medicines were appropriate and records were maintained.

### **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. The medicine administration records were reviewed. Most of the records were found to have been fully and accurately completed. A small number of discrepancies including a missed signature and a duplicate administration record were highlighted to the manager.

The audits completed at the inspection indicated that the majority of medicines were administered as prescribed however, on two consecutive occasions the wrong dose of an anti-epileptic medication was administered and minor discrepancies in the administration of two other medicines were also identified. These findings were discussed with the manager on the day of inspection for investigation and review. An incident report detailing the outcome of the investigations and action taken to prevent a recurrence was submitted to RQIA on 17 August 2021.

The findings of this inspection indicated that the home's current auditing system was not effective in identifying discrepancies in the administration of medicines and record keeping. The audit system should be further developed to ensure that medicines are administered as prescribed and records of administration are accurately maintained. An area for improvement was identified.

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 are recorded in a controlled drug record book. Robust arrangements for the management of controlled drugs were in place.



#### **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.

The management of medicines for two patients who were recently admitted to the home for a period of respite care was reviewed. Their current medication regimens had been confirmed with their GPs and medicines had been accurately received into the home and administered in accordance with the most recent directions. There was evidence that staff had followed up any discrepancies in a timely manner to ensure that the correct medicines were available for administration.

#### **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.

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.

As detailed in Section 5.2.3 the auditing system should be further developed to ensure that any discrepancies in administration of medicines are identified without delay.

#### **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 staff are competent in managing medicines and that staff are supported. Policies and procedures should be up to date and readily available for staff.

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.

Records of staff training in relation to medicines management, epilepsy awareness and the administration of nutrition and medicines via the enteral route were available for inspection.

## 6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection identified one new area for improvement in relation to the administration of medicines as prescribed and medicines audit. Areas for improvement are detailed in the Quality Improvement Plan.

Whilst an area for improvement was identified, RQIA is assured that, with the exception of a small number of medicines, patients were administered their medicines as prescribed.

We would like to thank the patients and staff for their assistance throughout the inspection.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 5*          | 2*        |

\* the total number of areas for improvement includes six that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Maureen Currie, 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><br><br><b>Ref:</b> Regulation 30<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>25 May 2021          | The registered person shall ensure RQIA are notified of any reportable event as required.   |
|  | <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>Ref: 5.1</p>   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 20(1)a<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>25 May 2021       | The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.   |
|  | <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>Ref: 5.1</p>   |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 27(4) (d)(i)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>25 May 2021 | The registered person shall ensure that adequate arrangements are maintained for, containing fires; this is in specific reference to ensuring that fire doors are not wedged or propped open.   |
|  | <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>Ref: 5.1</p>   |
| <b>Area for improvement 4</b><br><br><b>Ref:</b> Regulation 14. (5) (6)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>25 May 2021  | The registered person shall ensure that no patient is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances.  |
|  | <p>On any occasion on which a patient is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Improvement Authority as soon as practicable.</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>Ref: 5.1</p> |

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| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of inspection</p> | <p>The registered person shall implement a robust auditing system to ensure that all medicines are administered as prescribed and medication administration records are accurately maintained.</p> <p>Ref: 5.2.3 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The frequency of completion of medicine audits have been increased from monthly to weekly and are undertaken by the manager, assistant manager or nominated registered nurse. This audit examines the quantity of medicines received on admission, the amount used during admission and the amount remaining.</p> <p>An additional medicines recording audit has also been developed and will be completed on a weekly basis. This audit provides an assurance that the medicine administration records are completed correctly.</p> <p>Inspection findings are shared with registered nurses via email and are discussed at team meetings. Weekly audit outcomes are shared with non-registered nurses via email and discussed at team meetings.</p> <p>An action plan has been completed with the registered nurse who was involved in the medicine administration error. Annual medicines competency assessments have been scheduled for all registered nurses working in the home and will be undertaken by the registered manager and assistant manager and will be made available for inspection upon request.</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 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>31 May 2021</p>                     | <p>The registered person shall ensure the completion and action where necessary of regular audits to monitor the quality of care delivered in the home.</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 2</b></p> <p><b>Ref:</b> Standard 41</p>   | <p>The registered person shall ensure the duty rota reflects the staff working over a 24 hour period, the capacity in which they work and identifies the nurse in charge of the home at all times.</p>  |

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|--|---|
| <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>25 May 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> |
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*\*Please ensure this document is completed in full and returned via the Web Portal\**



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