

Finance Inspection Report 8 June 2016



Three Rivers Care Centre

Type of Service: Nursing Home
Address: 11 Millbank Lane, Lisnamallard, Omagh, BT79 7YD
Tel No: 02882258227
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Three Rivers Care Centre took place on 8 June 2016 from 10:20 hours to 16:00 hours. The inspection sought to assess progress with any issues raised during and since the previous inspection, to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

Controls in place to safeguard service users' money and valuables were generally found to be operating effectively; no requirements or recommendations were made.

Is care effective?

Systems to protect service users' money and valuables were found to be in place and operating well; however, four areas for improvement were identified. These related to: obtaining confirmation of the appointee details for two identified service users; the records of treatments provided to service users which attract an additional cost and the records of service users' furniture and personal possessions in their rooms.

Is care compassionate?

The inspector observed compassionate practice in interactions between the administrator and service users. Arrangements were in place to ensure that service users had access to their money outside of normal office hours; no requirements or recommendations were made.

Is the service well led?

Governance and oversight arrangements were found to be in place; however, one requirement and one recommendation was made in relation to the individual written agreements with service users.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'service users' will be used to describe those living in Three Rivers Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Janet Dodds, registered manager, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

There has been no previous RQIA finance inspection of the home.

2.0 Service details

Registered organisation/registered provider: Zest Care Homes Ltd/Philip Scott	Registered manager: Mrs Janet Dodds
Person in charge of the home at the time of inspection: Mrs Janet Dodds	Date manager registered: 18 March 2015
Categories of care: NH-PH, RC-DE, NH-DE, NH-I	Number of registered places: 81

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues.

During the inspection the inspector met with the registered manager, the deputy manager and the home administrator. A poster detailing that the inspection was taking place was positioned at the entrance to the home; however no relatives or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- The service user guide
- A copy of the home's standard written service user agreement
- A copy of the home's standard personal allowance contract
- Six service user finance records
- Four signed service user agreements
- A sample of income and expenditure records
- Evidence of the reconciliation of service users' monies
- Four signed personal allowance authorisations
- A sample of treatment records for hairdressing services facilitated in the home
- The record of safe contents book "Items for safekeeping"
- Financial Policy "Personal Allowances"
- Financial Policy "Out of Hours receipts of cash/cheques and valuables"
- Financial Policy "Service User Comfort Funds"
- Five records of service users' property "Record of Service User's Belongings"

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 April 2016

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 inspector at their next inspection. The care inspector was contacted prior to the inspection and confirmed there were no matters to be followed up.

4.2 Review of requirements and recommendations from the last finance inspection

There has been no previous RQIA finance inspection of the home.

4.3 Is care safe?

The home's administrator explained the training which she received when she joined the home. She explained that she had worked in home for almost one year and had received on the job training from another administrative colleague in the home.

The administrator reported that ongoing training took a number of forms, including on the job and e-learning. Management confirmed that the administrator had received protection of vulnerable adults (POVA) training on commencing employment and noted that she would receive this training again on 21 June 2016.

The administrator was able to describe and explain the controls in place in the home to safeguard money and valuables. Scenarios were used to gauge whether the administrator knew the correct steps to take where service users' money may be vulnerable; the administrator was able to describe the relevant issues and what steps to take to escalate any concerns with management.

During discussion, the registered manager confirmed that there were no current suspected, alleged or actual incidents of financial abuse. Discussion established that there were no finance-related restrictive practices in place for any service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, a number of valuables were lodged with the home for safekeeping; a cash balance was also held for service users. A sample of valuables lodged for safekeeping agreed to the written record held by the home (there is further discussion on the home's safe record in section 4.4 of the report).

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

During the course of the inspection, the inspector reviewed a sample of records which evidenced that in the main, record keeping was in accordance with legislation, standards and best practice guidance.

The home had a policy and procedure which addressed the creation, storage, recording, retention and disposal of records; it was noted that there was specific reference to safeguarding service users' financial information held by the home.

Discussion established that the home had transport available to take service users to medical appointments etc. The home administrator confirmed that there was no charge to the service users for this service and this was borne out from a review of a sample of the income and expenditure records.

A bank account was managed by the home on behalf of the service users as a group; the account was appropriately named in favour of the service users. A review of the service users' income and expenditure ledgers maintained by the home evidenced that two signatures were recorded against each transaction and the ledgers reflected that reconciliations were carried out, recorded and signed and dated by two people. However, it was noted that the most recent reconciliation had been recorded in February 2016 and therefore a subsequent reconciliation should have been carried out and recorded at the end of May 2016, at the latest. The inspector highlighted that reconciliations of money must be carried out and signed and dated by two people at least quarterly.

A recommendation was made in respect of this finding.

Discussion established that the home were in receipt of the personal allowance monies for two service users, the inspector was informed by management and the administrator that a representative of the registered person was acting as nominated appointee for these two service users. A review of the service users' financial files evidenced that the personal allowance money was being received directly from the HSC trust in one case and from another source in the second case. There were no official documents on file detailing the identity of the appointee for either service user. The inspector noted that there must be clarity about the appointee details and that written confirmation from the Social Security Agency must be sought to confirm for the two service users identified during the inspection, the name of the appointee and the date they were approved by the Social Security Agency (the individual service users' agreements with the home must accurately reflect these arrangements and the records to be retained).

A requirement was made to ensure that clarity on the financial arrangements for the two identified service users is obtained.

The home also received money from service users' representatives to be spent by the home on the service users' behalf on services such as hairdressing. Records were available to verify that a receipt was provided to the person depositing money; receipts were signed by both the person receiving the money (usually the administrator) and by the person making the deposit. The inspector observed this practice a number of times during the course of the inspection.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed records. Each of five service users selected had a written record of property available; however significant inconsistency was evidenced across the records. Four of five records had been dated; three records had been signed by one person while two had been signed by two people. In addition, the inspector noted that a sample of records evidenced entries such as "1 x television". It was highlighted that the level of detail required for descriptions of items (e.g. make/model/size) should be communicated to relevant staff by management. It was also noted that one of the records dated 2012, had been laminated. The inspector discussed this with management and highlighted that this obviously prevented the record from being updated on an ongoing basis. Records of service users' property must be reconciled at least quarterly, with the reconciliation signed and dated by two people.

A recommendation was made to ensure that each service user's record of property is reviewed and updated as necessary.

A review of a sample of the records identified that a hairdresser and barber routinely visited the home to provide services. These services attracted an additional cost payable by the service user or their representative and treatment records were maintained by the home accordingly. Individual receipts were written by the hairdresser and maintained in each service user's

financial file accordingly. Receipts detailed the name of the service user, the date, the service provided, and the associated cost; each receipt was signed by a representative of the home and the hairdresser. Discussion with the administrator confirmed that the hairdresser only signed the receipt when they were paid, not necessarily the same day as the service was provided. The administrator noted that a hairdressing template was maintained to detail the treatments provided to service users and the inspector asked to see a sample of these. A review of a sample of the templates evidenced that while the majority of the required information had been recorded, the column in place for staff to complete (to verify that the treatment had been provided) was routinely not completed.

The inspector highlighted the importance of ensuring that a member of staff at the home signs the treatment records as required, to verify that the treatment detailed on the template has been provided to each service user.

A recommendation was made in respect of this finding.

Areas for improvement

Four areas for improvement were identified during the inspection, these were: carrying out and recording a reconciliation of service users' money and valuables at least quarterly; obtaining confirmation of appointee details for two identified service users; the detail on records of treatments provided to service users which attract an additional cost and the records of service users' furniture and personal possessions in their rooms.

Number of requirements	1	Number of recommendations:	3
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4.5 Is care compassionate?

The inspector discussed the day to day arrangements in place in the home to support service users. The registered manager, deputy manager and home administrator all described examples of how identified service users were supported with managing their money.

Discussion established that the home had a written complaints policy and the administrator could explain the steps to take should someone wish to make a complaint. The registered manager confirmed that there had been no complaints received in respect of the management of service users' money and valuables.

The administrator explained that when a service user was admitted to the home, she would introduce herself and provide the welcome pack to the service user, which contained a copy of the service user guide and individual agreement. She explained that arrangements for the safe storage of the service user's money would be explained to each service user or their representative.

Discussion established that the home had arrangements in place to ensure that service users had access to their money outside of normal office hours.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Written policies and procedures for the management of service users' money and valuables were in place and there was a clear organisational structure within the home. Discussion established that the registered manager, deputy manager and administrator were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

An example of the home's current written agreement with service users was provided for review along with a copy of the home's personal allowance authorisation form which accompanied the service user agreement. The latter provided the home with authority to make purchases of identified goods or services on behalf of a service user.

Six service user records were sampled in order to review the written agreements in place between the home and the service user/their representative. From the sample of six, four had a signed, written agreement in place; two service users did not have a signed agreement on file (there was no correspondence on the file to evidence that the return of the signed agreement was being pursued by the home). In addition, it was noted that the signed agreements which were on file did not reflect the up to date terms and conditions (including the current fees) for the individual service users; agreements available detailed the historical fees which were payable at the time each service user was admitted to the home.

The inspector discussed this with the registered manager and deputy and noted that every service user must have a signed agreement on their file which must be kept updated to reflect any change in the fees payable over time. The inspector also highlighted that the home should have evidence that it has pursued the return of signed agreements and that the HSC trust has been contacted in respect of any service user for whom there is no family representative to sign an agreement.

The inspector discussed this with the registered manager and noted that it was a statutory requirement for each service user to be provided with a written agreement on admission to the home and that any current service user who did not have a written agreement must be provided with one.

A requirement was made for every service user who did not have an up to date written agreement with the home be provided with one.

In addition, any service user who had a written agreement detailing incorrect or out of date information should be provided with an updated agreement for signing; the process of updating service user agreements should be ongoing.

A recommendation was made in respect of this finding.

Discussion established that there were good working relationships with relevant stakeholders to ensure financial arrangements for service users in the home were agreed and transparent. The home had a whistleblowing policy and separate discussions with the home administrator established that she was familiar with the home's whistleblowing procedures.

Areas for improvement

Two areas for improvement was identified during the inspection in relation to written agreements with service users.

Number of requirements	1	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Janet Dodds, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered provider(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by the inspector.

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 registered provider/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 5 (1)

Stated: First time

To be completed by:
10 August 2016

The registered person must ensure that any service user currently accommodated in the home that does not have an individual written agreement is provided with one. A full copy of the signed agreement should be retained on the service user's file.

Where an HSC trust-managed service user does not have an identified person to act as their representative, the service user's individual agreement should be shared with their HSC trust care manager.

Agreements must be kept up to date with any changes agreed in writing by the service user or their representative.

Response by registered person detailing the actions taken:

All current residents accommodated in the home has an individual agreement retained in their own individual file. Where applicable the HSC trust care manager has had the agreement shared. All residents personal files are being reviewed to ensure all agreements are kept up to date with any changes agreed in writing by the service user or their representative.

Requirement 2

Ref: Regulation 22 (3)

Stated: First time

To be completed by:
10 July 2016

The registered person must ensure that a written record of anyone acting as nominated appointee for any current service user is held in the relevant service user's financial file.

If necessary, the registered person must request written confirmation from the Social Security Agency to confirm the actual details. Service users' agreement must reflect the Appointee details and the records to be retained in respect of the arrangement.

Response by registered person detailing the actions taken:

All written records of anyone acting as the nominated appointee for any current resident is now held in the relevant residents file. It is now local policy for the responsible person to request written confirmation from Social Security Agency to confirm actual details.

Recommendations

Recommendation 1

Ref: Standard 14.25

Stated: First time

To be completed by:
10 June 2016 and at least quarterly thereafter

The registered person should ensure that a reconciliation of money and valuables held on behalf of service users is carried out at least quarterly.

Response by registered provider detailing the actions taken:

A reconciliation of money and valuables held on behalf of residents is carried out on at least a quarterly basis. Both the Manager and Administrator check and sign off same.

<p>Recommendation 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2016</p>	<p>The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record should be reconciled at least quarterly. The record must be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p>Response by registered provider detailing the actions taken: All relevant care staff have been informed to ensure an inventory of property on all residents is reconciled at least on a quarterly basis. This information is held in each individual care file.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 09 June 2016</p>	<p>The registered person should ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home should sign the record or receipt to verify the service or goods provided and the associated cost to each resident.</p> <hr/> <p>Response by registered person detailing the actions taken: There is now a new receipt system in place for all services offered within the home. Each service given is signed by both the person delivering the service and by the resident receiving the service or a staff member.</p>
<p>Recommendation 4</p> <p>Ref: Standard 2.6</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2016</p>	<p>The registered person should ensure that the service user or their representative is provided with written notice of all changes to the individual agreement, and these are agreed in writing. Where the service user is unable to sign or chooses not to, this is recorded.</p> <hr/> <p>Response by registered person detailing the actions taken: The Resident or their representative is now provided with written notice of all changes to their individual agreement. These are agreed in writing and a copy of same is kept in the individuals financial file. Where the resident is unable to sign this document a record of this is taken and filed in the individuals financial file.</p>

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