

# Unannounced Finance Inspection Report 24 May 2018



## Ralph's Close

**Type of Service: Residential Care Home**  
**Address: Gransha Park, Clooney Road, Londonderry, BT47 6TF**  
**Tel No: 028 7186 4332 or 028 7186 4322**  
**Inspector: Briega Ferris**

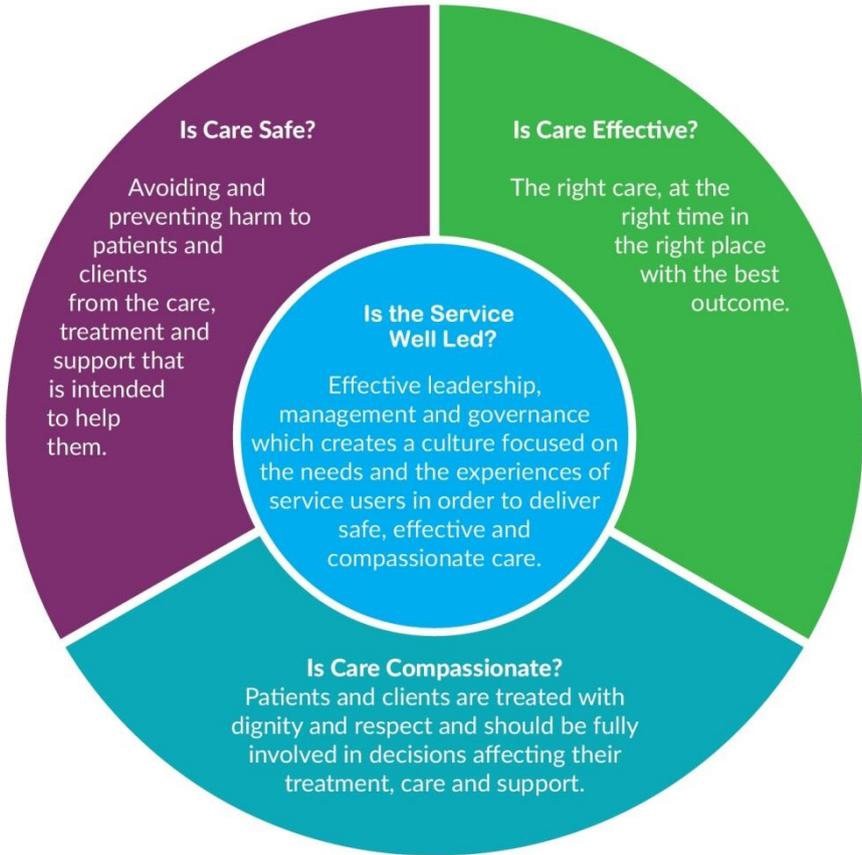
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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a nursing home with 16 beds that provides care for residents with a learning disability.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Western Health and Social Care Trust (WHSCT) | <b>Registered Manager:</b><br>Desy Carton     |
| <b>Responsible Individual(s):</b><br>Anne Kilgallen                                      |   |
| <b>Person in charge at the time of inspection:</b><br>Desy Carton                        | <b>Date manager registered:</b><br>14/12/2016 |
| <b>Categories of care:</b><br>RC-LD  | <b>Number of registered places:</b><br>16     |

### 4.0 Inspection summary

An unannounced inspection took place on 24 May 2018 from 10.00 to 14.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards (updated August 2011).

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

There were examples of good practice found: a safe place was available to enable residents to deposit money or valuables for safekeeping and an up to date, regularly reconciled safe register was in place; mechanisms were available to record the receipt of income and the expenditure of residents' monies on their behalf; the existence of supporting documents including deposit receipts, withdrawal slips and authorisation for significant purchases/withdrawals on behalf of residents; there were examples of good practice found in respect of the arrangements in place to support individual residents discussed during the inspection and mechanisms to obtain feedback and views from residents and their representatives; the resident's guide provided a range of information for a newly admitted resident; the home administrator was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and there was evidence available which demonstrated that residents experienced equality of opportunity.

Areas requiring improvement were identified in relation to ensuring that: each resident has an up to date record of the furniture and personal possessions which they have brought to their room; ensuring that a written policy and procedure is developed in respect of the provision of transport services to residents; that there is evidence that each resident or their representative has been provided with an individual written agreement; that the home's generic resident agreement is compared with standard 4.2 of the Residential Care Homes Minimum Standards (updated 2011) to ensure that it contains the required content and that any change to a resident's agreement including fees and financial arrangements is agreed in writing by the resident or their representative and ensuring that a written policy and procedure is introduced in respect of the provision of transport services to residents.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 2           | 3         |

Details of the Quality Improvement Plan (QIP) were discussed with Desy Carton, 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.

#### 5.0 How we inspect

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 residents' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues. The care inspector was contacted and they confirmed there were no matters to be followed up from the previous care inspection.

During the inspection, the inspector met with the registered manager, one of the deputy managers and the home administrator. A poster was displayed detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the deputy manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- The resident's guide
- A sample of income, expenditure and reconciliation (check) records and supporting documentation
- Written policies and procedures:
  - "Records Management Policy"
  - "Patient's Property Procedures" dated November 2017
  - "Cash handling Procedures" dated October 2017
- A sample of residents' personal property (in their rooms)
- A sample of residents' individual written agreements

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 March 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified during the inspection.

### 6.2 Review of areas for improvement from the last finance inspection dated 26 November 2012

A finance inspection was carried out on 26 November 2012, the findings from which were not brought forward to the inspection on 24 May 2018.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The home administrator confirmed that she had received adult safeguarding training in November 2016 and that cash handling training was carried out on an annual basis. Discussions with the registered manager established that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any resident.

The home had a safe place available for the deposit of cash or valuables belonging to residents; the inspector was satisfied with the location of the safe place. On the day of inspection, cash belonging to residents was being held in the safe place, no valuables were deposited for safekeeping. A safe register was in place which detailed the contents of the safe place, the records was routinely reconciled and signed and dated by two people on a weekly basis.

### Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable residents to deposit money or valuables for safekeeping and an up to date, regularly reconciled safe register was in place.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.5 Is care effective?

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

Discussions with the home administrator established that the trust received the social security benefits on behalf of the majority of residents in the home. The home administrator described how every resident had a patient's private property (PPP) account which was managed by the Western Health and Social Care Trust (WHSCCT) and subject to its internal oversight and governance arrangements. The management of PPP accounts in this manner for the residents in the home was therefore not examined during the inspection.

For the remaining residents, monies for personal expenditure were deposited for safekeeping by representatives on behalf of the residents. Discussion established that the person making a deposit received a receipt; receipts were routinely signed by two people.

The home used a number of records to appropriately record income and expenditure on behalf of residents in the home. Records were maintained meticulously by the home administrator. Other staff members played a role in signing receipts for the deposit of monies outside of normal office hours and senior staff members countersigned reconciliations of monies (further described below).

There were a number of mechanisms in place at the home to ensure that residents had access to money as and when required. The home administrator confidently explained the various mechanisms. These included the use of petty cash and subsequent reimbursement from the individual resident's PPP account monies and the use of residents' own monies deposited for or held for safekeeping in the home. The home administrator also described the process involved where, in conjunction with the various stakeholders involved in supporting the resident, a decision was made to make a special purchase; and monies held on behalf of the resident would be requested for release from the trust finance department. Depending on the quantum involved, this required authorisation at increasingly senior levels within the trust.

Records such as "finance ledgers" were held for each resident as well as "Patient's property petty cash" records, transactions were routinely signed and dated by two people. Supporting evidence was also in place including receipt books and withdrawal slips from PPP account balances for residents. It was noted that original purchase receipts were not held in the home as these were sent to the WHSCCT finance department as part of the oversight/auditing arrangements for transactions recorded on behalf of residents.

Treatment records (hairdressing, private podiatry and reflexology) were not held in the home as these accompanied evidence of the use of petty cash (to be subsequently reimbursed from residents' monies). The home administrator confirmed routinely these receipts were signed by a support worker in the home and countersigned by a senior support worker. This was to verify that the resident had received the treatment detailed and had incurred the related cost.

There was evidence that records of residents' income and expenditure were reconciled and signed and dated by two people at least every two weeks.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see a sample of the property records maintained.

The care records for three randomly sampled residents were provided and it was noted that two of the three residents had a property record on their file. Within the records it was noted that

good detail had been used to describe certain valuable items, such as the make and model of electrical items belonging to a resident. However, there was limited evidence presented to confirm that these records had been updated over time. The third resident did not have a written property record on their file.

The inspector highlighted that each resident should have a record in place which should be kept up to date. It was also noted that it was best practice to have the records signed and dated by at least one person, but ideally two.

Ensuring that each resident has an up to date record of the furniture and personal possessions which they have bought to their room was identified as an area for improvement.

Discussion with the registered manager and the home administrator established that the home did not operate a residents' comfort fund. The registered manager clarified that the home had a "Friends of Ralph's Close" group which carried out fundraising and to which requests could be made for funds. The registered manager confirmed that the home did not play any role in administering the monies and therefore no records were held in the home in relation to the fund.

The home provided transport to residents; the registered manager and home administrator confirmed that there was no charge to the residents for use of the transport. A review of a sample of residents' income and expenditure records evidenced that no charges for transport had been processed for those residents.

Discussion with the registered manager established that the home did not have a written policy and procedure in respect of the provision of transport services to residents. In particular, this should address what action staff should take in the event of a road traffic collision. The relevant staff members should be familiar with the new policy and procedure and a copy should be kept in every vehicle used to provide transport to residents. This is further referred to in section 6.7, as below.

### **Areas of good practice**

There were examples of good practice found in relation to the availability of mechanisms to record the receipt of income and the expenditure of residents' monies on their behalf; the existence of supporting documents including deposit receipts, withdrawal slips and authorisation for significant purchases/withdrawals on behalf of residents.

### **Areas for improvement**

One area for improvement was identified during the inspection. This related to ensuring that each resident has a record of the furniture and personal possessions which they have brought to their room; the records should be kept up to date over time.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 1                  | 0                |

**6.6 Is care compassionate?**

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

Day to day arrangements in place to support residents were discussed with the registered manager and the home administrator. They described a range of examples of how the home supported residents with their money.

Discussion established that arrangements to appropriately support residents with their money would be discussed with the resident or their representative at the time of the resident’s admission to the home. The home administrator described how the registered manager would normally be involved in this process.

Discussion with the registered manager established that the home had a range of methods in place to encourage feedback from residents or their representatives in respect of any issue. This included bi-annual reviews and using the services of two independent advocates for the residents. He also noted that the home operated an “open-door” policy.

Arrangements for residents to access money outside of normal office hours were discussed with the home administrator. This established that there were arrangements in place to ensure that the individual needs and wishes of residents could be met in this regard.

**Areas of good practice**

There were examples of good practice found in respect of the arrangements in place to support individual residents discussed during the inspection and mechanisms to obtain feedback and views from residents and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

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

The resident’s guide provided to each new resident, included a range of useful information including for example; the general arrangements regarding the payment of fees and the management of “pocket monies”, the arrangements for physically safeguarding residents’ monies in the home and reference to relevant policies and procedures, for instance gifts to staff.

A range of written policies and procedures were in place and were easily accessible. Policies were in place addressing areas of practice including those relating to records management,

cash handling procedures, patients' property procedures and the receipt of and application of endowment and gift fund monies. Policies reviewed were all dated within the last three years.

As noted above, discussion with the registered manager established that the home did not have a written policy and procedure in respect of the provision of transport services to residents. In particular, this should address what action staff should take in the event of a road traffic collision. The relevant staff members should be familiar with the new policy and procedure and a copy should be kept in every vehicle used to provide transport to residents.

This was identified as an area for improvement.

Following the inspection, the registered manager contacted RQIA to confirm that the relevant policy had been implemented in the home.

Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

Individual resident agreements were discussed with the home administrator and a sample of three residents' files was requested for review. A review of the information established that only two of the residents had a signed written agreement with the home.

This was identified as an area for improvement.

There was therefore no evidence available to confirm that the third resident or their representative had been provided with an individual written agreement.

The available agreements for the two residents were both signed and dated in 2013 and therefore reflected the terms and conditions in place at that point in time. These agreements detailed the weekly fee payable but did not detail by whom the fees were payable or by which method(s) the home would be paid. A review of the agreements established that they were not wholly consistent with standard 4.2 of the Residential Care Home Minimum Standards which details the minimum content of a resident agreement with the home. This was discussed in feedback with the registered manager. It was highlighted that the home should compare its current generic resident agreement with standard 4.2 to ensure it reflects the minimum expected content.

The agreement should detail any financial arrangement in place in the home for example, if the trust is acting as appointee or agent for the individual resident, and if acting as appointee, what records will be held in respect of this role.

Each resident should be provided with an up to date written agreement which is kept up to date to reflect all changes. Any change to a resident's agreement should be agreed in writing by the resident or their representative.

This was identified as an area for improvement.

The inspector discussed with the registered manager the arrangements in place in the home to ensure that residents experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of residents. The registered manager was able to describe specific examples of the way this was achieved within the home and had benefited the individual residents discussed.

Some of the areas of equality awareness identified during the inspection included: effective ongoing communication; resident involvement; individual resident-centred care and support and access to advocacy services.

### Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual residents discussed during the inspection and mechanisms to obtain feedback and views from residents and their representatives; the resident's guide provided a range of information for a newly admitted resident; the home administrator was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and there was evidence that residents experienced equality of opportunity.

### Areas for improvement

Four areas for improvement were identified as part of the inspection. These related to ensuring that there is evidence that each resident or their representative has been provided with an individual written agreement; that the home's generic resident agreement is compared with standard 4.2 of the Residential Care Homes Minimum Standards (updated 2011) to ensure that it contains the required content; that any change to a resident's agreement including fees and financial arrangements is agreed in writing by the resident or their representative and that a written policy and procedure is introduced in respect of the provision of transport services to residents.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 3         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Desy Carton, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Home Minimum Standards (Updated August 2011).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with the Residential Care Homes Regulations (Northern Ireland) 2005</b>  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 19 (2)<br>Schedule 4 (10)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>07 June 2018 | <p>The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Individual lists exist noting all furniture and and personal possessions residents own in the room they occupy</p>   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 5 (1) (a)<br>(b)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>24 August 2018        | <p>The registered person shall ensure that each resident or their representative is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The resident and their family representative have been provided with a written agreement as requested</p>   |
| <b>Action required to ensure compliance with the DHSSPS Residential Care Home Minimum Standards (Updated August 2011)</b>  |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 18.2 &<br>Appendix 2<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>24 August 2018      | <p>The registered person shall ensure that home has a written policy and procedure addressing transport services. A copy of the policy should be easily accessible for the relevant staff members and a copy should be kept for reference, in the vehicle used to provide transport services to patients.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The home has a written policy and procedure addressing the transport services and this is readily available to staff and a copy of same is kept within the buses used to transport residents</p> |

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| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>24 August 2018</p> | <p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the resident's agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.7</p>   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>24 August 2018</p> | <p><b>Response by registered person detailing the actions taken:</b><br/>This has been applied utilising the newly updated Resident Tenancy Agreement and will be reviewed at the residents bi-annual reviews or sooner if required</p> <p>The registered person shall ensure that the content of the home's generic patient agreement is compared with the minimum content of a resident agreement as set out within standard 4.2 of the Residential Care Home Minimum Standards. The generic agreement should be reviewed and updated accordingly.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b><br/>The homes Residents Agreement has been reviewed to meet the minimum requirement of standard 4.2 of the Residential Care Homes Minimum Standards. the agreement will be reviewed at the residents bi-annual reviews or sooner if required</p> |

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



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