

Unannounced Finance Inspection Report 28 February 2017



County

Type of Service: Nursing Home
Address: 42 Tempo Road, Enniskillen BT74 6HR
Tel No: 02866323845
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of County took place on 28 February 2017 from 10:40 to 16:00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

A safe place in the home was available and staff members were familiar with controls in place to safeguard service users' money and valuables. However, one area for improvement was identified; this related to ensuring that the home administrator receives adult safeguarding training.

Is care effective?

Controls to ensure service users' money and valuables were safeguarded were in place however two areas for improvement were identified during the inspection. These related to ensuring 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 service user or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each service user and ensuring that service users' records of their furniture and personal possessions are kept up to date and are reconciled by two people at least quarterly.

Is care compassionate?

The home had a range of methods in place to encourage feedback from families or their representatives. The home administrator spoke about the service users with empathy; no areas for improvement were identified during the inspection.

Is the service well led?

Indicators of governance arrangements were evidenced; however two areas for improvement were identified during the inspection. These related to ensuring that the service user or their representative (or in the case of trust-managed service users, the trust) are given notice of all changes to the service users' individual agreement with the home and ensuring that written personal monies authorisations detailing the arrangements for handling the personal monies of service users are kept up to date to reflect any changes.

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

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the quality improvement plan (QIP) within this report were discussed with Caroline McCrea, deputy 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

A finance inspection was carried out on 31 March 2006 on behalf of RQIA; the findings were not brought forward to the inspection on 28 February 2017.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/Maureen Claire Royston	Registered manager: Tanya Taylor-Smith
Person in charge of the home at the time of inspection: Caroline McCrea (Deputy manager)	Date manager registered: 15 April 2016
Categories of care: RC-I, NH-DE, NH-I, NH-PH	Number of registered places: 58

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this identified that no incidents in relation to service users' money or valuables had been reported.

During the inspection, the inspector met with Caroline McCrea, deputy manager; the home's administrator and the regional business support administrator. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no relatives or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- A sample of income, expenditure, banking and reconciliation records
- A sample of records for hairdressing services facilitated in the home

- A sample of charges made to service users or their representatives (for care and accommodation)
- A sample of service users' social fund records
- Four service user finance files
- Four personal monies authorisation documents
- Three records of service users' personal property (in their rooms)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP from this inspection (if any) will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection dated 31 March 2006

As noted above, a finance inspection was carried out on 31 March 2006 on behalf of RQIA; the findings were not brought forward to the inspection on 28 February 2017.

4.3 Is care safe?

The inspector met with the home administrator who was able to clearly describe the home's controls in place to safeguard service users' money and valuables. The discussion identified that she had received adult safeguarding training; however evidence of the date of the training was not available during the inspection. Subsequent correspondence with the home identified that the most recent adult safeguarding training received prior to the date of the inspection was August 2014. Adult safeguarding training should take place at least every three years.

A recommendation was made for the home administrator to receive adult safeguarding training.

Subsequent correspondence with the home identified that the home administrator had undertaken adult safeguarding training via e-learning on 1 March 2017.

During discussion, the deputy manager confirmed 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 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, cash belonging to service users was lodged with the home for safekeeping; no valuables were being held.

Areas for improvement

One area for improvement was identified during the inspection, this related to ensuring that the home administrator receives adult safeguarding training.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Arrangements in place for the home to receive the personal monies of any service user directly were discussed. Discussion established that FSHC were acting as corporate appointee for one identified service user. The home administrator explained the rationale for the arrangements being in place. Appointee documentation (Form BF57 - detailing the name of the appointee and the date appointed) were held on file for the service user.

Discussion and a review of the records identified that the home was in direct receipt of the personal monies for twelve service users either from the HSC Trust or directly from the social security agency. In the latter case, the home administrator confirmed that FSHC were acting as agent in these cases (i.e. the service users' monies had been mandated to the home to be safeguarded on their behalf, but another identified person in each case was acting as nominated appointee).

The home had a service users' personal allowance bank account which was named appropriately in favour of the service users in the home. Records were available to confirm the amount and timing of the receipt of monies into respective service users' personal allowance balances clearly maintained by the home.

Discussion with the home administrator established that the home was also in receipt of money lodged by family members to pay for goods or services for which there was an additional charge: mainly hairdressing, podiatry, and other sundries.

A sample of the records for income and expenditure incurred on behalf of service users was reviewed. It was noted that the home maintained "personal allowance account statements" detailing income and expenditure, together with other records to substantiate each transaction, such as a duplicate receipt for a cash/cheque lodgement or a hairdressing treatment record. The inspector traced a sample of transactions and was able to evidence the relevant documents; for example, a receipt for an item of expenditure or a receipt for a lodgement which had been made to the home. There was evidence that records of personal monies held on behalf of service users were reconciled and signed and dated by two people on a monthly basis.

As noted above, hairdressing treatments were being facilitated within the home and a sample of recent records was reviewed. Treatment records identified the service users treated on any given day, the treatment provided and the cost. However, recent treatment records reviewed (which had been recorded in a different format) were neither signed by the hairdresser or a representative of the home.

A recommendation was made to ensure that where any service is facilitated within the home, the person providing the service and the service user or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each service user.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see the completed property records for three randomly sampled service users. The administrators liaised with care colleagues in the home and provided the records for the sampled service users.

The home administrator stated a that a process of updating all the service users’ property records was being carried out, however this was not completed. Three service users were selected at random and this established that the three service users did not have an up to date record as of the date of inspection.

The three service users had a “Schedule of personal effects” form on their file; however none of the three records had been signed nor dated. It was noted however, that some items recorded on the sampled records were well described.

A recommendation was made to ensure that the home reviews each service user’s record of furniture and personal possessions and that these are brought up to date. Each service user’s record should be kept up to date and be reconciled by two people at least quarterly.

The home had a service users’ comfort fund. It was noted that income and expenditure records were maintained, which were reconciled and signed and dated by two people every month.

The home administrator confirmed that the home did not provide transport to service users.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring 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 service user or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each service user and ensuring that service users’ records of their furniture and personal possessions are kept up to date and are reconciled by two people at least quarterly.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The arrangements to support service users with their money on day to day basis were discussed with the home administrator. She described how she may speak with a service user or their representative around the time a service user would be admitted to the home to explain the home’s arrangements to safeguard money and valuables or to discuss the payment of fees etc.

Discussion established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue.

Arrangements for service users to access money outside of normal office hours were discussed with the deputy manager and home administrator; this established that there was a contingency arrangement in place to ensure that this could be facilitated.

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?

The home had a range of written policies and procedures addressing matters relating to safeguarding money and valuables; these were easily accessible by staff. Discussion with the home administrator also 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.

Discussion was held regarding the individual written agreements in place with service users and a sample of four service user files was selected for review. This review evidenced that each of the four service users had a signed agreement on their file, however only two service users' agreements reflected the up to date terms and conditions. Discussion was held regarding the remaining two service users whose up to date agreements had been signed by a representative of the home but not the service user or their representative.

The home administrator reported that for the individual service users identified, their agreements had previously been shared with the HSC Trust for signature. She explained that agreements had been signed by HSC Trust representatives in 2014, however following the receipt of correspondence from the HSC Trust in 2015 indicating that agreements would not be signed by trust staff; the home had ceased to share updated agreements with the HSC Trust in 2016/17.

It was noted that the home should have evidence that it has given notice of all changes to the agreement to the service user or their representative (or in the case of trust-managed service users, the trust).

A recommendation was made in respect of this finding.

A review of the four service user files evidenced that the home used documents entitled "Financial assessment Part 1, 2 and 3". These documents were used to detail the home's assessment of whether the service user could manage their own money (Part 1), what arrangements were in place regarding the management of the service user's personal allowance money (Part 2) and what authority the home had to make purchases of goods or services on behalf of the service user (Part 3).

A sample of four service user files evidenced that three service users had "Financial assessment Part 2" on their files; however, one of the four patients had "Financial assessment Part 2" documents on their file which did not reflect the actual arrangements in the home for managing this service user's personal monies.

The home was in direct receipt of the personal monies for this patient every month from the HSC Trust; however their document stated that "...N/A as the County Care Home does not receive any personal allowance for this resident. Pocket monies only left in by families." Staff noted that this was the previous arrangement for the service user identified, however the inspector noted that the document detailed an arrangement which conflicted with the actual arrangement in place and that personal monies authorisations should be kept up to date to reflect any changes.

A recommendation was made in respect of this finding.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that the service user or their representative (or in the case of trust-managed service users, the trust) are given notice of all changes to the service users' individual agreement with the home and ensuring that written personal monies authorisations detailing the arrangements for handling the personal monies of service users are kept up to date to reflect any changes.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline McCrea, deputy 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 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/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 person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **the web portal** for assessment 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 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 with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.11</p> <p>Stated: First time</p> <p>To be completed by: 28 May 2017</p>	<p>The registered provider should ensure that the home administrator receives adult safeguarding training.</p> <p>Response by registered provider detailing the actions taken: The Home Administrator has now received training in Adult Safeguarding.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>The registered provider 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 service user or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each service user.</p> <p>Response by registered provider detailing the actions taken: All services being provided into the home are now providing invoices. The service user or member of staff are ensuring treatment records are signed to verify the treatment or goods provided and the associated cost to each service user</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 28 March 2017</p>	<p>The registered provider should ensure that an inventory of property belonging to each service user is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Response by registered provider detailing the actions taken: The Inventory of property will be maintained by the home and reviewed quarterly.</p>
<p>Recommendation 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered provider should ensure that any changes to the individual agreement are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by registered provider detailing the actions taken: A record of any changes to an individual agreement are now in writing and copied to the service user or their representative. Where they have chosen not to sign or are unable to, it is recorded in their individual files</p>

<p>Recommendation 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered provider should ensure that written authorisation is obtained from each service user or their representative to spend the service user’s personal monies to pre-agreed expenditure limits. The written authorisation must be retained on the service user’s records and updated as required. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the service user is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>There are two residents that still require their authorisation forms signed by Trust representatives (Care Managers). Letters have been sent to the Trust requesting urgent attention</p>



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