

Unannounced Finance Inspection Report 05 December 2018



Saintfield Lodge

Type of Service: Nursing Home (NH)
Address: 4 Old Saintfield Road, Belfast, BT8 8EY
Tel No: 028 9081 4010
Inspector: Briega Ferris

www.rqia.org.uk

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 51 beds that provides care for patients with a mental disorder excluding learning disability or dementia.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Melanie Reyes
Person in charge at the time of inspection: The nurse in charge	Date manager registered: 29 July 2013
Categories of care: Nursing Home (NH) MP - Mental disorder excluding learning disability or dementia	Number of registered places: 51

4.0 Inspection summary

An unannounced inspection took place on 05 December 2018 from 10.00 to 13.30 hours.

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

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 in relation to:

- the availability of a safe place to enable patients to deposit money or valuables for safekeeping
- a written safe record was in place
- the existence of a separate patient bank account and comfort fund bank account;
- records of income, expenditure and reconciliation (checks) were available including supporting documents
- arrangements were in place to support patients with their monies; mechanisms were available to obtain feedback from patients and their representatives
- 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
- detailed written policies and procedures were in place to guide financial practices in the home and
- there were mechanisms in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to ensuring that:

- treatment records for hairdressing and chiropody services are countersigned by a staff member and
- ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were shared with the nurse in charge at the conclusion of the inspection. 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 patients' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the nurse in charge and the home administrator. A poster was provided to the home administrator detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the home administrator 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:

- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of bank statements in respect of the patients' pooled bank account
- A sample of comfort fund records
- A sample of written financial policies and procedures
- A sample of patients' personal property records (in their rooms)
- A sample of patients' individual written agreements
- A sample of patients' "financial assessment" documentation
- A sample of treatment records for services facilitated within the home for which there is an additional charge to patients

The findings of the inspection were shared with the nurse in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 09 May 2018

The most recent inspection of the home was an unannounced care inspection. The QIP from the inspection will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 23 September 2014

A finance inspection of the home was carried out on 23 September 2014; the findings were not brought forward to the inspection on 05 December 2018.

6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge confirmed that adult safeguarding training was mandatory for all staff in the home; the home administrator had participated in adult safeguarding training in April 2018.

Discussions with the nurse in charge 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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables were being held for patients.

A written safe contents record "FSHC Valuables record" was in place to detail the contents of the safe; this had been reconciled and signed and dated by two people in October 2018.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping and a written safe contents record.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the nurse in charge and home administrator established that no person associated with the home was acting as appointee for any patient. It was noted that the home was in direct receipt of the personal monies for the majority of patients. In each case, personal monies were being managed by either the Health and Social Care (HSC) trust or the Official Solicitor on behalf of the identified individuals. Clear, up to date records were in place to evidence the monies received on behalf of the patients.

For several patients, monies for patients' personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by family members. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people.

Records of income and expenditure were available for patients, including supporting documents e.g.: a lodgement receipt or an expenditure receipt. A sample of transactions was chosen to ascertain whether the supporting documents were available within the records, and for the sample chosen, these were found to be in place in all cases. The inspector noted that the records were meticulously maintained by the home administrator, good practice was observed.

As noted above, records of income and expenditure were available detailing that reconciliations, signed by two members of staff were available in the home, the most recent record of reconciliation available in the home was in respect of the October 2018 month-end.

A patients' pooled bank account was in place to administer patients' monies. The account was named appropriately and records were available to evidence that the account was reconciled and signed and dated by two people on a monthly basis. The account had been reconciled by two people in October 2018.

Hairdressing and chiropody treatments were being facilitated within the home and a sample of these treatment records was reviewed. The sampled records routinely detailed the majority of the information required to be recorded by the care standards, including the signature of the person delivering the treatment. However it was noted that the records reviewed were not signed by a member of staff to verify that the identified patients had received the treatment detailed.

Ensuring that treatments records are signed by a member of staff was identified as an area for improvement.

The inspector discussed with the home administrator how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained for four patients. The home administrator provided the records for four patients and it was noted that each patient had a record of personal property on their files entitled "Schedule of personal effects". Only one of the four records contained an entry which had been dated and signed by two people as is required; this entry was made in December 2017.

The remaining entries were neither signed nor dated and there was no evidence presented to identify that they had been reviewed and updated over time.

It was highlighted that these records should be reconciled and signed and dated by a staff member and countersigned by a senior member of staff on at least a quarterly basis. This was identified as an area for improvement.

The home administrator confirmed that the home operated a comfort fund. A separate bank account, which was appropriately named, was also in place. The cash and banking records in respect of the fund had been reconciled and signed and dated by two people most recently for the October 2018 month-end.

The home administrator confirmed that the home did not operate a transport scheme.

Areas of good practice

There were examples of good practice found in relation to the existence of a separate patient bank account and comfort fund bank account; and records of income, expenditure and reconciliation were available including supporting documents.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to ensuring that treatment records are signed by a member of staff and ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	2

Day to day arrangements in place to support patients were discussed with the home administrator. They described a range of examples of how the home supported patients with their money. Discussion established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at the time of the patient's admission to the home.

Discussion with the nurse in charge established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. This included weekly resident meetings and the home's "Quality of Life" initiative.

Arrangements for patients 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 patients 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 patients discussed during the inspection and mechanisms to obtain feedback and views from patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 patients in order to deliver safe, effective and compassionate care.

Written policies and procedures were in place to guide financial practices in the home. Policies were in place addressing areas of practice including general record keeping, confidentiality, the administration of the patients' comfort fund, banking and the management of patients' personal allowance monies.

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

Individual patient agreements were discussed with the home administrator and a sample of four patients' finance files were requested for review. A review of the information established that each of the four patients sampled had a signed individual written agreement with the home. In addition, annual updates to each patient's original agreement with the home were held on each patient's file. These amendment documents detailed the changes to the (regional) fees over time and had been shared for signature with patients or their representatives. Good practice was observed in this regard.

A review of the information on file for the four patients whose files were sampled, identified that where the home held money on behalf of the individual patients, documents entitled "financial assessment part 3" were in place. These documents detailed the express authority granted to the home to spend the patient's money on identified goods and services.

The inspector discussed with the nurse in charge 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 patients. The nurse in charge was able to describe examples of the way this was achieved within the home.

Areas of good practice

There were examples of good practice found: 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, detailed written policies and procedures were in place to guide financial practices in the home and there were arrangements in place to ensure patients experienced equality of opportunity.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the nurse in charge, at the conclusion of the inspection. 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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 2015).

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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)

<p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 06 December 2018</p>	<p>The registered person shall 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 signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been addressed. A system has been put in place where a record of service facilitated by the Home is signed for by both the person providing the service and the resident as the recipient of the service or the staff member if the resident is unable to do so.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient 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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This has been addressed. The record of resident's belongings has been revisited and the schedule of inventory of property has been diarised to ensure a quarterly review of belongings is carried out .</p>

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



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