

Finance Inspection Report

23 August 2016



Glendun

Type of Service: Nursing Home
Address: 67 Knocknacarry Road, Cushendun BT44 0NS
Tel No: 02821761222
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Glendun took place on 23 August 2016 from 10.10 to 15.00 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?

Evidence was reviewed which confirmed that the home administrator had completed training in the protection of vulnerable adults and continued training opportunities were available. Controls in place to protect service users' money and valuables were described by the administrator and a review of sample of records evidenced controls operating effectively.

Is care effective?

One area for improvement was identified during the inspection. These related to how records of personal property belonging to service users in their rooms were maintained.

Is care compassionate?

There was evidence in a sample of files reviewed, that service users were involved to make decisions affecting their care, including arrangements to support them with their money.

Is the service well led?

A review of a sample of records evidenced that governance and oversight arrangements were in place in the home; however, three areas for improvement were identified in respect of this domain. These related to ensuring that each service user is provided with an individual written agreement; ensuring that personal monies authorisations are in place for each service user for whom the home purchases goods and services and ensuring that the specific written authorisation in respect of an identified service user is reviewed and updated with detailed information regarding the specifics of the arrangement (the updated authorisation should also be shared with the identified service user's HSC trust care manager).

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with David Morgan, responsible person and Clare Burke, 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

The home administrator provided evidence that an inspection visit had been carried out on behalf of RQIA in 2008. However, RQIA had no record of an inspection report being generated from this visit; this was confirmed by the responsible person and the home administrator.

2.0 Service details

Registered organisation/registered provider: Glendun Nursing Home Ltd/David Leo Morgan	Registered manager: Clare Burke
Person in charge of the home at the time of inspection: Clare Burke	Date manager registered: 4 June 2015
Categories of care: RC-LD, NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E), RC-DE	Number of registered places: 46

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. Contact was also made with the inspector who had most recently visited the home.

On the day, the inspector met with the responsible person, the registered 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 home's service user guide
- Training record (Protection of Vulnerable Adults) for the home administrator
- A sample of HSC Trust payment remittances
- Financial Policy entitled "Residents rights- handling their monies and valuables"
- Financial Policy entitled "Policy on managing lost and missing items and suspected theft"
- Financial Policy entitled "Gifts to staff and donations to the home"
- Financial Policy entitled "Handling residents' personal property"
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing and chiropody services facilitated in the home
- Four service users' finance files
- Three service users' written agreements with the home
- Three service users' personal monies authorisations with the home
- Four records of correct fees charged to service users or their representatives
- The safe record entitled "Details of residents valuables for safekeeping"
- One service user's most recent care management review
- Four records of service users' property within their rooms

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 May 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 care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection

See section 1.2 above.

4.3 Is care safe?

Evidence was provided which confirmed that the home administrator had received training on the Protection of Vulnerable Adults (POVA); it was noted that this training was mandatory for all staff on a regular basis. The administrator who was in the home on the day had worked in the home for approximately ten years. The administrator was very familiar with the home's controls to safeguard service users' money and valuables, and spoke confidently about the measures in place in the home to support individual service users.

The registered 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 and valuable items belonging to service users were lodged with the home for safekeeping.

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?

Discussion with the registered manager confirmed that no representative of the home was acting as nominated appointee for any service user in the home. The home administrator confirmed that the home was in receipt of the personal allowance for an identified number of service users; this money was being received from the relevant HSC trust. Robust evidence was available to confirm the amount and timing of transfers of these monies to service users' respective personal monies balances maintained by the home.

The home was not routinely in receipt of money from family representatives in order to pay for additional services which attract an additional fee, such as hairdressing, chiropody or personal toiletries, etc. Rather, the home maintains records of goods or services which service users have availed of and these costs are added to invoices which are sent to service users' representatives on a monthly basis. Duplicate invoices were maintained and a record was being maintained of when these were settled by representatives.

The inspector reviewed a sample of the records for income and expenditure maintained on behalf of service users (such as that in respect of hairdressing and chiropody). Records were available detailing income and expenditure, together with other records to substantiate each transaction, such as a receipt for a purchase made on behalf of a service user or a hairdressing or chiropody treatment record. The inspector noted that a significant effort was being made to maintain the records using the home's method; records were noted to be meticulously maintained.

There was evidence that records of personal monies held on behalf of service users were being reconciled monthly; reconciliations were signed and dated by two people.

A record of items held within the safe place was also maintained by the home and again, the records evidenced that reconciliations were carried out and signed and dated by two people on a monthly basis.

As noted above, hairdressing and chiropody treatments were being facilitated within the home. Records were in place to identify the service users treated on any given day and the cost of the respective treatments. A review of a sample of these records evidenced that records reflected all of the relevant information including the names of the service users treated and the respective costs; records were consistently signed by the person providing the treatment and a representative of the home to verify that the treatments had been provided.

The home had a number of written policies and procedures addressing matters relating to safeguarding money and valuables, record keeping requirements and other relevant issues such as complaints and whistleblowing.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for four service users. Each service user sampled had a property record in place; two versions were evidenced; a "property sheet" and a second version entitled "register of resident's person property". Three records had been signed by one person, while one service user's record had been signed by two people. The four records were dated between 2010 and 2016; only one service user's record evidenced that it had been updated with additional items. Overall the records evidenced inconsistency in the controls around record keeping.

A recommendation was made to ensure that all of the service users' records are reviewed and brought up to date, as necessary. Any addition or disposal from the records must be signed and dated by two people; the records should be reconciled by two people at least quarterly.

The registered manager confirmed that the home did not provide transport services.

Areas for improvement

One area for improvement was identified during the inspection. This related to how records of personal property belonging to service users in their rooms were maintained.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

A sample of fees raised by the home was reviewed which evidenced that the correct amounts were being charged by the home.

Day to day to day arrangements in place to support service users were discussed with the administrator who was able to describe specific examples of how the home supported a range of service users with their money. Discussion also established how arrangements to safeguard service users' monies were discussed with each service user or their representative at the time of admission to the home.

There was evidence of engagement with other stakeholders involved in supporting a sample of service users which ensured that that there were transparent arrangements in place, agreed to by the service user or their representative, as appropriate.

Arrangements for service users to access their money outside of normal office hours were discussed with the registered manager. She noted that at present, access to the safe place within the home was available during normal office hours. She confirmed that there was no routine access outside of these times. However, the responsible person described how his home was close by and he provided examples of previous instances where staff had telephoned him in circumstances where access to service users' money was required outside of normal office hours. He noted that while this was an infrequent occurrence, the contingency arrangement he had described was in place to manage these circumstances and that this would be kept under review to ensure that service users' needs continued to be met.

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?

Oversight and governance arrangements for safeguarding service users' money were found to be in place and operating effectively. Regular audits of money were recorded and signed and dated by two people; as noted above, a trace of a random sample of transactions evidenced that records were available to substantiate the entries in each service user's expenditure records.

As referred to above, the home had a range of detailed policies and procedures in place to guide practice on safeguarding service users' money and valuables. Discussion with the home administrator clearly identified that she was confident in regards to handling any complaint and how to initiate the home's whistleblowing procedures.

There was a clear organisational structure within the home; discussion established that those involved in supporting service users with their money on a daily basis were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

A list of the current service users in the home was provided by the administrator, and a sample of four finance files were selected for review.

Three of the four service users had a written agreement on their file, which was signed and dated by the service user or their representative, as appropriate, and which reflected the up to date terms and conditions including current fees.

There was no evidence of any written agreement on the fourth service user's file. The responsible person and home administrator advised that an agreement had been sent to the service user's representative and this had not yet been returned. The responsible person also candidly described how this was the position with a number of other service users which had not been sampled.

The inspector noted that where difficulties were encountered in securing signatures from service users or their representatives, the home should ensure that robust records are available to evidence how the home has attempted to secure a signature on each service user's updated agreement. Evidence should be available on the relevant service user's finance file (there had been no such evidence on the service user's file, as discussed above).

A requirement was made in respect of this finding.

A review of a sample of the four service users' finance files evidenced that three service users sampled had a signed personal expenditure authorisation in place with the home, granting the home authority to spend the service users' personal monies on specific goods or services. One service user did not have a signed authorisation on file; it was noted that this was the identified service user who did not have a written agreement in place with the home, as discussed above.

A recommendation was made to ensure that each service user for whom the home purchase goods or services on their behalf has a personal monies authorisation on file.

On reviewing one service user's finance file, it was noted that there was a specific financial arrangement in place with the home.

There was a clear rationale for this arrangement being in place and the registered manager provided assurance that the service user had capacity to sign the written authorisation which was in place, detailing authority for the arrangement to be fulfilled by an identified member of staff.

It was noted that part of the written authority contained wording which could be subject to interpretation. A recommendation was made that the written authority be re-written to provide precise details as to the specifics of the arrangement. The responsible person and the registered manager were also advised to share a copy of the signed authorisation with the service user's HSC trust care manager.

Areas for improvement

Three areas for improvement were identified in respect of this domain. These related to ensuring that each service user is provided with an individual written agreement; ensuring that personal monies authorisations are in place for each service user for whom the home purchase goods and services; and ensuring that the specific written authorisation in respect of the identified service user is reviewed, updated with detailed information and a copy of the authorisation shared with the identified service user's HSC trust care manager).

Number of requirements	1	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 David Morgan, responsible person and Clare Burke, the 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 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 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 to be taken by the 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:
30 September 2016

The registered provider must provide to each patient, by not later than the date on which he becomes a patient, a statement specifying - (a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services - (i) accommodation, including the provision of food, and (ii) nursing and except where a single fee is payable for those services the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.

Response by registered provider detailing the actions taken:

A contract containing the information referred to above (a) (ai), (aia) and (b) is provided for each patient.

Recommendations

Recommendation 1

Ref: Standard 14.26

Stated: First time

To be completed by:
30 September 2016

The registered provider should ensure that an inventory of property belonging to each resident 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.

Response by registered provider detailing the actions taken:

This inventory has been completed 30/9/16 and will be reviewed quarterly.

Recommendation 2

Ref: Standard 14.6,
14.7

Stated: First time

To be completed by:
30 September 2016

The registered provider should ensure that written authorisation is obtained from each resident or their representative to spend the residents' personal monies to pre-agreed expenditure limits.

The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident 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.

Response by registered provider detailing the actions taken:

A letter requesting authorisation for Glendun to pay appropriate monies on behalf of patient's has been sent to residents/representatives. A copy will be retained on patient records and a copy sent to care manger.

<p>Recommendation 3</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the specific written authorisation in respect of the identified service user is reviewed and updated with detailed information regarding the specifics of the arrangement (the updated authorisation should also be shared with the identified service user's HSC trust care manager).</p>
<p>To be completed by: 6 September 2016</p>	<p>Response by registered provider detailing the actions taken: This authorisation has been reviewed and updated 30/8/16 and a copy forwarded to care manager.</p>

Please ensure this document is completed in full and returned to finance.team@rqia.org.uk from the authorised email address



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