

Unannounced Finance Inspection Report 08 March 2019



Braefield Nursing Home

Type of Service: Nursing Home

Address: 2-6 Carncome Road, Connor, Ballymena, BT42 3LA

Tel No: 028 2589 2233

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 50 beds which provides care for older patients, those with a dementia or those with a physical disability other than sensory impairment.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual(s): Amanda Celine Mitchell	Registered Manager: Philomena McIlwaine
Person in charge at the time of inspection: The deputy manager	Date manager registered: 12/05/2017
Categories of care: Nursing DE - Dementia I- Old age not falling within any other category PH - Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 08 March 2019 from 11.20 to 15.20 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 home administrator participated in adult safeguarding training
- records of income, expenditure and reconciliation (checks performed) were available including supporting documents
- arrangements were in place to support patients to manage 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 and
- detailed written policies and procedures were in place to guide financial practices in the home.

Areas requiring improvement were identified in relation to:

- ensuring that there is liaison with the HSC trust in relation to the identified patient who has consistently low or negative funds. Any expenditure beyond what the identified patient has available should not be met from funds drawn from the pool of patients' monies 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with the deputy manager, the quality improvement and training lead and the home administrator 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 deputy manager, the quality improvement and training lead and the home administrator.

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 comfort fund records
- Financial policies and procedures
- A sample of patients' personal property records (in their rooms)
- A sample of patients' individual written agreements
- A sample of hairdressing and podiatry treatment records

The findings of the inspection were discussed with the deputy manager, the quality improvement and training lead and the home administrator.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 01 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP from the inspection was returned and approved by the care inspector. The QIP 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 14 April 2015

A finance inspection of the home was carried out on 14 April 2015; the findings were not brought forward to the inspection on 08 March 2019.

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 deputy manager confirmed that adult safeguarding training was mandatory for all staff in the home; the home administrator had participated in adult safeguarding training in 2018.

Discussions with the deputy 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 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 was in place to detail the contents of the safe; this had been reconciled, and signed and dated by two people in February 2019.

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, a written safe contents record was in place and the home administrator participated in adult safeguarding training.

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 deputy manager 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 not in direct receipt of the personal monies for any patient. For several identified patients, the home requested monies from either the commissioning trust or from a solicitor for personal expenditure and there were clear records of the amounts and timing of the receipt of these monies.

For the majority of 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 patients' family members.

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. 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 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 January 2019 month end.

A pooled patients' bank account was in use to administer patients' personal monies. The name on the bank account clearly designated that the monies belonged to patients and not to the business. There was evidence that the bank account had been reconciled by two people on a monthly basis; the most recent record of reconciliation available was in respect of the January 2019 month end.

A review of the records for one patient identified that the patient had limited personal funds to make purchases. The home requested monies on a monthly basis from the HSC trust who was managing the monies on the patient's behalf. There was correspondence on the patient's file which identified that the trust had engaged with the home to highlight that the patient's monies were limited. Discussion with the home administrator established that the patient continued to spend the majority if not all of their personal monies on cigarettes to the detriment of their affordability to purchase other necessities.

A review of a sample of the records identified that the patient had a negative balance recorded on their ledger and the home administrator confirmed that this was not uncommon. The patient's negative balance on their ledger did not prevent them from making purchases of goods or services, which in effect were being paid for (temporarily) from the balance of pooled patients' monies held in the patients' bank account. The inspector highlighted that facilitating this arrangement must cease from the date of the inspection. The inspector also noted that the home should re-engage with the HSC trust to formulate alternative arrangements with respect to the patient's monies, their ability to make certain purchases and any opportunities for the

patient to reduce the amount which they spent on cigarettes. An area for improvement was made in respect of these findings.

Hairdressing and podiatry treatments were being facilitated within the home and a sample of these treatment records was reviewed. The sampled records evidenced that a template was in place to record treatments which was signed by the person delivering the treatment and countersigned by a member of staff to verify that treatment had been delivered.

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 three patients. The deputy manager explained that the home were in the process of updating the records and using a new template to record patients' property. The sample of records reviewed identified that two patients had their property recorded on the new template and the dates on which the property had been checked was recorded. It was noted that there was a gap of 4.5 months between the two most recent reconciliations. The inspector highlighted that these records should be checked at least every three months.

The remaining patient's record was made on an old form of template and had been dated August 2018, there was no evidence presented to identify that this patient's record had been reconciled every three months since that date.

An area for improvement was identified to ensure that records of property are brought up to date for all patients. These records should be reconciled, signed and dated by two people at least quarterly.

The home administrator confirmed that the home operated a comfort fund and a policy and procedure was in place to administer the fund. A bank account was used to manage the fund, this was appropriately named. A reconciliation of the account had most recently been carried out and signed by two people in January 2019.

The deputy manager 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 records of income, expenditure and supporting documentation.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that there is liaison with the HSC trust in relation to the identified patient who has consistently low or negative funds. Any expenditure beyond what the identified patient has available should not be met from funds drawn from the pool of patients' monies.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

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

Discussion with the deputy manager 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 ongoing feedback from patients and relatives and quarterly relatives meetings.

Arrangements for patients to access money outside of normal office hours were discussed with the deputy manager and home administrator. This established that the home had arrangements in place to address this matter.

Areas of good practice

There were examples of good practice found in respect of the mechanisms to obtain feedback and views from patients and their representatives and the contingency arrangements in place to ensure that patients could access money outside of office hours.

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.

The service user guide and associated appendices contained a range of useful information for a new patient including the terms and conditions of a patient's residency in the home, details as to the scale of charges and the costs of any additional services facilitated in the home.

Written financial policies and procedures were in place to guide financial practices in the home. 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 three patients' agreements was requested for review. The home administrator provided the files for each patient; this identified that each of the patients had an up to date, signed agreement in place with the home.

Records authorising the home to spend the patient's personal monies on identified goods and services were in place for all three patients.

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, signed patient agreements and personal monies authorisation documents were in place.

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 deputy manager, the quality improvement and training lead and home administrator, at the conclusion of the inspection. The timescales commence from the date of inspection.

The registered provider/registered 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 31 March 2019	<p>The registered person shall ensure that that there is liaison with the HSC trust in relation to the identified patient who has consistently low or negative funds. Any expenditure beyond what the identified patient has available should not be met from funds drawn from the pool of patients' monies.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Home Manager has met with the Trust. The identified client has personal allowance increased . No further monies from pool of patients monies will be used to sustain monthly negative money for this client. This will be monitored by Home Manager and Finance Team during audit and inspection.</p>
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)	
Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 01 April 2019	<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: The Inventory record has been updated. This will be maintained and countersigned by two staff quarterly. This will be monitored by Home Manager and Finance team during audit and inspection</p>

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



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