



The Regulation and
Quality Improvement
Authority

The Court Care Home
RQIA ID: 1451
1a Queens Avenue
Ballymoney
BT53 6DF

Inspector: Briega Ferris
Inspection ID: IN021668

Tel: 0282766 6866
Email: the.court.m@fshc.co.uk

**Unannounced Finance Inspection
of
The Court Care Home**

28 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced finance inspection took place on 28 May 2015 from 10:00 to 15:45. Overall on the day of the inspection the home was found to be delivering safe and compassionate care; the effectiveness of care was found to be good, however there are some areas identified for improvement. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

1.1 Actions/Enforcement Taken Following the Last Inspection

There has been no previous RQIA finance inspection of this service.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with the Ms Louise McIlwrath, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons (No 11) Limited	Registered Manager: Ms Louise McIlwrath
Person in Charge of the Home at the Time of Inspection: Ms Fiona Archer (Deputy Manager)	Date Manager Registered: 3 April 2013
Categories of Care: NH-DE, NH-I, NH-PH	Number of Registered Places: 45
Number of Service Users Accommodated on the Day of Inspection: 34	Weekly Tariff at Time of Inspection: £593 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Statement 2

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and the home's administrator
- Examination of records
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were examined during the inspection:

- The service user guide
- The home's policy on:
 - Management and Recording of Personal Allowances
 - Cash floats and other sundry funds (including residents social fund)
 - Safekeeping of residents valuables
- Four service user agreements
- The home's current schedule of fees receivable
- Four signed expenditure authorisation forms

- Records of income and expenditure (service users' personal monies held by the home)
- Records of income and expenditure (service users' comfort fund)
- Four records of service users' personal property

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection on 5 August 2014; the completed quality improvement plan was returned and approved by us.

5.2 Review of Requirements and Recommendations from the last Finance Inspection

There has been no previous RQIA finance inspection of this service.

5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Is Care Safe?

We were provided with a copy of Four Seasons' service user guide (for use throughout Northern Ireland) and also with a copy of the home's own brochure and associated appendices. We noted that the guide contained information for service users on: fees (in general); charging for additional services (including an appendix detailing the current charges for services within The Court Care Home i.e.: hairdressing and private podiatry) and the management of service users' personal monies and insurance.

The administrator confirmed that new service users receive a copy of the service user guide and the home's brochure together with an individual written agreement. We queried whether there were any individual financial arrangements in place with individual service users in the home; the administrator described how the home did not have any direct role in supporting any individual service user with their money.

Discussion with the home's administrator established that they had received training in the protection of vulnerable adults and written evidence of this was obtained. We noted that the home had policies and procedures in respect of safeguarding and protecting service users' monies and valuables in place.

Is Care Effective?

We sampled four service user files for review. On reviewing the sample of four service users' files, we noted that all four service users had a signed agreement on their file. The agreements reflected the current fee arrangements for these service users including the person(s) by whom the fees were payable and the respective methods of payment. We also noted that copies of previous agreements detailing historical financial arrangements were also retained on the service users' files where applicable. Good practice was observed.

It is noted that the DHSSPS Care Standards for Nursing Homes 2015 are now in effect. Standard 2.2 of the Care Standards for Nursing Homes (2015) requires a number of additional areas to be included in the home's individual agreement with service users.

On comparing the home's standard form of agreement with service users to Standard 2.2 of the Care Standards for Nursing Homes (2015), we noted that the home's agreement did not include a number of necessary components. Furthermore, while the cost of additional services facilitated within the home is currently included in the home's service user guide, these prices should also be included in the individual service user agreement.

It is therefore necessary for the registered person to ensure that the home's standard form of contract is reviewed in line with the updated minimum care standards to ensure compliance. Having updated the standard individual service user agreement, updated agreements must be provided to each service user in the home.

A requirement has been made in respect of these findings.

Is Care Compassionate?

There was evidence on the files reviewed to identify that service users/their representatives had been informed in writing of increases in the fees payable over time.

Discussions with the home's registered manager and administrator established that on the day of inspection, the home was not supporting any service user to manage their money in any way.

Areas for Improvement

Overall on the day of inspection, we found care to be safe and compassionate. The effectiveness of care was found to be good, however there was one area identified for improvement; this was in relation to updating the home's standard individual service user agreement to ensure compliance with the new Care Standards for Nursing Homes (2015) and subsequently providing up to date agreements to service users in the home.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.4 Statement 2 - Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. We reviewed the records relating to amounts charged to a selection of service users contributing to their fees and were satisfied that the correct amounts were being charged by the home.

Receipts with two signatures are written for service user representatives lodging cash or cheques with the home, a copy is provided to the person lodging money, with a duplicate retained by the home. A review of the documentation identified that the home has a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf such as on hairdressing, toiletries etc. We noted that the account was appropriately named in favour of the service users.

Balances of service user monies held for safekeeping by the home (whether in cash or in the personal allowance bank account managed by the home) are reconciled on a regular basis and we were able to obtain evidence of this process on the day of inspection. Good practice was observed.

Is Care Effective?

The registered manager and the home's administrator both confirmed that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. A review of a sample of the records established that the home had written personal allowance contracts in place with the service users/their representatives providing the necessary written authorisation to purchase goods and services on behalf of service users; good practice was observed.

We reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, podiatry, newspapers or other non-frequent sundry items. We noted that the home maintain clear records on "personal allowance account statements" detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or hairdresser's or shop receipt for expenditure. We traced a sample of transactions and were able to evidence the all of the relevant documents. We noted that treatment records for hairdressing and podiatry were recorded on a template and reflected all of the relevant details including the signatures of the person providing the treatment and a member of staff.

Discussion with the administrator established that the home operates a comfort fund for the benefit of all of the service users in the home and which is normally funded from contributions from service users' family/friends and from internal fundraising by the home. The home has a written policy and procedure in place for the administration of the comfort fund. We noted that a bank account was in place named appropriately in favour of the service users. Regular reconciliations of the bank account are also carried out and recorded.

We reviewed the records of income and expenditure relating to the service users' comfort fund and noted that recent expenditure included that on craft/activity materials, outings for the service users and themed parties in the home.

We noted that receipts for expenditure on outings (such as on food and drinks) were on file and we reviewed a sample of receipts for food takeaway purchases. We noted that the names of those service users who had gone on the outing were not routinely recorded on the receipt. We discussed this with the registered manager and the administrator.

We queried whether staff would accompany service users on these outings and were informed that they would. We queried whether any of the food or drinks recorded on the receipts would relate to items consumed by staff and the registered manager confirmed that they would not as it was the home's policy that staff would not benefit from food or drinks purchased from the comfort fund monies. We queried whether there was a written addressing this and were informed that there was not.

While the home has a policy in place on the "residents' social fund", this does not address local arrangements in place, such as that detailed above regarding staff accompanying service users on social outings or recording service users benefiting from food takeaways.

We also noted that the names of service users travelling on outings should be clear from receipts which must provide appropriate detail regarding those benefiting from purchases made from the service users' comfort fund monies.

On reviewing the comfort fund records, we noted that a representative of the home had used a personal loyalty card when making purchases with comfort fund monies. We noted that this was not acceptable practice.

Two requirements and a recommendation have been made in respect of these findings.

Is Care Compassionate?

Discussions established that the home do not have any involvement in supporting service users to manage their money. We queried whether any service user had an assessed need in respect of their money or any agreed restrictions; the registered manager and administrator confirmed that none of the service users had any known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, we found care to be safe and compassionate. The effectiveness of care was found to be good, however there were three areas identified for improvement; these all related to the management of the service users' comfort fund.

Number of Requirements	2	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Is Care Safe?

A safe place exists within the home to enable service users to deposit cash or valuables. We reviewed the safe place within the home with the home's administrator and were satisfied with the controls around the physical location of the safe place and the persons with access. We carried out a check of the cash balances and items deposited for safekeeping for service users and these agreed to the records held by the home on the day of inspection. We also noted that staff perform written regular reconciliations of the cash and valuables held within the safe place. Good practice was observed.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support service users with their money. Discussions with the administrator established that the home do not have any direct involvement in supporting any service user to manage their money. As noted above, we reviewed a broad sample of transactions relating to income received and expenditure made on behalf of a sample of service users. In each case, we were able to trace the relevant supporting documentation.

We discussed how service users' personal property was recorded with the administrator. We were informed that written property records were contained on service users' care files and we selected a random sample of four files for review.

On reviewing the four files, we noted that all four service users had a personal property record on their respective files. Three of the four service users had a handwritten template in place; while items which the service users had brought with them to the home on admission were recorded, these records were not signed in all three cases and only two of the three were dated (the fourth service user had a typed record of personal property on file (as described below), a template had not been used).

All four service users had a recently updated record of individual items on their file. These records were typed but had been dated and signed by two people. We noted good practice. In addition, we noted that items recorded were clearly described to distinguish them and electrical items requiring PAT testing were recorded on a separate schedule with the names of individual service users clearly recorded alongside.

During feedback, we highlighted that the new Care Standards for Nursing Homes (April 2015) require that records of personal property are updated at least quarterly (Standard 14.26).

Is Care Compassionate?

A safe place exists within the home to enable service users to deposit cash or valuables should they wish to. The availability of safe storage arrangements for service users and arrangements to safeguard service users' property are clearly detailed in the service user guide which is provided to each service user or their representative on admission. The home also has a policy on recording furniture and personal possessions to guide practice in this area.

Areas for Improvement

There were no areas for improvement identified in respect of Statement 3.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.6 Statement 4 - Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative

Is Care Safe?

At the time of inspection, the home did not provide transport to service users. The home has arrangements in place to support service users to avail of other means of transport such as private taxis. We obtained evidence of receipts obtained from private taxis in respect of transport for one service user.

Is Care Effective?

There was no transport scheme in place on the day of inspection.

Is Care Compassionate?

There was no transport scheme in place on the day of inspection.

Areas for Improvement

There were no areas for improvement identified in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.7 Additional Areas Examined

No additional areas were examined as part of this inspection.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Louise McIlwrath, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 29 July 2015</p>	<p>The registered person to ensure that the home's standard agreement with service users is reviewed to ensure compliance with the updated Care Standards for Nursing Homes (2015), specifically Standard 2.2.</p> <p>Having updated the standard service user agreement, updated individual agreements must be provided to each service user in the home.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where an HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The company is presently reviewing and individualising the agreements for each service user to take into account the revised Minimum Standards 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that receipts returned from social outings with service users or from takeaway purchases (which are funded from the service users' comfort fund) clearly detail the names of the relevant service users involved.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been actioned and will continue to be applied going forward</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: No loyalty cards will be used by the home</p>

Recommendations			
Recommendation 1 Ref: 35.21 Stated: First time To be Completed by: 2 July 2015	It is recommended that the registered person develop a written policy and procedure clarifying the home's policy on staff accompanying service users while on social outings. This must be shared with any relevant staff members.		
	Response by Registered Person(s) Detailing the Actions Taken: The company currently have an escort policy that is under review and the development of this to include social outings will be highlighted for inclusion .		
Registered Manager Completing QIP	Louise McIlwrath	Date Completed	16.07.15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	17.07.15
RQIA Inspector Assessing Response	Briege Ferris	Date Approved	03/08/15

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

Please provide any additional comments or observations you may wish to make below:

*