



The Regulation and
Quality Improvement
Authority

Whiteabbey
RQIA ID: 1452
104-106 Doagh Road
Newtownabbey
BT37 9QP

Inspector: Briega Ferris
Inspection ID: IN023737

Tel: 0289085 3021
Email: whiteabbey@fshc.co.uk

**Unannounced Finance Inspection
of
Whiteabbey**

6 October 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 unannounced finance inspection took place on 6 October 2015 from 09:10 to 13:10. A poster detailing that the inspection was taking place that day was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there are some areas identified for improvement, which 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.

On the day of inspection, we met with Mrs Aleyamma George, the registered manager, the regional business support administrator and the home's administrator. No visitors chose to meet with us during the inspection. We would like to thank those who participated in the inspection for their co-operation.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

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	4	1

The details of the QIP within this report were discussed with Mrs Aleyamma George, 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 Health Care/Maureen Claire Royston	Registered manager: Mrs Aleyamma George
Person in Charge of the Home at the Time of Inspection Mrs Aleyamma George	Date Manager Registered: 20 May 2011
Categories of Care: RC-I, NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 59
Number of Patients accommodated on the day of Inspection: 41	Weekly Tariff at Time of Inspection: £593.00 - £637.00

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: Patients' 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 patients' 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 patients are transparent and agreed in writing with the patient/their representative

4. Methods/Process

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

- Discussion with the registered manager, business support administrator and the home administrator
- 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 reviewed during the inspection:

- The service user guide
- The home's current standard agreement with patients
- Four patient finance files
- Most recent HSC trusts' payment remittances
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing and chiropody treatment receipts
- Records of items deposited for safekeeping with the home
- Four records of patients' personal property/inventory

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 23 September 2015; there were no matters arising from this inspection which we needed to follow up on.

5.2 Review of Requirements and Recommendations from the Last Finance Inspection

There has been no previous RQIA inspection of the 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?

The home has a service user guide, a copy of which was provided to us for review during the inspection. We noted that the guide included information for patients on the general terms and conditions of residency, and an appendix detailing financial information.

We noted that the home have a standard written agreement which is issued to patients at the time the patient is admitted to the home. We requested to see a sample of four finance files for patients in the home.

On reviewing a sample of four files, we noted that three patients had a signed agreement on their file, however only one of the three agreements contained the up to date terms and conditions regarding fees and payment arrangements. The fourth patient did not have a signed agreement on their file.

The three signed agreements reflected the fee rates and payment arrangements which were applicable at the time each patient was admitted to the home.

Discussions with staff established that agreements were being updated for a number of patients in the home. The home administrator also advised that attempts had been made to have family representatives sign documents; however, this had not yet been completed. We noted that there must be written evidence on each relevant patient's file to evidence that the home have attempted to follow up on these matters. Copy documents sent for signature must be maintained on the patient's file along with the dates and details of follow up taken by the home.

A requirement has been made in respect of this finding.

We noted that the Care Standards for Nursing Homes (April 2015) require that a number of additional components are included in each patient's written agreement with the home. We recommended that the registered manager engage with other Four Seasons Health Care colleagues in respect of comparing the FSHC standard agreement with the updated DHSSPS Minimum Standard.

A recommendation has been made in respect of this finding.

Discussion with the home's administrator established that they had received training in the Protection of Vulnerable Adults.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; the registered manager advised that there was involvement by the home in respect of two identified patients and she explained the respective arrangements in place. This matter is further detailed in Statement 2 of this report. The registered manager noted that the home also liaise with commissioning trust representatives in order to appropriately support patients.

We noted that the home have a number of policies and procedures in place addressing controls in place to safeguard patients' money and valuables.

Is Care Compassionate?

As noted above, on reviewing a sample of four patient files, we evidenced that only one file from a sample of four contained an up to date agreement. We noted that evidence of notification of any increase in the fees payable or changes to other financial arrangements must be provided to patients or their representatives and that the changes must be agreed in writing, with the patient's written agreement updated accordingly.

A requirement has been made in respect of this finding.

Areas for Improvement

Overall on the day of inspection, financial arrangements in place were found to be contributing to safe, effective and compassionate care. There were three areas identified for improvement; these related to: individual written agreements with patients; providing notification of any change to the fees/financial arrangements and agreeing this in writing and reviewing the content of the home's standard agreement in light of the requirements of the updated Care Standards for Nursing Homes (2015).

Number of Requirements	2	Number Recommendations:	1
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5.4 Statement 2 - Arrangements for receiving and spending patients' 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 trusts' payment remittances are available confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or part, directly to the home. For all other patients, the home is paid directly by the relevant HSC trust. A review of a sample of charges established that the correct amounts were being charged by the home.

The home is directly in receipt of the personal allowance monies for one identified patient; this money is received from the commissioning trust, who is corporate appointee for the patient.

Clear records exist to support the receipt of these monies which are credited to the pooled patients' personal allowance bank account. For the majority of the remaining patients in the home, family representatives deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing and chiropody services facilitated in the home.)

A review of the records identified that the home provides a receipt to anyone depositing cash, we noted that receipts are routinely signed by two people.

Records of income and expenditure are maintained on personal allowance account statements detailing transactions for individual patients. There are weekly transaction sheets signed by two people, and a monthly reconciliation is carried out, good practice was observed. As noted above, a pooled bank account is in place to hold the personal monies belonging to patients; the bank account is named appropriately.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or an expenditure receipt.

A review of the records identified that a hairdresser and a chiropodist visit the home to provide services to patients. In each case, treatment records are made on a template which records all of the necessary information such as the name of the patient, the type of treatment they have received and the associated cost. We noted that the records were signed by both the hairdresser/chiropodist and a member of staff to verify that the patient had received the service detailed and incurred the associated cost; good practice was observed.

A review of the records established that that the home operates a fund for the benefit of the patients in the home called the "residents' social fund". We noted that records relating to income and expenditure for the fund were maintained and a weekly and monthly reconciliation of the comfort fund monies was recorded, signed and dated by two people, good practice was observed. We noted that a bank account was in place for the administration of the fund and that the account was named appropriately.

We reviewed a sample of records for expenditure undertaken from the fund and noted that the expenditure appeared consistent with the home's policy addressing the administration of the fund.

Is Care Effective?

The registered manager confirmed that no representative of the home was acting as nominated appointee for any patient. As noted above, discussions established that the home is directly in receipt of the personal allowance monies for one identified patient; this money is received from the commissioning trust who is corporate appointee for the patient. The registered manager also described the arrangements regarding another patient whose personal monies are managed by the commissioning trust. In this case, the home liaise with the commissioning trust representative to request identified sums of personal allowance monies be provided to the patient at the patient's request.

In addition, the home receives money from patients' representatives for expenditure on other goods and services not covered by the weekly fee, such as hairdressing. We sampled four

patients' finance files and selected the two patients discussed above as part of the sample. We noted that two patients' files contained financial assessment documentation describing any financial arrangement in place with the home. In addition, we noted that a written personal monies authorisation agreement was in place with those patients/their representatives providing the necessary authorisation to purchase identified goods and services on behalf of the patient from monies deposited with the home.

However, we reviewed the files for the two patients who had been discussed with the registered manager and noted that these patients did not have this documentation on their files. We highlighted that it was critical for these patients to have the individual financial arrangements which are in place appropriately detailed in writing and agreed with the patient or their representative.

We noted that the home must ensure that any contact with patients' representatives to follow up on getting documents signed must be recorded on the file including the dates that documents are provided for signature.

A requirement has been made in respect of these findings.

Is Care Compassionate?

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the patients had any known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. However, there was one area identified for improvement; this was in relation to ensuring that financial assessment/personal allowance authorisation documents are provided to each patient or their representative and that appropriate follow up on their return is evidenced on the relevant patient's file.

Number of Requirements	1	Number Recommendations:	0
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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 patients to deposit cash or valuables. We viewed the location of the safe place and were satisfied with the controls around the persons with access.

We established that on the day of inspection, cash balances for a number of patients, the comfort fund monies as well as a number of non-cash items were being held within the safe place for safekeeping.

We noted that the home had a valuables book in place to record any additions or withdrawals from the safe place. We reviewed the entries and noted that additions or withdrawals were routinely signed by two people.

We also noted that the home had drafted a composite record of the items in the safe place which was signed and dated by two people. We noted the home's intention to reconcile this record to the contents of the safe place on a monthly basis, as per the home's policy and procedure.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money. The registered manager confirmed that there were no specific agreed arrangements in place to support any patient at present.

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for four patients. We were advised that the property records were contained within the patients' care files and we were provided with the four care files for review.

We noted that each patient's file contained a "schedule of personal effects" form which was part of the admission process; we noted that the four records had neither been signed nor dated. There was evidence that staff had recorded some electrical items belonging to patients however these were not adequately described; for instance "1 TV", "Radio/CD player" was recorded within the records.

We discussed these findings with the registered manager, highlighting the weaknesses in the record keeping such as the absence of any signatures or dates. We noted that any additions or disposals from patients' property records must be signed and dated by two people. We also noted that staff must be advised of the necessary level of detail to record in respect of valuable items such as the make/model/size of electrical items.

The Care Standards for Nursing Homes (2015) require that these records of patients' property in their rooms are updated at least quarterly and are signed and dated by two people. We highlighted that the home must update all of the current property records for patients in the home.

A requirement has been made in respect of this finding.

Is Care Compassionate?

There are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; the registered manager stated that prior to admission, when the patient or their representatives are viewing the home, these arrangements are explained.

Areas for Improvement

Overall, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there was one area identified for improvement; this was in relation how patients' property is recorded.

Number of Requirements	1	Number Recommendations:	0
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5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

Is Care Safe?

On the day of inspection, the home did not operate a transport scheme for patients.

Is Care Effective?

As noted above, on the day of inspection, the home did not operate a transport scheme for patients, however we discussed options for patients to access other forms of transport and it was clear that the home to support patients to access private transport or non-emergency ambulance services should the need arise.

Is Care Compassionate?

As above, we noted that the home has arrangements to support patients to access other means of transport.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care. No areas for improvement were identified in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Aleyamma George, 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: 17 November 2015</p>	<p>The registered person must ensure that any current patient in the home who does not have an up to date agreement/fees amendment or update document in place is issued with one. Where it is difficult to secure signatures on agreements from patients' representatives, a copy of the agreement sent for signature should be retained on file detailing the date it was sent and any follow up from the home to secure signature recorded to evidence this.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: All Current Patients in Whiteabbey Care Home for which an up to date agreement was not held have all been issued and received back duly completed by their representative or Trust where applicable. Up to date agreements will be issued in line with any updated financial assessments received going forward. Where it is difficult to secure signatures on agreements dated copies of all correspondence sent and follow ups will be retained on file for verification of requests made. Home will issue letter to confirm acceptance of terms & conditions as they have received no objections if no further response is received.</p>
<p>Requirement 2</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the next change</p>	<p>The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative and that the patient's individual agreement is updated accordingly. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: All Private Residents as per contract receive letter giving one months notice of intended fees uplift. Once fee has been set confirmation letter notifying fee uplift is also sent with all copies retained on file.</p> <p>Trust funded residents are notified accordingly by an updated Financial Assessment sent from the Trust to the representative with copy also issued to the home. Home will issue updated acceptance of terms & conditions in timely fashion on receipt of updated assessments and yearly uplifts to ensure that agreements held on file reflect current rate applicable.</p>
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (3)</p>	<p>The registered person must ensure that that any current patient in the home who does not have a written financial assessment/personal monies authorisation, is provided with one for completion. Any outstanding personal allowance authorisations must be followed up with</p>

<p>Stated: First time</p> <p>To be Completed by: 17 November 2015</p>	<p>patients/their representatives.</p> <p>Where it is difficult to secure signatures on financial assessment/personal monies authorisations, a copy should be retained on the patient's file detailing the date it was sent and any follow up from the home to secure signature recorded to evidence this.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: All outstanding personal allowance authorisations have been issued to the relevant person etc. for completion and have been duly signed and returned to the home. Going forward copies of all documents issued relating to personal expenditure, authorisation for spend and supply of monies for same will be dated and retained on file. Where it is difficult to secure signitures and where no response is received, home will issue letter to confirm that they understand that the relevant person etc. will be providing all personal effects for the resident. Should there be any time when the residents needs are not being met by the person responsible for the finances this will be reported by the home to the relevant Care Manager.</p>
<p>Requirement 4</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 6 December 2015</p>	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients.</p> <p>The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. (Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly).</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: An up to date inventory is maintained of personal effects/ personal possessions brought to the home by the newly admitted patients, checked, dated and signed by two members of staff. Retrospective record is made of the furniture, personal possessions owned by existing patients, updated and signed by two members of staff. Staff are advised of the importance of recording inventory details consistently, items of significant value/electrical items are recorded with specification of make/model etc. System in place to update the inventory regularly/quarterly.</p>

Recommendations			
Recommendation 1 Ref: Minimum Standard 2.2 Stated: First time To be Completed by: 31 March 2016	It is recommended that the registered manager engage with other Four Seasons Health Care colleagues in respect of reviewing the FSHC standard agreement which must contain all of the components of DHSSPS Minimum Standard 2.2.		
	Response by Registered Person(s) Detailing the Actions Taken: FSHC standard agreements are currently under review and will be updated to meet/comply with DHSSPS Minimum Standards. The agreements will be in place for issue with the new April 2016 Uplifted Rates.		
Registered Manager Completing QIP	Aleyamma George	Date Completed	04/11/2015
Registered Person Approving QIP	Dr Claire Royston	Date Approved	05.11.15
RQIA Inspector Assessing Response		Date Approved	11/11/2015

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