



The Regulation and
Quality Improvement
Authority

Mahon Hall
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**Unannounced Finance Inspection
of
Mahon Hall**

12 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced finance inspection took place on 12 November 2015 from 10:05 to 14:35. 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 Ms Cheryl King, the acting home manager and one of the home's two administrators (one administrator was not in the home on the day of inspection). No visitors chose to meet with us during the inspection; we would like to thank those who participated in the inspection for their cooperation.

The home provides residential and nursing care; for the purposes of this report, the term patient will be used throughout.

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	0	5

The details of the QIP within this report were discussed with Ms Cheryl King, the acting home 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: Ms Cheryl King (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Cheryl King (Acting home manager)	Date Manager Registered: 27 March 2014 (Acting)
Categories of Care: NH-PH, RC-DE, RC-I, RC-PH, RC-PH(E), NH-I	Number of Registered Places: 60
Number of Patients Accommodated on the Day of Inspection: 57	Weekly Tariff at Time of Inspection: £470.00 - £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 acting home manager 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
- The home's policy on "Management and recording of personal allowances"
- The home's policy on "Other cash floats and sundry funds"
- Four patient finance files
- Most recent HSC trusts' payment remittances
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- A sample of Income/lodgements and expenditure, including comfort fund records
- A sample of hairdressing and chiropody treatment receipts
- Records of items deposited for safekeeping with the home
- Four records of patients' personal property/inventory in their rooms

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection on 9 September 2015; we were not required to follow up on any matters related to the previous inspection.

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 the current scale of charges for care and accommodation and the current charges for hairdressing and chiropody services facilitated within the home.

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 only two of the four patients had a signed agreement on their files; however these agreements did not reflect the up to date terms and conditions regarding fees and payment arrangements. One of the agreements was signed in March 2014; the other agreement was undated and reflected the correct weekly fee but the incorrect payment arrangements.

The remaining two patients did not have a signed agreement on their files; however we did note that copies of letters to the patients or their representatives were on file which requested that the agreements be returned. We reviewed a copy of one agreement accompanying one of the copy letters and noted that the payment arrangements were incorrect; while the total fee for the patient was recorded correctly, we highlighted that both the HSC trust and the patient were contributing two amounts to the total, these details were not reflected in the agreement.

We highlighted that in order to comply with regulation; the patient's agreement must state the weekly fee, the person(s) by whom the fee is payable and the respective method(s) of payment.

We discussed the findings with the acting home manager and the home administrator. Discussions established that there was no representative to sign the agreement for one of the patients; it was not clear why the second patient (whom the acting home manager confirmed had the capacity to do so) had not signed the agreement.

We also emphasised that if a HSC trust care-managed patient did not have a family member or friend to act as their representative, the home should share the patient's agreement with the patient's care manager.

We also stressed that one of the patients who did not have a signed agreement, was a patient with whom the home had a financial arrangement, therefore it was very important for this patient to have a transparent agreement in place which provided clarity on the arrangement in place with the home (this arrangement is discussed later in the report).

We noted that the home should arrange to provide an updated agreement to the two patients identified during the inspection which reflect the updated terms and conditions and which details the specifics of the respective financial arrangements in place with these patients.

A recommendation 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 established that in 2014, both home's administrators 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 home administrator 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.

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?

A review of a sample of the files evidenced that notification of changes to the fees payable had been provided to patients and that there was evidence the home had attempted to have the changes agreed in writing within the patient's written agreement.

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 two areas identified for improvement which related to individual written agreements with patients.

Number of Requirements	0	Number Recommendations:	2
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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.

Discussions established that the home is in direct receipt of the social security benefits for one patient (patient A) and the personal allowance monies for a second patient (patient B).

The home administrator described how on a monthly basis, the organisation's head office provide a breakdown of the amounts which have been received on behalf of the two patients. For patient A, the organisation arranges to retain the share of the patient's benefits which are owed to the home from the patient, as part of the cost of their care; the remaining balance is transferred to the patient's pooled personal allowance account in favour of patient A. At the time of inspection, it was not confirmed whether the money received by the organisation on patient A's behalf came from the HSC trust or directly from the social security agency. This patient's file was chosen for review and as noted earlier, the patient did not have a signed agreement in place with the home, and therefore the arrangements were not clear.

Discussions revealed that it was also unclear as to whether a representative of the home was acting as nominated Appointee for patient A, while there was no official documentation on the file to evidence this, correspondence regarding patient A's social security benefits was addressed directly to the home, not to patient A.

We noted that the home should arrange to contact the Social Security Agency to request written clarification on this matter. We also highlighted that if a representative of the home was acting as nominated Appointee for patient A, these details and the records to be kept in respect of the appointment should be detailed clearly in patient A's individual agreement with the home.

A recommendation has been made in respect of these findings.

For patient B, the organisation is in direct receipt of the patient's personal allowance monies, therefore the entire amount is transferred to the patients' pooled personal allowance account in favour of patient B. This patient's file was also chosen for review and as noted earlier, the patient did not have a signed agreement in place with the home, and therefore the arrangements were not clear. A recommendation has been listed under Statement 1 in respect of this finding.

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.) 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 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?

As noted above, the home is in direct receipt of the personal allowance monies for two patients. For the majority of the remaining patients, the home receives money from patients' representatives for expenditure on other goods and services not covered by the weekly fee.

We sampled four patients' finance files and included patient A and B as part of the sample. We reviewed the files to evidence that a written personal monies authorisation agreement (referred to in the home as financial assessment 2 and financial assessment 3) were in place with those patients/their representatives providing the necessary authorisation to purchase goods and services on behalf of the patient from monies deposited with the home.

We noted that only one of the four patients sampled had the required signed documents on their file. A second patient had financial assessment 2 but did not have financial assessment 3.

On reviewing the files for patients A and B, we noted that neither patient had the required signed documents on their file. We highlighted that it was critical for these patients to have the respective individual financial arrangements which are in place appropriately detailed in writing and agreed with the patient or their representative.

A recommendation 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 acting home 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 were two areas identified for improvement; these related to financial assessment/personal allowance authorisation documents for patient and to requesting clarification about the nominated Appointee details for an identified patient.

Number of Requirements	0	Number Recommendations:	2
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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.

The home also had a composite record of the items in the safe place which was signed and dated by two people and reconciled at least every week; good practice was observed.

Is Care Effective?

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 subsequently provided with the four property records 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 one of the four records had been signed and dated; there was also evidence from the handwriting on the record, that it had been updated; however the addition to the record was neither signed nor dated. All of the other three records reviewed were also neither signed nor dated. We noted that staff had recorded items of clothing, other sentimental items and some electrical items, the records evidenced an effort by those completing the records to include important details such as the make and colour of electrical items.

We discussed these findings with the acting home manager, and highlighted some of the weaknesses in the records as described above. We noted that any additions or disposals from patients' property records must be signed and dated by two people.

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 should update all of the current property records for patients in the home.

A recommendation 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 home administrator stated that when family members first visit the office, the arrangements for safeguarding the patient's money and valuables 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	0	Number Recommendations:	1
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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.

Is Care Compassionate?

As noted above, on the day of inspection, the home did not operate a transport scheme for patients.

Areas for Improvement

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 Ms Cheryl King, the acting home 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Minimum Standard 2.8</p> <p>Stated: First time</p> <p>To be Completed by: 24 December 2015</p>	<p>Updated individual agreements should be provided to each patient with the changes to the agreements agreed in writing by the patient or their representative. Each patient's individual agreement should be updated to reflect any increase in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Individual agreements have been reviewed and revised as necessary</p>
<p>Recommendation 2</p> <p>Ref: Minimum Standard 2.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should 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.</p> <p>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 agreement will be in place for issue with the new April 2016 uplifted rates.</p>
<p>Recommendation 3</p> <p>Ref: Minimum Standard 14.20, 14.21</p> <p>Stated: First time</p> <p>To be Completed by: 24 December 2015</p>	<p>The registered person should contact the Social Security Agency to request written clarification as to whether a representative of the registered person is acting as nominated Appointee for the patient identified during the inspection. If a representative of the registered person is acting as such, these details and the records to be kept in respect of the appointment should clearly be detailed in the identified patient's individual agreement with the home.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A letter has been sent to the social security agency and records will be updated.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be Completed by: 24 December 2015</p>	<p>Written authorisation is obtained from each patient or their representative to spend the patient's monies on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is unable to, or chooses not to sign the authorisation, this must be recorded. Where a patient 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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Written authorisation requests have been re-issued for the identified individuals</p>

Recommendation 5 Ref: Standard 14.26 Stated: First time To be Completed by: 24 December 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Staff are currently updating all inventories of property belonging to each patient.		
Registered Manager Completing QIP	Cheryl king	Date Completed	02/12/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	29.12.15
RQIA Inspector Assessing Response		Date Approved	04/01/2016

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