

Unannounced Finance Inspection Report 11 June 2018



Our Mother of Mercy

Type of Service: Nursing Home
Address: 1 Home Avenue, Newry, BT34 2DL
Tel No: 028 3026 2086
Inspector: Brieghe Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

3.0 Service details

Organisation/Registered Provider: Kilmorey Care Ltd Responsible Individual(s): Cathal O'Neil	Registered Manager: Elizabeth Doran
Person in charge at the time of inspection: Kerrie-Ann McNamee (Clinical Lead)	Date manager registered: 04/11/2013
Categories of care: Nursing Home 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 LD – Learning disability LD(E) – Learning disability – over 65 years DE - Dementia	Number of registered places: 48

4.0 Inspection summary

An unannounced inspection took place on 11 June 2018 from 10.00 to 12.15 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 and the availability of a written safe contents record; the existence of expenditure, banking and reconciliation records (records of checks completed) and supporting documents such as expenditure receipts and treatment records; the availability of up to date patient comfort fund records and related reconciliations; the availability of personal property records (patients' furniture and personal possessions); mechanisms were in place to obtain feedback and views from patients and their representatives; a range of useful information was contained in the patient guide; written policies and procedures were available to guide financial practices in the home; each patient had a signed individual written agreement in place with the home; there was evidence that agreement to updating each patient's agreement had been sought by the home and evidence was available to establish that patients or their representatives had, in a timely manner, been notified of forthcoming regional increases in fees payable.

One area requiring improvement was identified in relation to ensuring that (accounts) staff receive adult safeguarding training.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Kerrie-Ann McNamee, clinical lead, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent finance inspection dated 26 May 2009

A finance inspection of the home was carried out on behalf of RQIA on 26 May 2009; however the findings from this inspection were not brought forward to the inspection on 11 June 2018.

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 clinical lead and accounts assistant (who is based nearby at the organisation's head office).

The inspector provided to the deputy manager 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:

- Statement of Purpose
- Patients Guide
- The safe record
- A sample of patients' expenditure and bank reconciliation records
- Written policies and procedures including:
 - "Policy on record keeping" dated 2018
 - "Financial arrangements policy" dated 2018
 - "Safeguarding vulnerable adults from abuse" dated 2018
- Three records of patients' personal property (in their rooms)
- Four patients' finance files including three individual written agreements

- A sample of hairdressing treatment records facilitated within the home

The findings of the inspection were provided to the clinical lead at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection. The quality improvement plan was returned and approved by the care inspector. The QIP will be validated at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 26 May 2009

As noted above, a finance inspection of the home was carried out on behalf of RQIA on 26 May 2009; however the findings from this inspection were not brought forward to the inspection on 11 June 2018.

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 clinical lead confirmed that adult safeguarding training was mandatory for all staff in the home; however discussions with the accounts administrator established that she had not received this training. It was noted that all staff should receive this training, albeit that accounts staff may not be present on a daily basis. Discussions identified that this training was being carried out in the home on 28 June 2018 and a timescale for completion was listed consistent with this date.

This was identified as an area for improvement.

Discussion with the clinical lead 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; however as is further described in section 6.5 of this report, it was not the home's policy to hold or manage cash on behalf of any patient.

The inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, no cash or valuables were being held on behalf of patients.

A written safe record was in place which was used to record the receipt of monies from patient representatives settling their bills with the home.

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 and the availability of a written safe contents record.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that all staff (including accounts staff) receive adult safeguarding training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The accounts assistant confirmed that no representative of the home was acting as nominated appointee for any patient (i.e: managing a patient’s social security benefits on their behalf). The accounts assistant explained that no personal monies belonging to any patient were received directly by the home. She reported that it was the home’s policy to not hold any monies belonging to patients. Rather, the home’s practice was to settle the cost of any additional goods or services required by patients, with the cost subsequently billed to patients or their representatives from head office.

During the inspection, the accounts administrator provided a number of records which related to the expenditure incurred by patients in the home. These were used as the basis on which to raise invoices to patients or their representatives for those amounts.

Records were maintained to detail any additional goods or services used by patients which attracted an additional charge e.g.: newspapers, toiletries and hairdressing treatments and which had been settled by the home on behalf of each patient. Periodically, an invoice reflecting the goods or services received by each patient was processed at head office and sent to the patient or their representative for settlement. Clear, detailed records were maintained by the home/head office in respect of the amount and timing of the various elements of this process.

The home had a patients’ bank account which the accounts administrator reported was used to facilitate the receipt of payment for any goods or services purchased on behalf of patients (subsequently billed to each patient or their representative). The bank account was named appropriately to reflect its use. Records were provided which evidenced that a monthly reconciliation of this bank account was carried out and signed and dated by two people.

Hairdressing treatments were being facilitated within the home. A sample of hairdressing treatment receipts were reviewed, which were found to detail the date, the name of the patient, the treatment received (and the cost) the signature of the hairdresser and the signature of a representative of the home to verify that the treatment had been received.

The inspector discussed how patients’ property (within their rooms) was recorded and requested to see the property records for three patients. Each patient file sampled had a detailed record of the patient’s personal property on file which had been printed from the home’s computerised care records system. The records evidenced that these had most recently been signed and dated on 04 June 2018. Advice was provided during feedback to ensure that staff performing reconciliations of patients’ property clearly sign and date on each occasion the records are updated.

The home had a “Patient comfort fund”. It was noted that income and expenditure records were maintained, which were reconciled, signed and dated by two people on a regular basis. A written policy and procedure was in place to guide the administration of the comfort fund and an appropriately named bank account was in place to administer the funds. Records were in place to confirm that the bank account was also reconciled and signed and dated by two people on a monthly basis.

Discussion with the clinical lead established that the home did not operate a transport scheme for patients.

Areas of good practice

There were examples of good practice found in relation to: the existence of expenditure, banking, reconciliation records and supporting documents such and expenditure receipts and treatment records; the availability of up to date patient comfort fund records and related reconciliations; and the availability of personal property records (patients’ furniture and personal possessions).

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

Day to day arrangements in place to support patients were discussed with the clinical lead. Discussion established that arrangements to safeguard a patient’s money would be discussed with the patient or their representative prior to, or at the time of the patient’s admission to the home.

Discussion established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. This included ongoing verbal feedback, annual care reviews and patients’ meetings.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patient and their representatives.

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 patient guide detailed a range of useful information for a prospective patient including general information on fees, arrangements to safeguard patients' property, and reference to a number of the home's policy and procedures.

A range of written policies and procedure were in place addressing areas such as the patients' comfort fund, patient property, general record keeping; whistleblowing, and complaints management. Policies were easily accessible by staff.

Individual patient agreements were requested and a sample of three patient files was chosen in order to review agreements in place between the home and each patient or their representative.

Two patients had a signed individual written agreement in place, which had been signed and dated by a representative of the home and the patient or their representative. The third patient had a an agreement which had been annotated to reflect that contact had been made with the patient's HSC care manager in respect of the arrangements outlined in the agreement.

In addition, there was evidence that agreement to updating each patient's individual agreement had been sought by the home. These had most recently been sent to patients' representatives in April 2018 to reflect the regional uplift in fees payable.

Evidence was also available that separate written correspondence had been sent to patients or their representatives advising of forthcoming regional increases in fees payable, applicable from April 2018 onwards.

Advice was provided to those present during feedback (the clinical lead, the organisation's accountant and the accounts assistant) in respect of ensuring that where documents are annotated to reflect discussions with HSC trust or other representatives; the note makes clear with whom contact was made, by which method and what was agreed. The signature of the person making the note and the date should be clearly recorded.

The inspector discussed with the clinical lead the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality

legislation whilst recognising and responding to the diverse needs of residents. The clinical lead was able to describe examples of the how this was achieved within the home.

Some of the areas of equality awareness identified during the inspection included: effective ongoing communication and staff training.

Areas of good practice

There were examples of good practice found in respect of: the range of information contained in the patient guide, each patient had an individual written agreement in place with the home; written policies and procedures were in place to guide financial practices in the home; there was evidence that agreement to updating each patient's agreement had been sought by the home, evidence was available to establish that patients or their representatives had in a timely manner, been notified of forthcoming regional increases in fees payable and evidence was available as to how patients experienced equality of opportunity within the home.

Areas for improvement

No areas for improvement were identified during 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 Kerrie-Ann McNamee, clinical lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 13.11 Stated: First time To be completed by: 28 June 2018	The registered person shall ensure that all staff (including accounts staff who may be visiting the home from time to time) receive adult safeguarding training. Ref: 6.4 Response by registered person detailing the actions taken: All staff, including accounts staff who visit the home from time to time, will attend safeguarding training which is organised for the 28 th June 2018 and the 5 th July 2018.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)