

Unannounced Follow Up Finance Inspection Report 14 December 2017



Breffni House

Type of Service: Residential Care Home
Address: 27-33 Wandsworth Gardens, Belfast, BT4 3NL
Tel No: 028 9065 6075
Inspector: Briega 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 provider 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 residential care home with 22 beds that provides care for older residents, or those living with dementia or a physical disability.

3.0 Service details

Organisation/Registered Provider: Breffni House Ltd	Registered Manager: N/A
Responsible Individual(s): Mark John Uprichard	
Person in charge at the time of inspection: Regina Brady (Manager)	Date manager registered: Regina Brady - application received - "registration pending".
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH – Physical Disability	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 14 December 2017 from 09.55 to 15.00 hours.

This inspection was underpinned by the Residential Care Home Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

The inspection sought to assess progress with issues raised during the unannounced finance inspection of the home carried out on 01 June 2017.

The following areas were examined during the inspection:

- Arrangements to physically safeguard residents' monies and valuables and maintain a record of safe contents;
- Recording income and expenditure and residents' property appropriately and maintaining supporting evidence and
- Resident agreements and documentation detailing authorisation to hold and/or spend residents' monies.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Regina Brady, manager, and Mark Uprichard, responsible individual, 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 01 June 2017

As a result of the previous finance inspection on 01 June 2017, RQIA were concerned regarding the home's arrangements in place to ensure residents' monies were appropriately safeguarded. In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held with the responsible individual and their representative on 14 June 2017. RQIA decided to serve one Failure to Comply Notice in respect of non-compliance with Regulation 19 (2) of the Residential Care Homes Regulations (Northern Ireland) 2005.

An inspection of Breffni House on 27 July 2017 identified that the necessary improvements had been made to comply with the regulations set out in the notice.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous finance inspection report dated 01 June 2017;
- correspondence to and from the home since the previous finance inspection;
- the records of notifiable incidents reported to RQIA since the previous finance inspection and
- the record of calls made to RQIA's duty system.

During the inspection, the inspector met with the manager and subsequently, the responsible individual.

The following records were examined during the inspection:

- Arrangements to physically safeguard residents' monies and valuables and maintain a record of safe contents;
- Recording income and expenditure and residents' property appropriately and maintaining supporting evidence and
- Resident agreements and documentation detailing authorisation to hold and/or spend residents' monies.

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 August 2017

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

6.2 Review of areas for improvement from the last finance inspection dated 01 June 2017

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 27 July 2017	The registered person shall ensure that the registered manager (and any other relevant member of staff) receives refresher training in safeguarding residents' money and valuables. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of records established that relevant members of staff had received adult safeguarding training.	
Area for improvement 2 Ref: Regulation 29 (5) (a) Stated: First time To be completed by: 30 June 2017 until further notice	The registered person shall provide RQIA with copies of the registered provider regulation 29 reports until further notice; these should encompass a review of the home's practice in relation to safeguarding residents' money and valuables. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Since the previous unannounced finance inspection on 01 June 2017, the responsible individual has shared copies of the registered provider regulation 29 reports with RQIA. As detailed above, the responsible individual is required to continue to submit copies of the	

	reports until further notice.	
Area for improvement 3 Ref: Regulation 19 (2) Schedule 4 (9) Stated: First time To be completed by: 27 July 2017	The registered person shall ensure that each entry in the income and expenditure records maintained for residents must detail the date money is deposited for safekeeping by the resident or their representative and must be signed by two people. When money is returned to the resident or their representative or is used on the resident's behalf, the record is updated with the date of the transaction and must also detail the signatures of two people. Ref: 6.5	Partially met
	Action taken as confirmed during the inspection: The inspector reviewed a sample of transactions which identified that the majority of transactions recorded had been signed and dated by two people. Since the inspection on 27 July 2017, three entries had not been signed by two people. Ensuring that each transaction recorded on behalf of residents is signed and dated by two people was identified as an area for improvement for the second time.	
Area for improvement 4 Ref: Regulation 19 (2) Schedule 4 (9) Stated: First time To be completed by: 27 July 2017	The registered person shall ensure that records of residents' possessions deposited for safekeeping or withdrawn by the resident or their representative must detail the date and the signatures of two people. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The inspector confirmed that a written record entitled "Breffni House Residents Property Record" was in place. A review of the contents of the file identified that it detailed individual items deposited for safekeeping in the safe place; these records were signed and dated by two members of staff.	

<p>Area for improvement 5</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be completed by: 27 July 2017</p>	<p>The registered person shall ensure that at least every quarter, a reconciliation of residents' money or possessions deposited for safekeeping must be performed and evidenced, with the date and signatures of two people recorded.</p> <p>An initial reconciliation must be performed, evidenced and recorded before 27 July 2017.</p> <p>Ref: 6.5</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of the records identified that monthly reconciliations had been carried out since July 2017. However only two reconciliations had been signed by two people, the majority had been signed by the responsible person alone; one reconciliation was unsigned.</p> <p>This was identified as an area for improvement for the second time.</p>		
<p>Area for improvement 6</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2017</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each resident has brought with them to the home; (a record should be made for each of the current residents in the home; the records should be updated to record items acquired or disposed of after admission).</p> <p>Ref: 6.5</p>	<p>Carried forward to the next finance inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>During feedback from the inspection, a property record for residents was provided; however there was no opportunity to review this record.</p> <p>This matter is therefore carried forward to the next finance inspection.</p>		

<p>Area for improvement 7</p> <p>Ref: Regulation 5 (1) & 5 (3)</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2017</p>	<p>The registered person shall ensure that each resident is provided with a written agreement which specifies the fees payable by or in respect of the resident for the provision of accommodation and personal care (and except where a single fee is payable for those services, the services to which each fee relates); the method of payment and the person by whom the fees are payable.</p> <p>Where a third party top up is payable, the resident's individual agreement must detail the reason for the additional charge, by whom it will be paid and must list the services if any provided for it.</p> <p>(The content of each resident's individual agreement must be consistent with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards).</p> <p>Ref: 6.7</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of four residents' files identified that none of the four residents had an up to date written agreement detailing the information set out within the area for improvement above.</p> <p>This was therefore identified as an area for improvement for the second time.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: 03 July 2017</p>	<p>The registered person shall ensure that records of treatments facilitated in the home for which there is an additional charge are recorded in a manner which is consistent with how hairdressing treatments are recorded in the home.</p> <p>Ref: 6.5</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of records failed to evidence that this had been implemented. This was identified as an area for improvement for the second time.</p>		

<p>Area for improvement 2</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2017</p>	<p>The registered person shall ensure that in light of the broader inspection findings and the registered person's commitment to review financial practices in the home; the policy and procedure should be reviewed and updated as appropriate.</p> <p>Ref: 6.7</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the policy entitled "Policy on Safekeeping of Resident's Money and Property" identified that this had been updated since the previous finance inspection of the home on 01 June 2017.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2017</p>	<p>The registered person shall ensure that the personal monies authorisation document should be reviewed and consideration given to elaborating on the scope of the authority provided to the home to make purchases of goods or services on a resident's behalf.</p> <p>Ref: 6.7</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and responsible individual identified that a review of the personal monies authorisation document had taken place. A draft version was provided for review during the inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2017</p>	<p>The registered person shall ensure that personal monies authorisations are in place for all residents for whom the home engages in purchases of goods or services on their behalf. Personal monies authorisations should provide detail on the scope of the authority provided to the home to make purchases of identified goods and services, where possible.</p> <p>Ref: 6.7</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The responsible individual confirmed that as of the date of the inspection, the personal</p>		

	monies authorisation which had been developed had not been implemented with residents.	
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6.3 Inspection findings

Arrangements to physically safeguard residents' monies and valuables and maintain a record of safe contents

The inspector confirmed that monies and valuables were held securely in the safe place in the home. A written record entitled "Breffni House Residents Property Record" was in place. A review of the contents of the record identified that it detailed individual items deposited for safekeeping in the safe place; these records were signed and dated by two members of staff.

Areas of good practice

Monies and valuables were secured within the safe place and a written, up to date safe record was available to detail the contents of the safe place, including items deposited for safekeeping by or on behalf of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Recording income and expenditure and residents' property appropriately and maintaining supporting evidence

A review of a sample of the records identified that income and expenditure records maintained by the home on behalf of residents were up to date. The inspector reviewed a broad sample of transactions which identified that the majority of transactions recorded had been signed and dated by two people. Since the previous finance inspection on 27 July 2017, three entries had not been signed by two people. Two of these entries had been identified by the responsible person as part of the regulation 29 monthly monitoring visits. Discussion was held regarding the actions taken by the manager and responsible person to ensure staff adhere to this basic record keeping control and it was reported that this matter had been addressed with staff.

The importance of this record keeping control in protecting individual residents and staff members was reemphasised. Ensuring that each transaction recorded on behalf of residents is signed and dated by two people was identified as an area for improvement for the second time.

Records reviewed were found to follow a standard financial ledger format and there was evidence that residents' monies had been reconciled to the records on a monthly basis since July 2017. The reconciliations had been signed by the responsible person, two reconciliations had been signed by two people, and one was unsigned.

Ensuring that reconciliations are signed and dated by two people at least quarterly was identified as an area for improvement for the second time.

The inspector reviewed a sample of transactions relating to private podiatry and hairdressing services facilitated in the home, for which there is an additional charge to residents. This identified that records of treatments for the above services were recorded inconsistently and required improvement.

Hairdressing treatment records which reflected best practice were evidenced during the previous finance inspection of the home on 01 June 2017. However, across a sample of hairdressing records reviewed on 14 December 2017, records were either signed by the hairdresser or by a member of staff and on occasion, by both, (as is best practice). It was disappointing to note that the good practice evidenced in the previous finance inspection had not been sustained.

Within the sample of hairdressing records was an unsigned note which stated "*Incorrect amount paid to hairdresser, unsure of who got hair done.*" This was discussed with the manager and responsible person during feedback. The manager reported that she had written the note following an audit which she had carried out; she provided an assurance that no resident had been charged for a hairdressing treatment which had not been provided.

A sample of podiatry treatment records were reviewed, which established that the controls in respect of signing the records were being applied inconsistently. Within the records reviewed, treatment records had been signed by the podiatrist alone, or by the manager alone. During feedback from the inspection, the manager provided a book which she reported contained entries relating to visits from the podiatrist. Recent entries reviewed in this book had been signed by the podiatrist, however these had not been signed by a representative of the home to verify that the treatment had taken place.

The responsible individual provided an assurance that a comprehensive template which could be adapted to different treatment types would be developed and implemented.

These findings were identified as an area of improvement.

At the commencement of the inspection, the manager advised that residents' property records were maintained within their care files. The names of four residents were selected at random and the files provided for review. An examination of the files identified that none of the residents had a personal property record on their file. During feedback from the inspection, a property record for residents was provided; however there was no opportunity to review this record.

Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next finance inspection.

Areas of good practice

Records of income and expenditure maintained on behalf of residents followed a standard financial ledger format and were up to date. While it was identified that reconciliations had not been signed at least quarterly, it was good to note that more frequent reconciliations had taken place to agree monies held to the records maintained ie: they had been recorded on a monthly, not quarterly basis.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring that entries in residents' income and expenditure are signed by two people; ensuring that

reconciliations of residents' money and valuables are recorded and signed and dated by two people at least quarterly and ensuring that treatment records for services attracting an additional fee detail the appropriate information.

	Regulations	Standards
Total number of areas for improvement	2	1

Resident agreements and documentation detailing authorisation to hold and/or spend residents' monies

On the day of inspection, four residents were chosen at random and the manager provided the residents' files for review. An examination of the files identified that three residents had an agreement on their files, the fourth resident did not have a written agreement. Of the three agreements reviewed, two of these were out of date and did not reflect up to date fee arrangements; the one resident agreement which detailed the current fees payable per week was unsigned. The agreements reviewed did not detail the required information in respect of third party top up payments, nor were they consistent with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

These findings were discussed with the manager and responsible person. The responsible person confirmed that resident agreements had not been updated, as management of the home had been developing a new resident agreement template. The responsible person provided information which detailed the arrangements for management to meet to discuss and agree the new template; the manager advised that information for inclusion in residents' agreements had been prepared.

The responsible person provided an assurance that resident agreements which were consistent with the regulatory framework would be finalised and implemented within weeks.

Ensuring that individual written agreements which are consistent with the regulatory framework are provided to residents was identified as area for improvement for the second time.

A review of a sample of four resident files identified that none of the residents had a signed personal monies authorisation document on their file. This document provides authority for the home to either hold a resident's money in the home's safe place or for the home to spend the resident's money held for safekeeping on identified goods and services.

During the inspection, the responsible person provided a draft of a personal monies authorisation document which had been developed. It was good to note that the responsible person provided an assurance that the template would be implemented within a number of weeks.

Ensuring that there is appropriate documentation of the authority provided to the home to hold and/or spend each resident's money on identified goods and services was identified as an area for improvement for the second time.

Areas of good practice

It was good to note that the home were in the process of finalising an individual written agreement and personal monies authorisation template for use in the home and drafts of these documents were available in the home during the inspection.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that there is evidence that residents or their representatives have been provided with a written agreement which is consistent with the regulatory framework; and ensuring that there is appropriate documentation of the authority provided to the home to hold and/or spend each resident's money on identified goods and services.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Regina Brady, manager, and Mark Uprichard, responsible individual 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 residential care 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 Residential Care Home Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

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 Residential Care Home Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: Second time</p> <p>To be completed by: 15 December 2017</p>	<p>The registered person shall ensure that each entry in the income and expenditure records maintained for residents must detail the date money is deposited for safekeeping by the resident or their representative and must be signed by two people. When money is returned to the resident or their representative or is used on the resident's behalf, the record is updated with the date of the transaction and must also detail the signatures of two people.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered person continues to audit entries in the cashbook monthly and any failures indentified results in appropriate staff supervision.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2017 and at least quarterly thereafter</p>	<p>The registered person shall ensure that at least every quarter, a reconciliation of residents' money or possessions deposited for safekeeping must be performed and evidenced, with the date and signatures of two people recorded.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This will continue quarterly.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2017</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each resident has brought with them to the home; (a record should be made for each of the current residents in the home; the records should be updated to record items acquired or disposed of after admission).</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next finance inspection.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A record of residents personal belongings is up to date and continues to be maintained.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1) & 5 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered person shall ensure that each resident is provided with a written agreement which specifies the fees payable by or in respect of the resident for the provision of accommodation and personal care (and except where a single fee is payable for those services, the services to which each fee relates); the method of payment and the person by whom the fees are payable.</p> <p>Where a third party top up is payable, the resident's individual agreement must detail the reason for the additional charge, by whom it will be paid and must list the services if any provided for it.</p> <p>(The content of each resident's individual agreement must be consistent with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards).</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All new admissions since appointment of new manager has an appropriate contract in place. Updated agreements have been issued to all previous residents. A number has been returned, those outstanding are being followed-up.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 15.7</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered person shall ensure that records of treatments facilitated in the home for which there is an additional charge are recorded in a manner which is consistent with how hairdressing treatments are recorded in the home.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A record of treatment for podiatry has been prepared similar to hairdressing currently in use and is ready for the next time such treatments are carried out.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered person shall ensure that personal monies authorisations are in place for all residents for whom the home engages in purchases of goods or services on their behalf. Personal monies authorisations should provide detail on the scope of the authority provided to the home to make purchases of identified goods and services, where possible.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The authorisation has been issued where we have been able to discuss this with a relevant advocate. The remaining outstanding has been followed up. No new admissions since appointment of new manager have taken advantage of this facility.</p>

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



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