

Unannounced Finance Inspection Report 30 November 2017



Giboney House

Type of Service: Residential Care Home

Address: Hughes Court, Mount Merrion Avenue, Belfast, BT6 0LX

Tel No: 028 9049 2527

Inspector: Briege Ferris

www.rgia.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 residential care home with 15 beds that provides care for older residents, or those living with dementia or a mental disorder excluding learning disability or dementia.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Clare Imogen McCarty	Registered Manager: Andrew Gregg Johnston
Person in charge at the time of inspection: Ann Darragh (Senior Carer)	Date manager registered: Registration Pending
Categories of care: Residential Care (RC) DE – Dementia I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia	Number of registered places: 15 RC-MP -1 RC-DE - 8

4.0 Inspection summary

An unannounced inspection took place on 30 November 2017 from 09.50 to 14.45 hours.

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

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 residents to deposit money or valuables; the availability of lodgement and expenditure receipts in respect of residents' income and expenditure; mechanisms to obtain feedback and views from residents and their representatives.

Areas requiring improvement were identified in relation to ensuring that there is a clear, up to date written safe contents record; improving the format of income and expenditure records; performing quarterly reconciliations of monies and valuables; contacting the HSC (Health and Social Care) trust regarding an identified resident's bank correspondence; ensuring there are written policies and procedures to guide financial practices in the home and reviewing and updating each resident's agreement with the home.

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	3	6

Details of the Quality Improvement Plan (QIP) were discussed with Ann Darragh, senior carer, 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.

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 residents' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues; the care inspector for the home was also contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with the senior carer, who was in charge of the home; the registered manager was not on duty that day. A poster detailing that the inspection was taking place was displayed in a prominent position in the home, however no residents or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- "Giboney House Residents' Guide"
- "Clanmil Housing Care/Support License Agreement"
- The "Safe contents register"
- A sample of residents' income and expenditure records
- A sample of residents' comfort fund records
- Written policy and procedure "Policy in relation to residents handling their own money" dated January 2016
- Three records of residents' personal property (in their room)
- Three residents' care files
- Three resident's individual written "Care/support License agreements"
- A sample of treatment records for hairdressing and private podiatry services facilitated within the home

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 22 June 2017

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last finance inspection dated 18 February 2010

A finance inspection was carried out by RQIA on 18 February 2010, the findings from which were not brought forward to the inspection on 30 November 2017.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The senior carer confirmed that adult safeguarding training was mandatory for all staff in the home. The senior carer was able to clearly describe the day to day controls in the home to safeguard residents' money and valuables.

Discussions 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 resident.

The home had a safe place available for the deposit of cash or valuables belonging to residents; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to a number of residents was lodged for safekeeping; valuables belonging to one resident were also being held.

The home had a written safe record ("Safe content register") to record the safe contents. A review of a sample of the entries in the book identified that entries recording the deposit of items were routinely signed by one person, while entries recording a withdrawal were routinely signed by either two or three people.

It was noted that entries recording a lodgement or withdrawal from the safe place should be signed by two people. In addition, a review of a sample of the entries identified that several items had not been signed out of the safe place at the time they were withdrawn, thus the book was not up to date.

The transactions recorded in the book itself were cramped which impacted on the legibility of some entries. An area for improvement was identified in respect of signatures against entries and the layout/presentation of the book itself.

Records of the reconciliation of monies and valuables are discussed in section 6.5 of this report.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable residents to deposit money or valuables.

Areas for improvement

One area for improvement was identified in respect of ensuring that there is a clear written safe contents record which is kept up to date. All entries in the safe record should be signed and dated by two people.

	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 senior carer confirmed that no representative of the home was acting as nominated appointee for any resident (ie: managing a resident's social security benefits on their behalf). She also reported that the home was not in direct receipt of the personal monies of any resident from a HSC trust.

For two identified residents, the home was in receipt of personal monies for the residents via a solicitor. A sample of the records for these residents identified that correspondence was filed detailing the receipt of monies from the solicitors and the subsequent lodgement of these amounts to the residents' cash balances held at the home.

The senior carer described how the home was also in receipt of money from the families of residents to pay for goods or services for which there was an additional charge (such as hairdressing and podiatry). Evidence was reviewed which identified that a receipt was provided to those making deposits; these were routinely signed by the person making the deposit and the member of staff receiving the money.

For those residents for whom the home engaged in transactions for goods or services, books detailing records of income and expenditure were available for individual residents. A review of a sample of the records identified that two signatures had been recorded against individual transactions and receipts were available in respect of purchases made on behalf of residents. However, entries in the books did not follow a standard financial ledger format. A sample of the records reviewed identified that the amount of an expense had been recorded rather than the amount of a withdrawal and the return of the change from a transaction.

Records of income and expenditure should follow a standard financial ledger format ie: date, details of the transaction, whether it is a deposit or a withdrawal and the amount, the running balance and the signatures of two people to verify the entry on the ledger.

The inspector highlighted to the senior carer that the current method of recording transactions should be abandoned from the date of the inspection and a new system should be introduced accordingly.

This was identified as an area for improvement.

Discussions were held regarding how reconciliations were recorded. The senior carer reported that where residents' income and expenditure records had been signed from time to time beside the running balance, this denoted that one person had performed a check of the balance.

The inspector highlighted that a reconciliation of monies and valuables deposited for safekeeping should be carried out, and evidenced and recorded at least quarterly. It was also highlighted that best practice was for two people to carry out and record each reconciliation.

The safe contents record discussed in the previous section did not provide evidence that the record had been reconciled to the safe contents at least quarterly.

These findings were identified as an area for improvement.

A sample of residents' files was reviewed including one resident for whom, in 2015, a solicitor had been appointed to manage their money. A review of the resident's file identified that it contained a bank statement dated April 2016 relating to a bank account in the resident's sole name. The most recent Belfast Health and Social Care Trust (BHSCT) care management review minute dated February 2017 was also on file and this detailed that the BHSCT was managing the resident's money. This information taken together was therefore found to be contradictory. There was no evidence on the resident's file to detail whether the home had liaised with the resident's HSC trust care manager in respect of the information detailed on the resident's bank statement.

The inspector highlighted to the senior carer that it was important to ensure that both the BHSCT and the solicitor acting as controller of the resident's money were aware of the existence of the bank account to ensure that the resident's monies were appropriately safeguarded.

The inspector requested that the registered person liaise with both the BHSCT and the solicitor involved in respect of this matter.

This was identified as an area for improvement.

As noted above, hairdressing and podiatry 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 resident, the treatment received (and the cost) the signature of the hairdresser and routinely, the signature of the resident.

A sample of podiatry treatment receipts were also reviewed, which detailed all but the signature of a second person. Advice was provided in respect of ensuring that there is consistency in respect of the details recorded on any record left by a person providing any treatment for which there is an additional charge.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see the property records for three residents. A review of the files identified that each resident had a "Residents Possessions" document on their file and each record provided evidence that the record had been updated and reviewed regularly.

Advice was provided to the senior carer registered manager regarding the use by staff of descriptions such as “One TV”. It was suggested that make/mode/approximate size would provide better detail regarding electrical items which had been recorded.

Discussion established that the home had a comfort fund for donations; a bank account which was appropriately named was in place to manage the funds. However the senior carer confirmed that there was no written policy and procedure to guide the administration of the fund. There is further discussion on the availability of written policies and procedures to guide financial practice in section 6.7 of this report.

The senior carer confirmed that the home did not provide a transport service to residents, nor did the home manage a bank account for the personal monies of any resident individually or for the residents jointly.

Areas of good practice

There were examples of good practice found in relation to the existence of supporting income and expenditure documents such as lodgement and expenditure receipts; the availability of an appropriately named comfort fund bank account and personal property records maintained for residents’ furniture and personal possessions.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to how income and expenditure records are maintained; performing quarterly reconciliations of monies and valuables and liaising with care management and other identified stakeholders regarding bank correspondence on file for one identified resident.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

Residents and clients 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 residents were discussed with the senior carer. She described a range of examples of how the home supported residents with their money. Discussion established that arrangements to safeguard a resident’s money would be discussed with the resident or their representative prior to or at the time of the resident’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, residents’ meetings and an annual questionnaire.

Arrangements for residents to access money outside of normal office hours were discussed with the registered manager. The senior carer explained that the senior on duty on each shift had access to the safe place; therefore residents had access to their monies at all times.

A review of a sample of the residents' income and expenditure records identified that the hairdresser and podiatrist were routinely signing the entries for expenditure on hairdressing and podiatry services in each residents' records. Advice was provided for the registered person to consider this practice, to ensure that it is in keeping with the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual residents discussed during the inspection and mechanisms to obtain feedback and views from resident 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 residents in order to deliver safe, effective and compassionate care.

A copy of the "Giboney house residents' guide" was provided during the inspection.

The guide included a range of useful information for a prospective resident and also detailed what was included for the fees payable and the goods and services which attracted an additional charge. The guide also indicated that a weekly third party top up charge was payable; there is further discussion on this matter below.

Discussion with the senior carer established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

During the inspection, a copy of the home's policies addressing "Safeguarding and protecting residents' money and valuables" was requested. The senior carer advised that she had reviewed the home's policies accessible on computer and that she had also contacted head office for guidance. She reported that a policy addressing the safeguarding of residents' money and valuables in the home was not available.

As noted above, the home also operated a residents' comfort fund. The home's policy addressing "gifts to staff and donations to the home" was therefore requested. The senior carer reported that there was no policy and procedure in place to guide the administration of the residents' comfort fund.

This was identified as an area for improvement.

Individual resident agreements were discussed with the senior carer and a sample of three files was chosen in order to review those in place between the home and each resident or their representative.

Each resident had a written “Clanmil Housing Care/Support License agreement” on their file. A review of these documents identified that they did not constitute an individual agreement as detailed within the Residential Care Homes Regulations (Northern Ireland) 2005 and specifically, standard four of the (DHSSPS) Residential Care Home’s Minimum Standards (updated August 2011). For example the agreement did not sufficiently detail the charges payable including a list of those services and facilities over and above the general services and facilities or the arrangements for any financial transactions undertaken on behalf of the resident.

The content of each resident’s individual agreement should be reviewed to ensure that they are consistent with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards. Agreements with residents should be updated appropriately and should be shared with residents or their representatives for signature.

This was identified as an area for improvement.

A review of the three residents’ files identified that only one of the residents had a letter on their file notifying the resident of changes in the fees payable; this letter was dated March 2017. The remaining two residents had a similar letter on file, however this related to changes effective from April 2016 ie: the previous year.

In addition, the “Clanmil Housing Care/Support License agreement” documents on file for residents stated that “*The Association may change any of the terms of the Agreement, including fees or other charges by giving the Resident seven days notice in writing of such changes.*”

The period of notice detailed in the resident’s agreement is not consistent with the regulatory framework and must also be consistent with the regional contract between the home and the HSC trust commissioning the care.

The registered person must ensure that each resident or their representative is notified at least 28 days in advance of any increase in the fees payable or any change to the method of payment or the person by whom the fees are payable.

This was identified as an area for improvement.

The three agreements reviewed for residents did not detail the current terms and conditions in respect of these individual residents. The agreements were dated 2016, 2015 and 2014 respectively and reflected the weekly fees which would have been payable at that point in time.

Residents’ agreements should be updated to reflect any changes eg: in fees or financial arrangements and changes should be agreed in writing by the resident or their representative.

This was identified as an area for improvement.

The accommodation charges section of the “Clanmil Housing Care/Support License agreement” documents on file detailed that “The accommodation charge is £xx per week of which £xx is payable by the appropriate trust and £xx is payable by the resident or designated third party. To be paid monthly by direct debit.” The agreement did not detail the reason for the additional charge; by whom it will be paid; or list the services if any, provided for it as is required by the Residential Care Homes Regulations (Northern Ireland) 2005.

Updated agreements with residents must include the appropriate detail in respect of third party top up charges.

This was identified as an area for improvement.

Discussion was held regarding written personal monies authorisations between the resident/their representative and the home. These documents are in place to provide the home with authority to use the residents' personal monies to purchase goods and services on their behalf. A review of three residents' files evidenced that they each had a "personal monies authorisation form" on their file.

The senior carer reported that the "personal monies authorisation form" had been updated and it was planned to introduce this for each of the current residents in due course.

Areas of good practice

There were examples of good practice found in respect of the range of information contained in the residents' guide and the existence of a "personal monies authorisation form" on residents' files to provide the home with authority to spend the resident's money on their behalf.

Areas for improvement

Five areas of improvement were identified as part of the inspection. These related to ensuring that there are policies and procedures in place to guide financial practices in the home and in respect of providing up to date, written agreements to each resident which are consistent with the regulatory framework and to ensuring that residents or their representatives are notified at least 28 days in advance of any increase in the fees payable or any change to the method of payment or the person by whom the fees are payable.

	Regulations	Standards
Total number of areas for improvement	2	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Darragh, senior carer, 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 Homes 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 Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be completed by: 01 December 2017</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transaction for residents. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the resident's cash total held and the signatures of two persons to verify the entry in the ledger. The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: New format in place to reflect recommendation</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 5 (2)</p> <p>Stated: First time</p> <p>To be completed by: From the date of the next change</p>	<p>The registered person shall ensure that each resident or their representative are notified at least 28 days in advance of any increase in the fees payable in respect of residential accommodation and personal care or any change to the method of payment or the person by whom the fees are payable.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Residents or their representatives are notified at least 28 days prior to change to fees in writing and verbally by the Home Manager</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 5 (3)</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2017</p>	<p>The registered person shall ensure that where a HSS trust has made arrangements for the provision of residential accommodation with board and personal care at the residential care home and the charge made exceeds the fee paid, the registered person shall in (each resident's) individual written agreement – record the reason for the additional charge; by whom it will be paid; and list the services if any, provided for it.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Each year when the charges are reviewed for services, each resident or their advocat are written to and met with, detailing the break down of all charges including how payment is made. A copy of the letter is held on each resident's record.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standard (Updated August 2011).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be completed by: 04 December 2017</p>	<p>The registered person shall ensure that entries detailing deposits or withdrawals from the safe contents book are signed and dated by two people. Entries made in the book should be legible and a revised layout should facilitate easier reconciliation of the items in the safe place.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New format in place for recording items in and out of safe as per area for improvement 1.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 08 December 2017</p>	<p>The registered person shall ensure that reconciliations of money/possessions held by the home on behalf of residents is carried out, and evidenced and recorded at least quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Quarterly audits are carried out of all resident finances by a member of the finance team. In additon to monthly audits when 3 samples are reviewed at a time.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2017</p>	<p>The registered person shall ensure that for the identified resident discussed during the inspection, the HSC trust and the solicitor acting as controller are contacted regarding the information detailed on the resident's bank statement held by the home.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Bank statement forwarded to solicitor and HSC trust</p>

<p>Area for improvement 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2017</p>	<p>The registered person shall ensure that the policies and procedures are in accordance with statutory requirement for all operational areas of the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Financial procedures in place and reflect current legislation.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2017</p>	<p>The registered person shall ensure that residents or their representatives are given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative chooses not to sign, this is recorded.</p> <p>Agreements with each resident should be updated appropriately and shared for signature with residents or their representatives.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: As per area for improvement 3 written notification is given to residents or their representatives prior to any change in fees. A copy of the letter is retained on file to record change in fees. This copy can be signed or relevant record retained.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 11 January 2017</p>	<p>The registered person shall ensure that the content of each resident's individual agreement is 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: Individual agreement updated to comply with minimum standards.</p>

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)