

Unannounced Finance Inspection Report 11 October 2016



Greenvale

Type of service: Residential Care
Address: 21 Rossmore Drive, Belfast BT7 3LA
Tel No: 02890491310
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenvale took place on 11 October 2016 from 09.50 to 15.25 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A safe place in the home was available and records existed to evidence money lodged and withdrawn from the safe place on behalf of identified residents. One area for improvement was identified during the inspection, this related to addressing a weakness in the physical security of the safe places.

Is care effective?

Controls in place to record income and expenditure and ensure residents' money was protected were found to be in place, no areas for improvement were identified during the inspection.

Is care compassionate?

The registered manager spoke in a caring and compassionate manner when describing the individual arrangements in place to support residents with their money. A number of residents were spoken with and it was clear from discussions that residents in a home possessed a range of different abilities and the support provided by staff in the home was reflective of their individual needs and wishes. There were no areas for improvement identified during the inspection.

Is the service well led?

Governance and oversight arrangements were identified; however two areas for improvement were identified during the inspection. These related to ensuring that individual agreements for all residents are brought up to date and that changes to same are agreed in writing by the resident or their representative; and to ensuring that the agreements with residents are reviewed to ensure that they contain all of the content of DHSSPS Residential Care Homes Minimum Standard 4.2.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the quality improvement plan (QIP) within this report were discussed with Lorraine Carr, registered manager, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

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

2.0 Service details

Registered organisation/registered person: Inspire Wellbeing Ltd/Peter Arthur James McBride	Registered manager: Lorraine Carr (Registration pending)
Person in charge of the home at the time of inspection: Lorraine Carr	Date manager registered: Lorraine Carr (Registration pending)
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 11

3.0 Methods/processes

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 services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issue; the care inspector for the home was also contacted.

During the inspection, we met with Lorraine Carr, the registered manager, and three residents. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's "Prospective Visit Form"
- A sample of finance records including finance agreements, financial support agreements and risk assessment documents
- Policy entitled "Financial procedures for supported housing and residential care" (January 2016)
- Policy entitled "Safeguarding Vulnerable adults procedure" (February 2016)
- A sample of income and expenditure records and cash balances held for residents
- A sample of residents' property/furniture and personal possessions records
- The safe contents record
- A sample of residents' HSC care review documents

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 July 2016

The most recent inspection of the home was an unannounced care inspection. The care inspector was contacted prior to the inspection and confirmed that there were no matters to be followed up on 11 October 2016.

4.2 Review of requirements and recommendations from the last finance inspection

There has been no previous RQIA finance inspection of the home.

4.3 Is care safe?

The registered manager confirmed that the home did not have an administrator and duties relating to supporting residents with their money were carried out by her alongside the home's senior care assistants.

The registered manager was able to clearly describe and explain the home’s current controls to manage money and valuables belonging to residents, and the different arrangements in place for identified residents which reflected their individual needs and wishes.

During discussion, the registered manager confirmed 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 two safe places where items of value and cash or cheques were stored. On the day of inspection, cash belonging to a number of residents was lodged with the home for safekeeping; no valuables were deposited for safekeeping. The inspector highlighted a weakness in the physical security of the safe places to the registered manager and noted that addressing this should be treated as a priority.

A recommendation was made in respect of this finding.

One area for improvement was identified during the inspection, this related to addressing a weakness in the physical security of the safe places.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion established that a number of residents in the home were independently managing their money while, for instance, other residents required the support of a member of staff to attend the bank. The registered manager confirmed that staff only supported a number of residents due to their physical needs, and that individual residents supported carried out their business with the bank independently. This statement was supported by separate discussions held with a number of residents.

The registered manager reported that no representative of the registered person was acting as nominated appointee for any resident; however, she noted that head office administered personal money for a small number of residents. She explained that the personal money for these residents was received on a regular basis by cheque which was cashed through the home’s business account and subsequently lodged to the residents’ individual balances. Money was then withdrawn by the respective residents as and when required. No purchases of goods or service were being made by the home on behalf of any resident.

Following the inspection, the inspector contacted a finance representative from the registered person’s head office. The finance representative confirmed that no representative of the registered person was acting as nominated appointee. The finance representative also confirmed that the home were paid in full via the commissioning HSC trust and therefore the home was not billing any resident or their representative directly, for care and accommodation charges.

Money was being safeguarded by the home for a small numbers of residents. Ledgers detailing income and expenditure were maintained and these followed a standard financial ledger format. Entries were consistently signed and dated by two people and it was easy to trace entries to corresponding receipts for expenditure returned by the residents from shopping etc. Entries

had been numbered as had the corresponding receipts (where relevant) allowing for cross-referencing or auditing of the records.

It was noted that ledgers evidenced that the entries in each ledger had been “checked” on a monthly basis; however, it was noted that these checks (reconciliations) had been signed consistently by one person, usually the registered manager. The inspector noted that best practice required two signatures against reconciliations of money and valuables. She also highlighted that section 3.9.1 of the home’s policy “Financial procedures for supported housing and residential care” (January 2016) stated that “reconciliations should be reviewed by two separate members of staff”. The inspector provided guidance to the registered manager in this regard and noted that two people should carry out a reconciliation of money, one to perform the reconciliation and the second person to witness and verify the process.

The inspector discussed how residents’ property (within their rooms) was recorded and the registered manager noted that these records were also held on the main care files provided for review. A sample of four records were reviewed which identified that records were maintained and updated as items were added or disposed of, entries were signed and dated.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager spoke in a caring and compassionate manner when describing the individual arrangements in place to support residents with their money. A number of residents were spoken with and it was clear from discussions that residents in a home possessed a range of different abilities and the support provided by staff in the home was reflective of that.

The registered manager confirmed that staff at the home did not make any purchases of goods or services on behalf of any resident. She noted that residents independently (or with support from family members) made purchases on their own behalf.

Discussion established that the home had ways to ensure that the views of residents were sought and these included residents’ meetings. Discussion was held with three residents who were clearly very empowered to speak up if they felt they would like changes to be made or if they were not happy. The discussion also revealed that they were aware of their right to manage their money independently and they noted that they were supported to be able to do so in the home.

Arrangements for residents to access their money outside of normal office hours were discussed and the registered manager clarified that at any time, the senior care assistant on duty had keys to the safe place within the home. As such, residents with money deposited for safekeeping had access to it at all times.

Areas for improvement

There were no areas for improvement identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

There was a clear organisational structure within the home and residents spoken with were clear who the manager was and how to provide any feedback about any matter affecting their care in the home.

The home had a number of policies and procedures in place to guide practice in the area of safeguarding residents' money and valuables. The registered manager noted that the care provider in the home had changed to Inspire Wellbeing Ltd from April 2016 and that the home were continuing to embrace the changes which this brought, including in relation to procedures and paperwork in general.

A number of policies were requested and these were easily accessible by the registered manager; policies reviewed were dated between August 2015 and February 2016.

The registered manager advised that financial documentation was held on the main resident care file, thus four resident care files were sampled. It was noted that the range of finance-related documents on file was not identical, but rather was reflective of the range of needs spanning the various files reviewed. Where residents within the sample were managing their money independently, the files included a financial risk assessment. The documents reviewed were personalised and highly detailed. The registered manager confirmed that they were also reviewed on an ongoing basis.

Each of the four resident files contained a "finance agreement". This document ran to two pages in each case. Three of the agreements were unsigned (one had been initialled by the resident); only two of the finance agreements were dated (in 2015 and 2016). The registered manager advised that the up to date fee for each of the residents had been updated on the first of the two pages; however, the signature of the residents for this change to the finance agreement had not been sought. The inspector highlighted that the DHSSPS Residential Care Homes Minimum Standards are clear that any change to a resident's agreement is agreed in writing by the resident or their representative and if the resident or their representative are unable to sign or choose not to sign, this is recorded.

A recommendation was made to ensure that individual agreements for all residents are brought up to date and that changes to same are agreed in writing as outlined above.

The file review also evidenced that each resident had a "Licence agreement" on their file which in three cases were dated 2012 and in one case, 2014. The registered manager clarified that Inspire Wellbeing Ltd did not own the building; she reported that it was owned by a housing association. The inspector noted that licence agreements were more akin to private tenancy arrangements and not residential care homes. She also noted that residents in residential care did not normally receive Housing Benefit to pay to a housing association; therefore it was quite unclear as to why the residents were required to sign a licence agreement in the first place.

A review of the licence agreements identified that all four had been signed by the respective resident, and in two cases they had also been signed by a representative of Autism Initiatives, the previous care provider in the home (in the remaining two cases, the licence agreement had not been countersigned). A weekly charge was listed on the front of each licence agreement which the registered manager confirmed was the total weekly care fee prior to April 2016, when Inspire Wellbeing Ltd took over care provision in the home.

Overall, the inspector highlighted to the registered manager that the information detailed in the finance agreement and the licence agreement was contradictory and confusing.

The inspector noted that the home's individual agreement with residents must contain at a minimum, the details as outlined in DHSSPS Minimum Standard 4.2. She noted that the finance agreements with residents did not contain all of the relevant information and that these needed to be reviewed for each resident and the required information detailed. The registered manager noted that she would liaise with senior colleagues as to whether an alternative resident agreement was available. The inspector also noted that the registered manager should consider discussing with senior colleagues, and/or legal representatives the position regarding the licence agreements in place with residents.

A recommendation was made to ensure that the home's individual agreements with residents are updated to fully reflect the content of DHSSPS Residential Care Homes Minimum Standard 4.2.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that that individual agreements for all residents are brought up to date and that changes to same are agreed in writing by the resident or their representative; and to ensuring that the agreements with residents are reviewed to ensure that they contain all of the content of DHSSPS Residential Care Homes Minimum Standard 4.2.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lorraine Carr, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and (DHSSPS) Residential Care Homes Minimum Standards, updated August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to finance.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 15 Stated: First time To be completed by: 25 October 2016	<p>The registered provider should ensure that the weakness in the physical security of the safe places is addressed in the manner discussed during the inspection.</p> <hr/> <p>Response by registered provider detailing the actions taken: Safes were secured to the wall on 24.10.16 in both offices to address the weakness in the physical security.</p>
Recommendation 2 Ref: Standard 4.6 Stated: First time To be completed by: 11 November 2016	<p>The registered provider should ensure that the resident or their representative is given written notice of all changes to the agreement and that these are agreed in writing by the resident or their representative. Where the resident or their representative are unable to sign or chooses not to sign, this is recorded.</p> <hr/> <p>Response by registered provider detailing the actions taken: Residents have been provided written notice of charges and these have been agreed in writing by the resident or their representative and is recorded in their personal file.</p>
Recommendation 3 Ref: Standard 4.2 Stated: First time To be completed by: 11 November 2016	<p>The registered provider should ensure that the home's individual agreements with residents are updated to fully reflect the content of DHSSPS Residential Care Homes Minimum Standard 4.2.</p> <hr/> <p>Response by registered provider detailing the actions taken: Each individual has a resident's guide which contains all the relevant information to fully reflect Standard 4.2 and this was updated on February 2016.</p>

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



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