

Unannounced Finance Inspection Report 13 October 2017



Hollygate Lodge

Type of service: Residential Care Home
Address: 21 Hollygate Park, Carryduff, Belfast, BT8 8DZ
Tel no: 028 9081 3243
Inspector: Briege 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 residential care home with 38 beds that provides care for older residents, or those living with dementia, a learning disability or a mental impairment, excluding learning disability.

3.0 Service details

Registered organisation/registered person: Hollygate Care Service Ltd/ Ian George Emerson (Acting)	Registered manager: Sharon Boyd
Person in charge of the home at the time of inspection: Lorraine Newell (Deputy Manager)	Date manager registered: 14 October 2015
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia LD (E) – Learning disability – over 65 years	Number of registered places: 38

4.0 Inspection summary

An unannounced inspection took place on 13 October 2017 from 10.00 to 15.40 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last finance inspection (if any) and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found for example, in relation to methods available for residents and representatives to feedback to the home; the availability of a safe place for residents or representatives to deposit money and valuables; and in relation to mechanisms to record lodgements and withdrawals on behalf of residents and to retain supporting documentation.

Areas requiring improvement were identified in relation to individual resident agreements and detailing in writing, any specific financial arrangement in place to support identified residents.

One service user spoken with reported that they and their representative had been provided with documentation at the time they were admitted and they advised of their contentment with the current arrangements. The resident also noted that “I love it here...they’re (the staff) are very, very good to you”.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Boyd, registered manager and Lorraine Newell, deputy 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.

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.

During the inspection, the inspector met with one service user, the deputy manager and the registered manager. The registered manager, who was not scheduled to be working in the home on the day, arrived during the course of the inspection.

A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or representatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's resident guide
- Written policies and procedures in respect of:
 - Complaints, reviewed February 2016
 - Accounting and Financial Control Arrangements, reviewed February 2016
 - Gifts to staff and donations to the home, reviewed February 2016
 - Safeguarding and protecting residents valuables and money, reviewed February 2016
 - Whistleblowing, reviewed February 2016
- Four records of residents' personal property (in their rooms)
- A sample of charges to residents or their representatives in respect of care and accommodation fees
- A sample of residents' lodgement and withdrawal records
- A sample private chiropody treatment records
- Three residents' individual written agreements with the home
- Evidence of the reconciliation of residents' monies held for safekeeping
- The safe record "Record of Monies and Valuables in Safekeeping"

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 07 July 2017

The most recent inspection of the home was an unannounced care inspection. No areas of improvement were identified as part of the inspection.

6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

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 registered manager confirmed that adult safeguarding training was mandatory for all staff in the home and that the home administrator had most recently received this training in June 2016. The registered manager and deputy manager were able to clearly describe the day to day controls in place in the home to safeguard service users' 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 deposited for safekeeping; valuables belonging to several residents were also being held.

The home had a written safe record to detail the contents of the safe place; it was good to note that a sample of signatures was also held to identify who had made entries in the records.

A reconciliation of the monies and valuables held for safekeeping which had been signed and dated by two people had been carried out routinely on a quarterly basis; this had most recently been performed on 06 October 2017.

Areas of good practice

There were examples of good practice found, for example, the home had a safe place available for the deposit of money or valuables and access was limited to authorised persons.

Staff members spoken to were familiar with controls in place to safeguard residents' money and valuables.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Arrangements in place for the home to receive the personal monies of any resident directly were discussed. The registered manager confirmed that no representative of the home was acting as nominated appointee for any resident (i.e.: managing and receiving social security benefits on a resident's behalf).

It was the home's current practice for residents' representatives to settle the cost of hairdressing services with the hairdresser directly; toiletries were provided by family representatives. The registered manager advised that the cost of newspapers and private chiropody services were met by the home initially and subsequently billed to family representatives on a quarterly basis.

The home maintained cash balances for a number of residents, the majority of which was deposited for safekeeping by representatives. For a small number of residents, money belonging to individual residents was requested from the HSC trust by the home. When received by cheque, these were then cashed and lodged in the home for safekeeping on behalf of the identified residents. The registered manager explained that the home did not make any purchases from monies held on behalf of residents; rather, residents signed for their own money and spent this as they wished. A record of the lodgements and withdrawals in respect of this process was retained by the home and it was noted that transactions were signed and dated by two people.

Evidence was reviewed which identified that a receipt was provided to those making deposits of cash, it was noted that these were routinely signed by the person receiving the money and frequently by a second person, however this was not consistent practice. Advice was provided to management to remind staff of the importance of recording two signatures on receipts for the deposit of cash. The inspector advised that this was a safeguard both for residents and for members of staff receiving cash.

There was evidence that monies and valuables held had been routinely reconciled to the records on a quarterly basis. Reconciliations had been signed and dated by two people.

Invoices were maintained to detail the charges levied to residents for the above services (as well as those for care and accommodation fees) and records were available to confirm how the amounts detailed on the invoices had been calculated.

As noted above, private chiropody treatments were being facilitated within the home and a sample of recent records was reviewed. Treatment records identified the residents treated on any given day, the treatment provided and the cost and these were routinely signed by the chiropodist.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see the completed property records for four randomly sampled residents. Each resident had a record on their file which had been signed by at least one person and there was evidence that records had been updated with additional items brought into the residents' rooms.

The deputy manager noted that the home had recently developed a new template for recording residents' property; it was planned that this would be introduced in due course.

The registered manager confirmed that no bank accounts were managed on behalf of residents; the home did not operate a comfort fund nor did the home provide transport services to residents.

Areas of good practice

There were examples of good practice found for example, in respect of controls in place to record lodgements and withdrawals incurred on behalf of residents and in relation to the reconciliation of monies and valuables.

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?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The arrangements to support residents with their money on day to day basis were discussed with the registered manager and deputy manager. Staff described how discussions regarding the arrangements to store money safely in the home or pay fees etc. would be discussed with the resident or their representative around the time a resident would be admitted to the home.

Discussion established that the home had a number of methods in place to encourage feedback from residents or their representatives in respect of any issue, including ongoing day-to-day feedback, relative and resident meetings, care management reviews and satisfaction questionnaires.

Arrangements for residents to access money outside of normal office hours were discussed; this established that the home had suitable arrangements in place to ensure that the individual needs of residents were met in this regard.

One resident spoken with reported that they and their representative had been provided with documentation at the time they was admitted and they advised of their contentment with the current arrangements. The resident also noted that “I love it here...they’re (the staff) are very, very good to you”.

Areas of good practice

There were examples of good practice identified for example, in relation to listening to and taking account of the views of service users.

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.

The home’s resident guide encompassed a range of information for a new resident, including that in respect of the services facilitated in the home for which there was an additional charge.

A range of written policies and procedures were available to guide record keeping and financial practices in the home. Policies were also evidenced which addressed the management of complaints and whistleblowing; the policies examined had been reviewed in February 2016. The registered manager confirmed that no complaints had been received regarding the home’s management of residents’ monies or valuables.

Discussion was held regarding the individual written agreements in place with residents and four residents were sampled in order to review the agreements in place with the home. This review evidenced that three of the four residents had a signed agreement on their files; these detailed the correct weekly fee for the respective residents (there is further comment as to third party top up payments below).

The file for the fourth resident sampled was not provided for review. The registered manager reported that the resident did not have a signed agreement on their file as it had not been returned by the resident’s representative. The inspector noted that this meant that the registered person had no evidence that an agreement had been provided to the resident at the time of admission. No evidence was presented to identify that the home had pursued the return of the signed agreement.

This was identified as an area for improvement.

Appendix A of the standard resident agreement included details as to the payment of a third party top up. Specifically, it stated that "...a top up fee of (£xx) per week which is included in the weekly charge will be payable by a third party. The weekly charge will be reviewed in April 2018." The inspector noted that this was not a sufficient level of detail and that the Residential Care Homes Regulations (Northern Ireland) 2005 require that where a top up charge is payable, the resident's agreement details the reason for the additional charge, the person by whom it will be paid and the services, if any, provided for it.

This was identified as an area for improvement.

A review of the sampled agreements identified that they contained statements which were inconsistent with the home's current practices or which required further elaboration in order to be sufficiently transparent. These included references to the weekly charge not including a care escort to attend hospital or other appointments; the charge applicable or arrangements to agree this with residents or their representatives were not detailed. The agreement also referred to the cost of additional services being payable monthly in arrears; however as noted in section 6.5 of this report, invoices were being raised on a quarterly basis. There was also reference to the complaints policy being attached to the agreement; however this was not attached to the agreements reviewed.

Of the three resident files provided for review, one resident had a full copy of their signed agreement on file plus the up to date fees Appendix (Appendix A), however two of the residents had only the most up to date Appendix A on their file. This finding was discussed with the registered manager and it was noted that it would be prudent to retain a full copy of the agreement (signed by a representative of the home and the resident or their representative) on the resident's file.

It was further noted that the registered person should review the content of the standard agreement to ensure that this fully met the requirements of Standard 4.2 of the Residential Care Homes Minimum Standards (Updated August 2011) and was reflective of the home's current practices, as discussed above.

These findings were identified as an area for improvement.

As noted in section 6.5 above, on the day of inspection, the home was supporting a number of identified residents with their money. While no purchases were being made from any of the resident's monies on their behalf, it was noted that it would be helpful to clarify in writing, the respective arrangements in place to support the identified residents with their monies.

Having detailed the arrangements in writing, the registered person should share this with the resident, (if appropriate), their representative and the resident's HSC trust care manager (if any).

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide record keeping and financial practices in the home.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to individual written agreements and detailing in writing, the specific financial arrangements in place to support identified residents.

	Regulations	Standards
Total number of areas for improvement	2	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 Sharon Boyd, registered manager and Lorraine Newell, deputy manager, 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 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: 24 November 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>(Having reviewed the home's agreement for consistency with current home practices and standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards, each resident should be provided with an up to agreement which sets out the specific terms and conditions of their residency in the home).</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All new residents will be in receipt of the signed written agreement prior to admission, or within five working days of admission, with the exception of unplanned admissions in accordance with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards.</p> <p>For updated agreements for existing residents there is now a procedure in place to track; the date agreements are sent out to be signed, the date these are returned, and the dates that outstanding agreements are pursued.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 5 (3)</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2017</p>	<p>The registered person shall ensure that a where a third party top up charge is payable, the resident's agreement details the reason for the additional charge, the person by whom it will be paid and the services, if any, provided for it.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Finance Administrator will include details of the reason for any third party agreement and the person who is responsible for payment in all future contracts.</p>
<h3>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the home's written agreement with residents is reviewed to ensure that it is consistent with the home's current practices and that parts of the agreement which require further elaboration are reviewed and updated as necessary.</p>

<p>To be completed by: 24 November 2017</p>	<p>The agreement should also be reviewed to ensure that it fully meets the requirements of 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: The home's written agreement with residents has been updated to reflect the home's current practices. The invoice schedule in place is now monthly as per the written agreement.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p>	<p>The registered person should ensure that details of the financial arrangements in place to support identified residents are clarified in writing and shared with the resident (if appropriate), their representative and the resident's HSC trust care manager (if any).</p> <p>Ref: 6.7</p>
<p>To be completed by: 24 November 2017</p>	<p>Response by registered person detailing the actions taken: There is a procedure and policy in place for residents that require assistance with financial matters. For existing residents that required financial assistance, this has been signed by the resident or their representative.</p>

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



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

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