

# Unannounced Finance Inspection Report 26 June 2018



## Kimberley House

**Type of Service: Residential Care Home**  
**Address: 45 Abbey Road, Newtownards, BT23 8JL**  
**Tel No: 028 9181 0003**  
**Inspector: Briega Ferris**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 that provides care for 16 residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group / Challenge  <b>Responsible Individual:</b> Andrew Mayhew	<b>Registered Manager:</b> Joanne Black
<b>Person in charge at the time of inspection:</b> Nikki Carlisle and Kathryn Coey (Team leaders)	<b>Date manager registered:</b> 02 August 2013
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 16

### 4.0 Inspection summary

An unannounced inspection took place on 26 May 2018 from 11.10 to 15.40 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards (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: a safe place was available to enable residents to deposit money or valuables for safekeeping; mechanisms were in place to record the receipt of income and expenditure of residents' monies on their behalf and to carry out reconciliations (checks) of the monies held; supporting income and expenditure documents including deposit and expenditure receipts and detailed journey records were in place; there were arrangements in place to support individual residents discussed during the inspection; the APO was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures, detailed written policies and procedures were in place to guide financial practices in the home and there was evidence that residents experienced equality of opportunity.

Areas requiring improvement were identified in relation to ensuring: that each resident has an up to date record of the furniture and personal possessions which they have brought to their room; that a quarterly reconciliation of the safe place is carried out and recorded at least quarterly; that there is evidence that transport agreements have been shared with residents or their representatives for signature; that there is evidence that each resident or their representative has been provided with an individual written agreement and that where a representative of the home is acting as appointee (managing the social security benefits of a resident) that these details and the records to be kept are detailed in the individual 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
<b>Total number of areas for improvement</b>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with both team leaders on duty during the inspection and later shared with the 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.

#### 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 was contacted and they confirmed there were no matters to be followed up from the previous care inspection.

During the inspection, the inspector met with both team leaders on duty and the home's administration project officer (APO); the registered manager was not on duty on the day. A poster was provided for display detailing that the inspection was taking place.

The inspector provided written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- A sample of income, expenditure and reconciliation (check) records and supporting documentation
- Written policies and procedures:
  - "Transportation of service users" July 2017
  - "Service users personal monies and property policy and procedure" April 2018
  - "Retention and disposal of records procedure" May 2018
  - "Complaints and compliments management policy and procedure" May 2018
- A sample of residents' personal property (in their rooms)
- A sample of residents' individual written agreements
- The "Valuables held for safekeeping record"
- A sample of treatment records for services facilitated within the home

The findings of the inspection were provided to both team leaders at the conclusion of the inspection and shared with the registered manager following the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 28 March 2018

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

### 6.2 Review of areas for improvement from the last finance inspection dated 05 December 2013

The home received an RQIA finance inspection on 05 December 2013; however the findings were not brought forward to the inspection on 26 June 2018.

## 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 APO confirmed that she had received adult safeguarding training in June 2017. Discussions with the team leaders 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. On the day of inspection, cash and valuables belonging to residents were deposited for safekeeping in the safe place. A safe contents record "Valuables held for safekeeping record" was in place, in which deposits or withdrawals had been written. The majority of the entries had the name of the APO typed against the entry, rather than a signature which is best practice and should be adopted going forward. There was no evidence to identify that the valuables had been reconciled to the record (there is further discussion in respect of reconciliations in section 6.4 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 for safekeeping.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

Discussion with the team leaders and the APO established that the registered manager was acting as appointee (managing the social security benefits) for two residents in the home. Official social security documents (Form BF57) were in place to confirm the name of the appointee and what date the identified appointee took over this responsibility. How these details are appropriately reflected in the relevant residents' agreements is discussed in section 6.7 of this report.

For a number of residents, personal monies were received directly by the organisation's head office, from which the residents' contribution to their care was deducted and the remainder safeguarded for the resident for their personal expenditure. Other residents' received their personal monies by cheque from the Health and Social Care trust, managing the identified residents' monies on their behalf. The cashing of these cheques was managed at the organisation's head office and was not examined as part of the inspection process.

For several other residents, monies for personal expenditure were deposited for safekeeping by residents' representatives. Discussion and a review of a sample of the records identified that the person making a deposit received a receipt.

Income and expenditure records were available for residents entitled "Finance books". Entries followed a standard financial ledger format and were routinely signed and dated by two people. There was also evidence of a daily "balance check" signed and dated by two people, a weekly audit performed by the APO and a monthly "manager's audit" performed by the registered manager.

As noted above, a number of residents' valuables were deposited for safekeeping in the safe place and a written record of the deposit of the items was in place. However there was no evidence to identify that the safe contents had been reconciled to the record. The APO explained that on a regular basis a sample of the valuables deposited were checked against the record; however she reported that no written record of this process was in place.

Ensuring that the contents of the safe place are reconciled to the record at least every quarter was identified as an area for improvement. It was highlighted that best practice would be for two people to carry out the reconciliation and sign and date the record accordingly.

Treatment records for private podiatry and reflexology services attracting an additional charge were available in the home and it was noted that these were signed by the person providing the treatment. A sample of the charges was traced to the corresponding residents' expenditure records and these agreed to the records which had been made.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The records for three randomly sampled residents were provided and it was noted that two of the three residents had a property record on their file.

Within the records it was noted that good detail had been used to describe certain valuables items, such as the make and model of electrical items belonging to a resident.

The third resident did not have a written property record on their file. The inspector highlighted that each resident should have a record in place which should be kept up to date. It was also noted that it was best practice to have the records signed and dated by at least one person, but ideally two.

Ensuring that each resident has an up to date record of the furniture and personal possessions which they have bought to their room was identified as an area for improvement.

The home provided transport to residents for which there was a charge payable per mile. A detailed written policy and procedure was in place to manage the administration of the transport scheme.

Detailed journey records were in place to record journeys taken by residents to where, the miles elapsed and those residents also travelling on the same journey. A review of a sample of charges made to residents agreed to the charges which had been raised by the home.

There is further discussion in respect of residents’ transport agreements in section 6.7 of this report.

**Areas of good practice**

There were examples of good practice found in relation to the availability of mechanisms to record the receipt of income and the expenditure of residents’ monies on their behalf and to carry out reconciliations of the monies held; the existence of supporting income and expenditure documents including deposit and expenditure receipts and detailed journey records were in place in respect of journeys undertaken by residents participating the home’s transport scheme.

**Areas for improvement**

Two areas for improvement were identified during the inspection. These related to ensuring that each resident has a record of the furniture and personal possessions which they have brought to their room and ensuring that a quarterly reconciliation of the contents of the safe place is carried out, recorded and evidenced at least every quarter.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

**6.6 Is care compassionate?**

**Residents 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 team leader and the APO. They described a range of examples of how the home supported residents with their money.

Discussion established that arrangements to appropriately support residents with their money would be discussed with the resident or their representative at the time of the resident’s admission to the home.

Arrangements for residents to access money outside of normal office hours were discussed with the APO. This established that there were arrangements in place to ensure that the individual needs and wishes of residents could be met in this regard.

**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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 range of written policies and procedures were in place to guide record keeping and financial practices in the home and were easily accessible by staff. Discussion with the APO 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.

Individual resident agreements were discussed with staff present and a sample of three residents’ care and finance files was requested for review. A review of the files established that each resident had several documents on their files including a licence to occupy, an adult residential agreement and a bills agreement. Two of three residents had a signed licence to occupy in place, one was unsigned and undated; all three residents had an adult residential agreement in place however these were dated October 2017 and March 2018. The “bills agreement and guide to costs” document set out the various costs associated with living in the home and the template had space to record the amounts paid by the various parties for instance the resident, the trust or another contributing party. As the rates are adjusted regionally every year in April, these should be kept to date to reflect the relevant changes.

Of the three resident files sampled, one resident’s bills agreement was dated June 2016 and therefore did not detail the up to date information. In addition, the agreement did not detail the portion of fees being contributed by the resident personally, which was identifiable from the Health and Social Care Trust payment remittance reviewed during the inspection. A second resident’s bills agreement was dated August 2015, while the third resident did not have any bills agreement on their file.

Each resident should be provided with an up to date written agreement which is kept up to date to reflect all changes. Any change to a resident's agreement should be agreed in writing by the resident or their representative.

This was identified as an area for improvement.

As noted above, discussion with the team leaders and the APO established that the registered manager was acting as appointee (managing the social security benefits) for two residents in the home. A review of the relevant residents' agreements failed to evidence that the appointee details and the records to be kept in respect of the appointment were reflected in the agreements. It was highlighted that these details should be clearly recorded within the relevant residents' agreements.

This was identified as an area for improvement.

In addition, a review of a sample of records identified instances where the registered manager (acting as appointee for a resident) had signed documents both on behalf of the resident and on behalf of the home; this included agreement to the payment of certain charges.

Advice was provided by the inspector in respect of the appropriateness of the appointee (where this is a representative of the home) signing any agreement for charges to be made on behalf of the resident, while also signing on behalf of the home, as this is potentially a conflict of interest. It was highlighted that in such a case, the resident's agreement should be shared with the resident's representative and/or HSC trust representative and evidence of how this has been done should be maintained by the home.

As noted above the home provided transport services to residents for which a charge per mile travelled was payable. A review of a sample of residents' files identified that all residents did not have a signed written transport agreement on their files.

Ensuring that transport agreements are in place for residents using the home's transport service or in the absence of a signed agreement, evidence of how the home has engaged with the resident's representative and/or HSC trust representative to secure a signature to the transport agreement was identified as an area for improvement.

During the inspection, records were evidenced which had been signed by a resident to agree to the payment of charges/bills. However, it was also noted that the same resident had a financial capability assessment in place which stated that they did not have "the ability to make informed decisions about his/her finances". This was therefore contradictory and advice was provided at the conclusion of the inspection to the team leaders and afterwards to the registered manager to review the appropriateness of residents signing such documents in these circumstances.

The inspector discussed with the team leaders the arrangements in place in the home to ensure that residents experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of residents. Staff could describe how the "everyday living assessment" informed the "everyday living care and support plan" for individual residents and that some residents also availed of independent advocacy services.

### **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; the APO was confident on how to deal with

the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures, detailed written policies and procedures were in place to guide financial practices in the home and there was evidence that residents experienced equality of opportunity.

### Areas for improvement

Three areas for improvement were identified as part of the inspection. These related to ensuring that: any change to a resident's agreement including fees and financial arrangements is agreed in writing by the resident or their representative: ensuring that where a representative of the home is acting as appointee for a resident, these details and the records to be kept are clearly detailed within the relevant resident's written agreement and ensuring that each resident using the transport scheme has a signed agreement in place or alternatively that there is clear evidence available to identify that the home has engaged with the resident's representative and/or HSC trust representative to share the agreement for signature.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 both team leaders on duty during the inspection and later shared with the registered 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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Home 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All service user personal Inventories are in place and have been updated 31.7.18</p>

### Action required to ensure compliance with the DHSSPS Residential Care Home Minimum Standards (Updated August 2011)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018 and at least quarterly thereafter.</p>	<p>The registered person shall ensure that a quarterly reconciliation of the contents of the safe place should be carried out, recorded and evidenced at least every quarter. Best practice would dictate that two people sign and date the reconciliation.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Manager has put in place a Safe Reconciliation record for the year 2018/19 which details quarterly checks completed. This is signed by the manager and the APO or TL.31.7.18</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that transport agreements are in place for residents using the home's transport service or in the absence of a signed agreement, evidence of how the home has engaged with the resident's representative and/or HSC trust representative to secure a signature to the transport agreement.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Transport agreements are in place for all service users. These have been shared with each service user to ensure awareness and understanding. These have also been shared with each individual service users statutory key worker. 31.7.18</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the resident's agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.7</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Manager is currently reviewing all Residential agreements and will inform the service user and or their representative as required of any changes. 31.7.18</p> <hr/> <p>The registered person shall ensure that where a representative of the home is acting as appointee (managing the social security benefits of a resident) that these details and the records to be kept are detailed in the individual resident's agreement with the home.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All service users have a financial profile within their financial file in scheme. This details who is Appointee. The Manager is currently reviewing all Residential agreements and will ensure that the named Appointee and details of records to be kept are recorded in the Residential agreement. 31.7.18</p> <p>The manager is liaising with statutory workers to transfer Appointeeships to the trust stat worker.</p>

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



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