

# Finance Inspection Report

## 23 May 2016



## Owen Mor Care Centre

**Address: 167 Culmore Road, Londonderry, BT48 8JH**

**Tel No: 02871353631**

**Inspector: Briega Ferris**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Owen Mor Care Centre took place on 23 May 2016 from 10:30 hours to 14:30 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?**

Controls in place to safeguard patients' money and valuables were found to be operating effectively; no requirements or recommendations have been made.

### **Is care effective?**

Systems were found to be in place to record the receipt of money and valuables belonging to patients, however three recommendations have been made. These relate to how to accurately record income in the patient's cash ledgers, records of patients' property held in their rooms and the records of the cost of services for which there is an additional charge.

### **Is care compassionate?**

Compassionate practice was evidenced; no requirements or recommendations have been made.

### **Is the service well led?**

Governance and oversight arrangements were found to be in place; however one requirement has been made in relation to providing up to date written agreements to all patients.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the quality improvement plan (QIP) within this report were discussed with Mrs Jane Laird, 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

<b>Registered organisation/registered person:</b> East Eden Ltd/Brendan McDonald	<b>Registered manager:</b> Mrs Jane Laird
<b>Person in charge of the home at the time of inspection:</b> Mrs Jane Laird	<b>Date manager registered:</b> 5 June 2015
<b>Categories of care:</b> NH-DE, NH-MP, NH-MP(E)	<b>Number of registered places:</b> 47

### 3.0 Methods/processes

Prior to the inspection, it was established that no incidents involving services users' finances had been reported to RQIA in the last twelve months.

During the inspection the inspector met the registered manager and the home's accounts technician/administrator.

The following records were examined during the inspection:

- Three patient agreements
- A sample of patients' income and expenditure records
- Evidence of the reconciliation of patients' monies
- A sample of treatment receipts for hairdressing services facilitated in the home
- Safekeeping of Residents' Valuables Policy Statement
- Accounting and Financial Control Arrangements Policy
- Whistle Blowing Policy
- Management of Records Policy
- A sample of patients' property records

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 5 May 2016

The most recent inspection of the home was an unannounced care inspection. The care inspector was contacted and confirmed that there were no matters to be followed up from the previous inspection.

#### 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 home's administrator explained the training which she received when she joined the home. She explained that prior to the home opened in June 2015, she had received training from a senior administrative colleague in another home owned by the registered person, she stated that this involved training three days per week between January and May 2015.

The administrator reported that ongoing training took a number of forms, including on the job and e-learning. The registered manager and administrator confirmed that protection of vulnerable adults (POVA) training, including indicators of financial abuse was mandatory. The registered manager confirmed that the home administrator had most recently received this training in January 2016.

The administrator was able to describe and explain the controls in place in the home to safeguard money and valuables. The inspector used some scenarios to establish whether or not the administrator could identify the salient issues; the administrator was able to clearly describe the relevant issues and what steps to take to safeguard a patient's money and valuables.

The home had a range of policies and procedures in place to guide practice and day-to-day procedures relating to how patients' money and valuables were safeguarded; the inspector noted that these were accessible for staff on the day. Prior to the inspection, the inspector reviewed records of any incidents notified to RQIA over the previous twelve months; none of these were finance-related.

During discussion, the registered manager confirmed that there were no current suspected, alleged or actual incidents of financial abuse. Scenarios were discussed with the administrator to establish whether she was aware of what steps to take in the event of suspected financial abuse of a patient; the home's administrator was able to explain the correct steps to take in such circumstances.

Discussion established that there were no finance-related restrictive practices in place for any patient. The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, no valuables were lodged with the home for safekeeping, cash balances were held for a small number of patients.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

During the course of the inspection, the inspector reviewed a sample of records which evidenced that in the main, record keeping was in accordance with legislation, standards and best practice guidance. One requirement and three recommendations were made as part of the inspection; these are set out in the QIP.

The home had a policy and procedure which addressed the creation, storage, recording, retention and disposal of records, the "Management of Records Policy". It was noted that there was specific reference to safeguarding patients' financial information held by the home.

Discussion established that the home had transport available to take patients to medical appointments etc. The home administrator confirmed that there was no charge to the patient for this service; this was borne out from a review of a sample of the income and expenditure records.

For the majority of patients, services availed of (such as hairdressing) were paid for initially by the home and recouped from family representatives; the home was safeguarding cash balances for a small number of patients on the day of inspection. It was noted that agreement to individual arrangements for patients was sought via the additional documents appended to the written patient agreement provided on admission to the home.

On reviewing the cash ledgers maintained, we noted that two signatures were recorded against each transaction and the ledgers reflected that regular checks had been carried out, recorded and signed and dated by two people.

It was also noted that the home were in receipt of the personal allowance monies for two patients, (where family or other representatives were acting as nominated Appointee). For these two patients, the cash ledgers did not agree to the cash in hand. The home administrator explained that the balance recorded on the ledger was a notional balance; the ledger balance reflected the (notional) balance of cash available to the patients, however the current month's personal allowance monies received by the home had not been physically transferred to the cash balances for the two patients, hence the difference between the ledger balance and the cash in hand.

The inspector clarified that at all times; the amount of cash on hand should agree to the cash ledgers and highlighted that the registered manager and the home administrator should arrange to review all of the cash ledgers for accuracy.

A recommendation was made in respect of this finding.

The day following the inspection, the registered manager contacted RQIA to advise that checks had been completed and the ledgers had been corrected.

The inspector discussed how patients' property (within their rooms) was recorded and requested to see a sample of the completed property records. Patients had a written record of property captured on admission to the home. In addition, the home had begun to transfer these details onto a computerised system; the registered manager explained that this record would be updated as and when required. It was noted however, that the computerised records were not dated, and were not capable of recording the person(s) creating the record. In addition, the inspector noted that a sample of records evidenced entries such as "radio" and "gold chain". It was highlighted that the level of detail required for descriptions of items (e.g. make/model/size) should be communicated to relevant staff by management.

The inspector also emphasised that records of patients' property must be reconciled at least quarterly, with the reconciliation signed and dated by two people.

A recommendation was made in respect of this finding.

Discussions clarified that no patient in the home had been assessed as incapable of managing their finances and property. The registered manager also confirmed that no representative of the home was acting as nominated Appointee for any patient in the home.

A review of a sample of the records identified that a hairdresser routinely visited the home to provide services to patients. These services attracted an additional cost payable by the patient or their representative and treatment records were maintained by the home accordingly. Records of the hairdressing treatments were made by the hairdresser and detailed the name of the patient, the type of treatment they had received and the associated cost. While it was noted that two signatures had been recorded on each day's treatment receipts, the signatures were those of two members of staff. It is recommended that one of the signatures on the record should be that of the person providing the treatment; in this case, the hairdresser.

A recommendation was made in respect of this finding.

## Areas for improvement

Three areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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### 4.5 Is care compassionate?

The inspector discussed the day to day arrangements in place in the home to support patients. The registered manager and home administrator both described examples of how identified patients were supported with managing their money.

Discussion established that the home had a written complaints policy, a copy of which was provided to the inspector. The home administrator could explain the steps to take should someone wish to make a complaint. The registered manager confirmed that since the home opened, in June 2015, no complaints had been received in respect of the management of patients' money and valuables.

The administrator explained that when a patient was admitted to the home, the administrator would telephone the patient's representative to introduce herself and explain arrangements for safeguarding any money or valuables and make arrangements for the payments of fees, where necessary.

The home had contingency arrangements in place to ensure that patients had access to their money, if this was requested outside of normal office hours.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

Written policies and procedures for the management of patients' money and valuables were in place; the registered manager confirmed that these would be reviewed at least every three years.

There was a clear organisational structure within the home; the registered manager noted that there was effective support from colleagues in another home owned by the registered person and the owners of the business. Following discussion with the registered manager and administrator, it was evident that they were familiar with their roles and responsibilities in relation to safeguarding patients' money and valuables.

The registered manager confirmed that the statement of purpose and patient guide had been recently reviewed in light of amendments to weekly fees.

The inspector was provided with an example of a written agreement as would be provided to a newly admitted patient. In addition to this, the inspector noted that a number of additional documents accompanied the written agreement. These included information on the range and cost of additional services facilitated within the home, an "Authority to act as agent" document

(providing the home with authority to make purchases of identified goods or services on behalf of the patient) and a document outlining available payment methods, including an explanation of some technical terms such as “Appointee” and “Controller”.

Four patient records were sampled in order to review the written agreements in place between the home and the patient/their representative. The inspector was provided with a file containing all of the agreements and associated appendices for patients. From the sample of four patients selected, two had a signed, written agreement in place which reflected current fee rates; a third patient had only a blank copy of the up to date agreement (there was no correspondence on the file to evidence that the return of the signed agreement was being pursued by the home).

The fourth patient did not have an agreement on file. The inspector discussed this with the registered manager who stated that the patient’s representative was the HSC trust. The inspector highlighted that the home should have evidence that it has provided a written agreement to the patient or their representative or the HSC trust. The registered manager should obtain evidence for the patient’s file that this has been done.

A requirement has been made in respect of this finding.

Discussion established that there were good working relationships with relevant stakeholders to ensure financial arrangements for patients in the home were agreed and transparent. The home had a whistleblowing policy and separate discussions with the home administrator established that she was familiar with the home’s whistleblowing procedures.

### Areas for improvement

One area for improvement was identified during the inspection.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Mrs Jane Laird, 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 Nursing Homes Regulations (Northern Ireland) 2005.



## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 5 (1)

**Stated:** First time

**To be completed by:**  
6 June 2016

The registered person must ensure that any patient currently accommodated in the home that does not have an individual written agreement is provided with one. A full copy of the signed agreement should be retained on the patient's file.

Where an HSC trust-managed patient does not have an identified person to act as their representative, the patient's individual agreement should be shared with their HSC trust care manager.

**Response by registered person detailing the actions taken:**

All patient written agreements have been reviewed by the manager and letters have been sent to relevant family members/care managers regarding signing all necessary documents. A copy of the letter has been filed in the patients individual records and a system of monitoring the return of the letters sent has been initiated..

### Recommendations

#### Recommendation 1

**Ref:** Standard 14.10

**Stated:** First time

**To be completed by:**  
From the date of inspection

The registered person should ensure that cash ledgers reflect the actual cash balance held for safekeeping at any given time. Notional amounts should not be recorded on cash ledgers.

**Response by registered person detailing the actions taken:**

The cash ledger reflects the actual cash balance held within the safe and notional amounts are not recorded on the cash ledger. The ledger is checked on a weekly basis by two people and all money in/out is recorded and verified also by two people. The manager has devised a system of checking the ledger on a monthly basis with the accounts technician.

#### Recommendation 2

**Ref:** Standard 14.26

**Stated:** First time

**To be completed by:**  
23 June 2016

The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record should be reconciled at least quarterly. The record must be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

**Response by registered person detailing the actions taken:**

A record of patients property has been reviewed and a new form has been devised which incorporates 3 monthly checks on the patients inventory from admission. Any additional patient property is recorded by two members of staff and documented accordingly This will be checked by the Deputy Manager and a member of staff quarterly.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person should ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home should sign the record or receipt to verify the service or goods provided and the associated cost to each resident.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All services facilitated within the home are documented and signed by the individual providing the service and a staff member or the patient where applicable. Which demonstrates the service provided and the associated cost involved.</p>

*\*Please ensure this document is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address\**



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