

Finance Inspection Report

16 June 2016



Cornfield Care Centre

Type of Service: Nursing Home

**Address: Green Lane and Castle Lane Suites, 51A Seacoast Road,
Limavady, BT49 9DW**

Tel No: 02877765082

Inspector: Briege Ferris

1.0 Summary

An announced inspection of Cornfield Care Centre took place on 16 June 2016 from 09:45 hours to 14:00 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?

Systems in place to safeguard service users' money and valuables were found to be operating effectively; no requirements were made. One recommendation has been made in relation to the finance manager receiving training on the Protection of Vulnerable Adults.

Is care effective?

Controls in place in respect of documenting service users' money and valuables were found to be in place. Areas for improvement were identified as part of the inspection. These areas related to developing and implementing a written policy and procedure regarding the management of records, the administration of the comfort fund and ensuring that there are up to date, detailed records of service users' furniture and personal possessions (in their rooms).

Is care compassionate?

A review of a sample of records evidenced that service users or their representatives had over time, been sent written notification of any changes to the fees payable and the rationale for this. With the exception of one identified service user for whom a sum of money was being safeguarded, the home was not involved in supporting service users with their money; no requirements or recommendations were made.

Is the service well led?

Governance and oversight arrangements were found to be in place. Two recommendations were made in relation to ensuring that service user's agreements' are kept up to date to reflect any changes and that any change to a service user's agreement is agreed in writing by the service user or their representative; and ensuring that the home's standard written agreement fully reflects the expected content of the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standard 2.2.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'service users' will be used to describe those living in Cornfield Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

Details of the quality improvement plan (QIP) within this report were discussed with Mrs Heather Moore, 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 provider: Mr Marcus Jervis Nutt	Registered manager: Mrs Heather Moore
Person in charge of the home at the time of inspection: Mrs Heather Moore	Date manager registered: 26 August 2015
Categories of care: NH-I, NH-DE, NH-PH, NH-PH(E), NH-TI	Number of registered places: 52

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

During the inspection, we met with Mrs Heather Moore, the registered manager the home's finance manager and one service user, for whom the home were holding a sum of money. 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 “resident information guide”
- (Resident) Financial information Guide
- A copy of the home’s standard written agreement with service users
- Four signed service user agreements
- Seven records of charges for accommodation and care
- A sample of correspondence to service users or their representatives detailing notification of changes to the fees payable
- A sample of records detailing hairdressing services facilitated in the home
- The record of safe contents book
- The income and expenditure record for one identified service user
- Finance policy F005 - “Handling of residents valuables and money” (March 2015)
- Finance policy F004 - “Acceptance of residents fee by the administrative officer” (March 2015)
- Finance policy F002 - “Debtor policy” March 2015
- A sample of correspondence in respect of the “residents’ comfort fund”
- A sample of service users’ property/furniture and personal possessions

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 May 2016

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 their next 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 finance manager stated that he had worked in the home for approximately fifteen years and explained the training which he received when he joined the home. Discussions established that he had never received training on the Protection of Vulnerable Adults (POVA); the inspector highlighted the importance of receiving this training at the next available opportunity. It was noted that a POVA training session was scheduled within the following two weeks and that the finance manager would be in attendance at this session.

A recommendation was made in respect of this finding.

The finance manager confirmed that he was aware of how to receive and deal with a complaint; however he stated that had not received any complaints since joining the home and was not aware of any finance-related complaints.

The finance manager 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 finance manager could identify the salient issues; the finance manager was able to clearly describe the relevant issues and what steps to take to safeguard a service user'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 service users' money and valuables were safeguarded; the inspector noted that these were easily accessible on the day.

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 service user. The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, one valuable item and a sum of money was lodged for safekeeping on behalf of identified service users. A safe record book was in place to record the deposit or withdrawal of valuables.

One area for improvement was identified during the inspection, this related to the finance manager obtaining training on the Protection of Vulnerable Adults.

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

Discussion established that management were developing a formal written policy on records retention, management described how it was expected the policy would be finalised within the next week. The finance manager stated that records were retained for a period of seven years.

A recommendation was made for the draft policy to be finalised and implemented as soon as possible, and for all affected staff to be made aware of the content of the policy.

The home had transport available to take service users to medical appointments and on social outings etc. The finance manager confirmed that there was no charge to the service users for this service.

It was noted that services which attracted an additional charge (such as hairdressing, the purchase of newspapers, toiletries etc) were paid for by the home initially and recovered from family representatives by monthly invoice in arrears. Consent to these arrangements was obtained by written agreement and a folder of agreements was in place to evidence this. Those representatives who wished to opt out were free to do so and the written consent forms retained to also confirm the alternative arrangements.

Records of hairdressing services were made by the hairdresser and detailed the name of the service user, the type of treatment they had received and the associated cost. The record also included the signature of the hairdresser and a member of staff to sign to verify the service had been provided.

Discussion established that the home operated a comfort fund for the benefit of the service users, appropriate income and expenditure records were maintained and a separate bank account was in place to hold the funds. We enquired as to whether the home had a formal written policy and procedure to guide the administration of the fund and the finance manager confirmed that one was not in place.

A recommendation was made for the home to develop and implement a written policy and procedure for the administration of the comfort fund.

The registered manager and finance manager confirmed that no representative of the home was acting as nominated appointee for any service user; however the home were in receipt of a sum of money from one service user's representative in order to pay for a regular charge which the service user incurred whilst on a weekly outing from the home. The receipt of the money was recorded in a file specifically for that purpose and each entry in the record was signed and dated by two people. The inspector had the opportunity to meet with the service user in question who spoke of their contentment with the current arrangement.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records. Individual service users' records were made on an A4 duplicate book. One service user's record could not be located; the finance manager noted that the service user had lived in the home for many years and the record may no longer exist. In addition, significant inconsistency was also evidenced in the level of detail which different staff members had recorded within individual service users' records; the majority of the records reviewed had been dated but not signed.

The inspector noted that these records must be made on admission to the home and kept up to date throughout the service user's stay in the home. Any additions or disposals must be signed and dated by two people. She also emphasised that the records must be reconciled at least quarterly, with the reconciliation signed and dated by two people.

A recommendation was made to review all of the service users' furniture and personal possessions and bring the records of these items up to date, so that they can be easily maintained in future.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to developing and implementing a written policy and procedure that addressed records management and the comfort fund, and ensuring that records of furniture and personal possessions for each service user were brought up to date.

Number of requirements:	0	Number of recommendations:	3
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4.5 Is care compassionate?

The inspector discussed the day to day arrangements in place in the home to support service users. The registered manager and finance manager both confirmed that with the exception of the one identified service user (described in section 4.4 above), the home was not involved in supporting any service user with their money.

The finance manager explained that when a service user was admitted to the home, arrangements would be made for the necessary financial documentation to be signed. He

reported that the home had a safe place and service users were free to avail of the facilities; however it was not something which the service users had customarily chosen to do.

A review of a sample of records evidenced that service users or their representatives had over time, been sent written notification of any changes to the fees payable and the rationale for this.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Written policies and procedures for the management of service users' money and valuables were in place; the registered manager confirmed that it was the intention to review these every year.

There was a clear organisational structure within the home; following discussion with the registered manager and finance manager, it was evident that they were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

The inspector was provided with an example of a written agreement as would be provided to a newly admitted service user. A cursory review of the agreement evidenced that it covered a broad range of areas as required by the DHSSPS Minimum Standards; however the agreement did not contain a list of the cost of additional services facilitated in the home e.g.: hairdressing.

A recommendation was made for management to review the standard agreement to ensure that it meets all of the requirements of DHSSPS Minimum Standard 2.2 (which details the minimum components of the agreement).

It was noted that a number of additional documents accompanied the written agreement. These included a financial information guide (which clearly and helpfully explained the way that a service user's care and accommodation fees were calculated; the role of the HSC trust etc. and methods of payment); and a copy of the of the document requesting authorisation to make purchases of goods and services on the service user's behalf (as referred to in section 4.4 above).

Four service user records were sampled in order to review the written agreements in place between the home and the service user/their representative and all four service users had a signed agreement in place. However, it was noted that the fees detailed in the agreements were the rates applicable at the time the service user was admitted to the home. We noted that while written notification of any changes to the fees had been sent by the home (by letter), it was necessary to ensure that individual service users' agreements were updated to reflect these amendments and that the change(s) were agreed in writing by the service user or their representative.

A recommendation was made to ensure that service user's agreements' are kept up to date to reflect any changes and that any change to a service user's agreement is agreed in writing by the service user or their representative.

Areas for improvement

Two areas for improvement were identified during the inspection; these related to reviewing the home's standard written agreement to ensure it meets DHSSPS Minimum Standard 2.2 and ensuring that service users' individual written agreements are kept up to date to reflect any changes in terms and conditions such as fee rates, with the change agreed in writing by the service user or their representative.

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 Mrs Heather Moore, 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 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

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.11</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2016</p>	<p>The registered person should confirm that the finance manager has received training in the Protection of Vulnerable Adults.</p> <hr/> <p>Response by registered person detailing the actions taken: The Finance Manager received training in the Protection of Vulnerable Adults on the 8/7/2016</p>
<p>Recommendation 2</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2016</p>	<p>The registered person should ensure that the policies and procedures for all operational areas of the home are in accordance with statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures.</p> <hr/> <p>Response by registered person detailing the actions taken: The policies and procedures are in accordance with statutory requirements , and a policy on records management is now in place which includes the arrangementsfor the creation,storage,maintenanceand disposal of records in line with the legislation and best practice.</p>
<p>Recommendation 3</p> <p>Ref: 14.30</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2016</p>	<p>The registered person should ensure that a written policy and procedure addressing the administration and aims and objectives of the comfort fund is developed and implemented.</p> <hr/> <p>Response by registered person detailing the actions taken: A written policy and procedure is in place addressing the administration aims and objectives of the comfort fund .</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 16 August 2016</p>	<p>The registered person should ensure that an inventory of property belonging to each service user 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.</p> <hr/> <p>Response by registered person detailing the actions taken: The inventory of property belonging to each resident is now signed by the staff member and is counter signed by a senior member of staff. Arrangements are also in place to ensure that the record is reconciled quarterly.</p>

<p>Recommendation 5</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2016</p>	<p>The registered person should ensure that the home's standard individual agreement with service users is reviewed to ensure that the components of Minimum Standard 2.2 are appropriately reflected in the agreement template.</p> <p>Response by registered person detailing the actions taken: The homes's standard individual agreement with residents has been reviewed to ensure that the components of Minimum Standard 2.2 are appropriately reflected in the agreement template.</p>
<p>Recommendation 6</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2016</p>	<p>The registered person should ensure that any changes to individual service user agreements are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by registered person detailing the actions taken: The registered person has written to the residents/representatives in regard to increases in charges payable, where the resident or their representative is unable to or chooses not to sign the revised agreement, this shall be recorded appropriately.</p>

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews