

Unannounced Finance Inspection Report 12 March 2018



Bradley Manor

Type of Service: Nursing Home
Address: 420 Crumlin Road, Belfast, BT14 7GE
Tel No: 028 9074 5164
Inspector: Briega 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 nursing home with 82 beds that provides care for older patients and/or those with a dementia.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland (Belfast) Limited Responsible Individual: Amanda Celine Mitchell	Registered Manager: Donna Mawhinney
Person in charge at the time of inspection: Donna Mawhinney	Date manager registered: 22/02/2018
Categories of care: Nursing Home (NH): I – Old age not falling within any other category DE – Dementia Residential Care Home (RC): DE – Dementia	Number of registered places: 82 comprising: A maximum of 41 places in category NH-DE to be accommodated on the first floor. A maximum of 41 places accommodated on the ground floor, with a breakdown of 21 places in category RC-DE and 20 places in category NH-I.

4.0 Inspection summary

An unannounced announced inspection took place on 12 March 2018 from 10.00 to 14.15 hours.

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

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.

Evidence of good practice was found: a safe place in the home was available; records were available relating to monies received and used on behalf of patients; deposit and expenditure receipts were available; records were in place detailing reconciliations (checks) of money and bank accounts managed on behalf of patients; and each patient had an up to date record of the furniture and personal possessions which they brought to their rooms; there was evidence of listening to and taking account of the views of patients and in respect of the range of information contained in the "Service User Guide". The human resources and administration manager was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and written policies and procedures were in place to guide financial practices in the home.

Areas requiring improvement were identified in relation to: ensuring that staff do not use their personal store cards when making purchases on behalf of patients and ensuring that chiropody services detail the cost of treatments and the signatures of both the chiropodist and a member of staff to confirm that the treatment has been received; ensuring that each patient or their representative is provided with an individual written agreement; ensuring that the generic patient

agreement template is reviewed for consistency with standard 2.2 of the Care Standards for Nursing Homes (2015); ensuring that there is evidence that individual agreement amendment documents have been shared with patients or their representatives for signature; and ensuring that patients or their representatives are provided with a personal allowance contract for agreement and signature.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Mitchell, responsible individual and Donna Mawhinney, 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 patients' 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 the registered manager, the human resource and administration administrator and the responsible individual. A poster detailing that the inspection was taking place was displayed in a prominent position in the home, however no patients or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- "Service User Guide"
- Statement of purpose
- The safe contents record
- A sample of patients' income, expenditure and reconciliation records (records of checks performed)
- Written policies and procedures:
 - "Service Users Funds" dated 27/05/2015
 - "Safe keeping of Residents' Valuables" dated October 2016
 - "Resident Comfort Fund" dated November 2016
- Four records of patients' personal property (in their rooms)
- Two patients' individual written agreements
- A file containing signed and unsigned written agreement amendment documents
- A sample of the patients' comfort fund records
- A sample of treatment records for hairdressing, barbering and chiropody services facilitated within the home.

The findings of the inspection were provided to the responsible individual and registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 08 March 2018

The most recent inspection of the home was an unannounced care inspection. The 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

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients 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. The human resources and administration manager advised that she had most recently received this training in August 2017. She was able to clearly describe the home's controls in place to safeguard patients' money and valuables.

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 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, money and valuables belonging to patients were deposited for safekeeping. A written safe contents record was available; entries had been signed and dated by two people, this record was routinely reconciled by two people on a monthly basis.

Areas of good practice

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons. Staff members spoken to were familiar with controls in place to safeguard patients' 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.

Discussion with the registered manager established that no representative of the home was acting as nominated appointee for any patient (i.e.: managing and receiving social security benefits on a patient's behalf). Discussion with the human resources and administration manager established that the home was in direct receipt of the personal monies for two patients. In these cases, the personal monies for the patients were received from the Official Solicitor and from the Health and Social Care (HSC) trust respectively. Clear records were in place to detail the amount and timing of the receipts of monies safeguarded by the home in each case.

The human resources and administration manager explained that for the remaining patients in the home, families deposited cash for safekeeping in order to pay for additional services not covered by the weekly fee. Duplicate receipt books were available to record these deposits; receipts were routinely signed and dated by two people.

Up to date, detailed income and expenditure records were maintained for those patients for whom money was held for safekeeping. A sample of transactions was traced in order to establish whether the appropriate supporting evidence was in place; for instance, evidence detailing the receipt of monies or a purchase receipt for expenditure. This identified that the supporting documents were in place for the sample of transactions chosen.

However one purchase receipt which was sampled detailed that a member of staff had used a store loyalty card when making purchases on behalf of patients. Discussion with the responsible individual and registered manager established that this card belonged to a staff member. The inspector highlighted that staff should be reminded to not use their personal store loyalty cards in this way and that this practice should cease from the date of inspection.

This was identified as an area for improvement.

Evidence was available to confirm that reconciliations, which had been signed and dated by two people, were carried out on a monthly basis.

Discussions established that a patients' bank account was in place to administer the money deposited for safekeeping; the bank account was named appropriately in favour of the patients in the home. A small sum was held in the home for day to expenditure by all patients with money on deposit. Detailed records existed to identify how much of the bank balance belonged to individual patients. A reconciliation signed and dated by two people was routinely performed and recorded on a monthly basis.

Discussion with the human resources and administration manager established that the home operated a patients' comfort fund and records were available to detail related income and expenditure. A bank account was in place to manage the fund; the bank account was appropriately named. A written policy and procedure was in place to address the administration of the fund.

Hairdressing, barbering and chiropody treatments were being facilitated within the home and a sample of recent records was reviewed. Hairdressing and barbering treatment records relating to the above services included all of the relevant details as required by the Care Standards for Nursing Homes (2015). However, chiropody services did not detail the cost of treatments, nor had they been signed by the chiropodist or a member of staff to confirm that the treatment had been received by the patient.

This was identified as an area for improvement.

Patients' property (within their rooms) was discussed and a sample of four patients was selected to review the records in place. Each patient had a "Residents property register" record in place. In each case, each entry in the record had been signed and dated by two people. There was evidence that the records had been reconciled and signed and dated by two people, each record reviewed had been updated in January 2018.

The registered manager confirmed that the home did not operate a transport scheme.

Areas of good practice

There were examples of good practice found for example, records were available relating to monies received and used on behalf of patients; deposit and expenditure receipts were available; records were in place detailing reconciliations of money and bank accounts managed on behalf of patients; and each patient had an up to date record of the furniture and personal possessions which they brought to their rooms.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that staff do not use their personal store loyalty cards when making purchases on behalf of patients; and ensuring that chiropody treatment records detail the cost and the signatures of both the chiropodist and a member of staff to confirm that the treatment has been received by each patient.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

The arrangements to support patients with their money on a day to day basis were discussed with the responsible individual, the registered manager and the human resources and administration manager. These discussions identified how the home had individualised

arrangements in place to meet the specific needs of individual patients regarding how they were supported to manage their money.

It was noted that arrangements to support patients with their money would be discussed with the patient or their representative prior to or at the time of a patient's admission to the home.

The home had a number of methods in place to encourage feedback from patients or their representatives in respect of any issue including an annual questionnaire and patient and relative meetings.

Arrangements for patients to access money outside of normal office hours were discussed. The registered manager could describe the arrangements which were in place to meet the individual needs of patients living in the home.

Areas of good practice

There were examples of good practice identified in relation to listening to and taking account of the views of patients.

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 patients in order to deliver safe, effective and compassionate care.

The home's "Service User Guide" and statement of purpose included a range of information for a new patient including general arrangements in the home regarding fees, financial arrangements and additional charges payable for services not included in the weekly fee.

Written policies and procedures addressing patients' monies and valuables and the patient comfort fund were in place and were easily accessible by staff. The responsible individual also confirmed that policies addressing record keeping, complaints and whistleblowing were in place. The sample of policies and procedures reviewed were dated within the last three years. Discussion with the human resources and administration manager 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 patient agreements were discussed with the registered manager and a sample of four files was chosen in order to review those in place between the home and each patient or their representative.

Two of the four patients did not have an individual agreement on their files. In each patient's case, there was an individual financial arrangement in place to support the patients to manage

their money. As these patients did not have a written agreement in place, these arrangements were not detailed.

Staff members spoken with reported that each of the patients did not have an identified family representative to review and sign their written agreement. However, the inspector highlighted that in this case, there should be evidence that the home had shared each patient's agreement with their Health and Social Care (HSC) trust representative. No evidence was available to identify that this had been done.

Ensuring that each patient or their representative is provided with an individual written agreement was identified as an area for improvement.

The remaining two patients had a signed written agreement in place with the home; these detailed the fee arrangements which would have been in place at the time of each patient's admission to the home. In addition, a file containing amendments/updates to the written agreements in place with patients was provided for review. A review of the file established that the two patients who had a written agreement in place, also had a an amendment document in place reflecting the fee arrangements for the 2017/2018 year, these documents had been signed by the representatives of each patient.

However, it was noted that 36 amendment documents had been prepared and signed by the registered manager; however these had not been signed by the patients or their representatives. There was no evidence available to identify that these updated documents had been shared with the patients or their representatives for signature.

This was identified as an area for improvement.

A review of the home's generic agreement template identified that it was not wholly consistent with standard 2.2 of the Care Standards for Nursing Homes (2015). Ensuring that the generic patient agreement template is reviewed for consistency with the above standard was identified an area for improvement.

Personal allowance contracts detailing authority for the home to spend patients monies on identified goods and services were in place for two of four patients sampled. The two patients who did not have a written agreement in place also did not have a personal allowance contract in place.

Ensuring that patients or their representatives are provided with a personal allowance contract for agreement and signature was identified as an area for improvement.

Areas of good practice

There were examples of good practice found in respect of the range of information contained in the "Service User Guide", the human resources and administration manager was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and written policies and procedures were in place to guide financial practices in the home.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to ensuring that: each patient or their representative is provided with an individual written agreement; ensuring that generic patient agreement template is reviewed for consistency with the standard

2.2 of the Care Standards for Nursing Homes (2015); ensuring that there is evidence that individual agreement amendment documents have been shared with patients or their representatives for signature; and ensuring that patients or their representatives are provided with a personal allowance contract for agreement and signature.

	Regulations	Standards
Total number of areas for improvement	1	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 Amanda Mitchell, responsible individual, and Donna Mawhinney, 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 Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 May 2018</p>	<p>The registered person shall ensure that each patient is provided with a statement (written agreement) specifying (a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services (i) accommodation, including the provision of food, and (ii) nursing and except where a single fee is payable for those services, the services to which each fee relates ; (b) the method of payment of the fees and the person by whom the fees are payable.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Each patient is provided with a written residency agreement specifying the fees payable for accommodation including food and nursing except where a single fee is payable for those services and the services to which the fee relates. This includes the method of payment of the fees and the person whom the fees are payable. These agreements are currently being reissued to include the new rates.</p>

Action required to ensure compliance with DHSSPS Care Standards for Nursing Homes (April 2015).

<p>Area for improvement 1</p> <p>Ref: Standard 14.16</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2018</p>	<p>The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>When monies are given for purchases on behalf of residents, staff are being advised that they cannot use a loyalty scheme if making any purchases. This is being covered in staff meetings</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall 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 patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p>

<p>To be completed by: 13 March 2018</p>	<p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The registered person will ensure a member of staff signs for any treatment to verify goods provided and cost along with the person providing the service . This will be monitored through internal audit</p>

<p>Area for improvement 3</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 12 May 2018</p>	<p>The registered person shall ensure that the home's generic agreement template is reviewed for consistency with standard 2.2 of the Care Standards for Nursing Homes (2015).</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Home has reviewed the generic agreement template according to standard 2.2 of the care standards and is being issued .</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 12 May 2018</p>	<p>The registered person shall ensure that there is evidence that any changes to each patient's individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Any changes to patients individual agreement are agreed in writing by the resident or their representative. If the resident or their representative is unable to or chooses not to sign the revised agreement this will be recorded. These are currently been reissued in May 2018 and will be monitored through audit</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 12 May 2018</p>	<p>The registered person shall ensure that where a home is responsible for managing a patient's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the patient is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: An audit was carried on all residents to ensure that written authorisation is obtained from each patient or their representative to spend residents monies. This is retained in the residents records and updated as required. If the patient is managed by the Trust and does</p>

	not have a family member or friend to act as their representative the authorisation about their personal monies must be shared with Trust care manager.
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****Please ensure this document is completed in full and returned via Web Portal****



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