

Unannounced Finance Inspection Report

8 March 2018



Loughshore 1

Type of Service: Residential

Address: 646 Shore Road, Newtownabbey, BT37 0PR

Tel No: 028 9085 5888

Inspector: Joseph McRandle

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential home with sixteen beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Ltd Responsible Individual(s): Nicola Cooper	Registered Manager: Catherine Busby
Person in charge at the time of inspection: Marlene Featherstone	Date manager registered: 17 July 2018
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

4.0 Inspection summary

- An unannounced inspection took place on 8 March 2018 from 10.00 to 14.30 hours.
- This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, 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.
- Concerns were raised during the inspection in relation to the retention of inadequate records for transactions undertaken on behalf of residents by members of staff. RQIA wrote to the registered person on 16 March 2018 requesting an action plan detailing the actions to be taken to address the concerns. An action plan was received by RQIA addressing the concerns raised during the inspection on 8 March 2018.
- Evidence of good practice was found in relation to: providing a place for residents to deposit items for safekeeping, members of staff involved in managing residents' finances receiving adult safeguarding training, reconciling monies held on behalf of residents for one of the safe places, updating the inventory of residents' property following admission to the home, retaining copies of residents' financial arrangements within their files, providing support for residents to undertake journeys outside of the home, the residents' guide

detailing the services included in the weekly fee and written agreements in place for residents.

- Areas requiring improvement were identified in relation to: strengthening the financial policies and procedures with staff, providing refresher training to staff in relation to the management of residents' monies, revise system for reconciling monies held for residents, ensuring that residents' agreements are signed by both parties, revise written agreements to remove provision for late payment of fees for residents for whom the fees are paid by the health and social care trusts and develop and implement a revised system for recording transactions on behalf of residents.
- The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Marlene Featherstone, Regional Peripatetic 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.

4.2 Action/enforcement taken following the most recent Estates inspection dated 24 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous estates inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the Regional Peripatetic Manager and the home's administration officer.

The following records were examined during the inspection:

1. two residents' finance files
2. two residents' written agreements

3. cash held on behalf of residents
4. a sample of records of safe contents
5. a sample of transaction sheets belonging to three residents
6. a sample of records of reconciliations between residents monies held and records of monies held
7. a sample of records of monies deposited on behalf of one resident
8. the residents' guide
9. one resident's records of personal property.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 January 2018

The most recent inspection of the home was an unannounced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates 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 and clients from the care, treatment and support that is intended to help them.

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location and the members of staff with access to the safe place. Monies held on behalf of residents were counted, the amount retained agreed to the balance recorded at the home.

Discussion with staff confirmed that an additional safe place was used to facilitate members of staff undertaking purchases on behalf of residents. Discussion with staff also confirmed that transaction sheets were retained for each resident. The sheets were used to record the monies lodged into the additional safe place and to record the details of the transactions undertaken on behalf of residents. A review of three residents' transaction sheets showed that the amounts of

monies recorded as withdrawn from one of the safe places agreed to the corresponding amounts recorded as deposited into the additional safe place. Two signatures were recorded against each of the entries in the transaction sheets.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. Concerns were raised during the inspection as a review of the transaction sheets showed that members of staff involved in making the transactions were not adhering to the policy and procedure for recording transactions on behalf of residents. This was identified as an area for improvement.

The recording of transactions undertaken on behalf of residents is discussed further under section 6.7 of this report.

Discussion with the manager confirmed that members of staff involved in managing residents' finances had received training in relation to the safeguarding of vulnerable adults. Due to the concerns identified during the inspection in relation to the standard of recording of transactions undertaken by members of staff, an area for improvement has been listed within the QIP of this report for members of staff to receive refresher training in relation to the management of residents' finances.

No valuables were held on behalf of residents at the time of the inspection. Discussion with staff confirmed that there were no finance related restrictive practices in place.

Areas of good practice

There were examples of good practice found in relation to: providing a place for residents to deposit items for safekeeping and members of staff involved in managing residents' finances receiving adult safeguarding training.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to: strengthening the financial policies and procedures with staff and providing refresher training to staff in relation to the management of residents' monies.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Discussion with staff and review of records confirmed that no member of staff was the appointee for any resident i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual.

Discussion with staff also confirmed that no member of staff at the home acted as an agent for any resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

Discussion with staff and review of records confirmed that reconciliations between the monies held on behalf of residents in one of the safe places and the records of monies held were undertaken on a weekly basis. In line with good practice two signatures were recorded against the records of the reconciliations. A review of records showed that an additional amount of money was being held separately on behalf of two residents. It was noticed that this amount was not included in the weekly reconciliations undertaken at the home. This was identified as an area for improvement.

Discussion with staff confirmed that no bank accounts were managed on behalf of any resident. Discussion also confirmed that no comfort fund was maintained on behalf of residents.

Discussion with staff confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Review of records for one resident showed that the records were updated with items acquired and disposed of after admission for which staff had been made aware of.

Areas of good practice

There were examples of good practice found in relation to reconciling monies held on behalf of residents for one of the safe places and updating the inventory of residents' property following admission to the home.

Areas for improvement

One area for improvement was identified during the inspection. This was in relation to revising the system for reconciling monies held for residents in order to include the additional amount of monies held which was identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

Good practice was observed as a review of two residents' files showed that copies of the residents' recorded financial arrangements were retained within their files.

The home did not provide a transport scheme at the time of the inspection. Discussion with the manager confirmed that alternative arrangements were in place to support residents wishing to undertake journeys; this included the use of taxis which were paid for by the residents or their representatives and the use of vehicles provided by the home at no cost to the residents.

Areas of good practice

There were examples of good practice found in relation to retaining copies of residents' financial arrangements within their files and providing support for residents to undertake journeys outside of the home.

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 service users in order to deliver safe, effective and compassionate care.

Discussion with the manager confirmed that copies of payment remittances from the Health and Social Care Trusts showing the weekly fee for each care managed resident were not retained at the home. The manager stated that details of the amounts paid by, or on behalf of, residents were retained at the home's head office. Discussion with staff also confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

A residents' guide was in place at the time of the inspection. The guide included the details of the services provided to residents as part of their weekly fee. The residents' guide also included a written agreement which was issued to residents on admission to the home. A review of two residents' files evidenced that copies of signed written agreements were retained within both files. The two agreements reviewed were in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011) as they showed the current weekly fee paid by, or on behalf of, residents. One agreement was signed by the resident's representative however it was not signed by a representative from the home. This was identified as an area for improvement.

The resident's agreement included a provision which allowed the registered provider to apply an interest charge to care managed residents for the late payment of fees. Discussion with the manager confirmed that no residents were previously charged for late payments. It was highlighted during the inspection that these residents could not be responsible for the late payment of fees to the home from the health and social care trusts. An area for improvement has been listed for the provision to be removed from care managed residents for whom the fees are paid by the health and social care trusts.

A review was undertaken of the procedure for undertaking transactions on behalf of residents. Discussion with staff confirmed that transaction sheets were used to record the transactions. Discussion with staff also confirmed that senior members of staff signed out residents' monies to make the purchases and that residents' accompanied staff when making the purchases.

A review of seven transactions undertaken by staff on behalf of three residents was undertaken, one signature was recorded against six of the transactions, the details of one of the transactions were not recorded in the resident's sheet and an amount withdrawn to make a purchase on behalf of a resident was recorded as being deposited into the resident's monies in error. Receipts from the purchases reviewed were retained at the home at the time of the inspection.

On reviewing monies held in the safe place used for making purchases on behalf of residents it was noticed that the actual amount held for one resident was greater than the amount recorded as being held. The inspector reviewed the receipts from purchases held on behalf of the resident. All receipts were available from the purchases and the variance between the actual amount held and the amount recorded as held was accounted for.

Review of the residents' transaction sheets showed that a number of original entries had been written over by members of staff. The inspector could not make out the original amounts of monies recorded as being held on behalf of the residents following the transactions. No initials were recorded against the amendments and no explanation for the errors was recorded. A review of the financial policies and procedures operated at the home confirmed that policies were in place to prevent the above practice.

Concerns from the above findings were raised with the manager during the inspection. The inspector and manager discussed the recording of transactions undertaken on behalf of residents by members of staff. An area for improvement was identified within the QIP of this report for a revised system of recording residents' transactions to be implemented in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home.

Areas of good practice

There were examples of good practice found in relation to: the residents' guide detailing the services included in the weekly fee and written agreements in place for residents.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that residents' agreements are signed by both parties, revise written agreements to remove provision for late payment of fees for residents for whom the fees are paid by the health and social care trusts and implement a revised system for recording transactions on behalf of residents.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marlene Featherstone, Regional Peripatetic Manager, as part of the inspection process. The timescales commence from the date of inspection. The registered

provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, 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	
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 30 September 2018	<p>The registered person shall ensure that the financial policy and procedure for the recording of transactions undertaken on behalf of residents is strengthened with staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have received information regarding policy and procedure to refresh understanding of required practices. Finance practices continue to be on the agenda for staff meetings. Over sight of recordings is maintained by the manager to ensure good practice.</p>
Area for improvement 2 Ref: Regulation 14 (4) Stated: First time To be completed by: 30 September 2018	<p>The registered person shall ensure that members of staff receive refresher training in relation to the safeguarding of residents' monies</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Group supervision was held to reinforce importance of safeguarding residents monies. Safeguarding of residents monies is included within safeguarding training and at time of report all staff have completed safeguarding training.</p>
Area for improvement 3 Ref: Regulation 12 (b) Stated: First time To be completed by: 31 August 2018	<p>The registered person shall develop and implement a revised system for recording transactions on behalf of residents. The revised system should facilitate the accurate recording of the transactions. The full details of the transaction must also be recorded. At least two signatures must be recorded against the transactions at all times.</p> <p>The practice of writing over records should cease immediately. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: There has been a complete overview of the document to record transactions and the practice of completing the document. Staff training and supervision has helped to improve records made. Management overview identifies any shortcomings which are addressed immediately.</p>

Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 15.12 Stated: First time To be completed by: 24 August 2018	The registered person shall implement a system for including the additional monies held on behalf of residents in the weekly reconciliation of residents' monies. The records of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff to evidence that they have taken place. Ref: 6.5
	Response by registered person detailing the actions taken: Separate records are maintained for additional monies which are reconciled and countersigned as appropriate.
Area for improvement 2 Ref: Standard 4.4 Stated: First time To be completed by: 30 September 2018	The registered person shall ensure that residents' agreements are signed by the resident or their representative (if resident is not capable of understating the agreement) and a representative from the home. Copies of signed agreements should be retained within all residents' files. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref: 6.7
	Response by registered person detailing the actions taken: Where appropriate the residents agreements are signed and should this not be the case a record is available.
Area for improvement 3 Ref: Standard 4.8 Stated: First time To be completed by: 30 September 2018	The registered person shall review the residents' agreements in order for the removal of the provision to apply an interest charge for the late payment of fees for which the fees are paid by the health and social care trusts. Ref: 6.7
	Response by registered person detailing the actions taken: The interest charge for late payments have been removed from the Residents agreement.

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



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