

Unannounced Finance Inspection Report

19 June 2018



Shaftesbury Mews

Type of Service: Nursing Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel No: 028 9085 5888
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 which provides care for 18 patients with a learning disability.

3.0 Service details

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| Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Nicola Cooper | Registered Manager: Marlene Featherstone (Manager) |
| Person in charge at the time of inspection: Ann McLellan (Deputy manager) | Date manager registered: Temporary management arrangements in place – no application required |
| Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. | Number of registered places: 18 A maximum of 6 patients to be accommodated in each of the 3 bungalows. |

4.0 Inspection summary

An unannounced inspection took place on 19 June 2018 from 10.00 to 15.00 hours.

This inspection was underpinned by The 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.

There were examples of good practice found in relation to: the availability of a safe place to enable patients to deposit money or valuables; the existence of a separate patient bank account, records of income, expenditure and reconciliations including supporting documents; arrangements were in place to support individual patients with managing their monies; mechanisms to obtain feedback and views from patients and their representatives were in place; the home administrator was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures, detailed written policies and procedures were in place to guide financial practices in the home and the home had arrangements in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to: ensuring that treatment records or additional services facilitated within the home are signed by a representative of the home to verify that the treatment has been provided to the patient; ensuring that each patient or their representative is provided with an individual written agreement setting out the terms of their residency in the home; comparing the content of the home's generic patient agreement to standard 2.2 of the care standards for nursing homes; ensuring that any change to a patient's agreement is agreed in writing with the patient or their representative and ensuring that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so.

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 | 4 |

Details of the Quality Improvement Plan (QIP) were discussed with Ann McLellan, deputy 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 one of these incidents related to a patients' money or valuables. A review of the records and discussion with the deputy manager established that the appropriate actions had been taken in response to the incident. 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 deputy manager and the home administrator. A poster detailing that the inspection was taking place was positioned in a prominent position; however no other persons chose to meet with the inspector.

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

The following records were examined during the inspection:

- A sample of three patients' income and expenditure records
- Evidence of the reconciliation (checks) of patients' monies and valuables
- A sample of written financial policies and procedures, including those addressing the management of patients' monies, valuables and property
- A sample of three patients' personal property (in their rooms)
- A sample of three patients' individual written agreements
- A sample of records for treatments provided to patients for which there is an additional charge

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection

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.

The deputy manager confirmed that adult safeguarding training was mandatory for all staff in the home; the home administrator had most recently received this training in December 2016.

Discussions with the deputy manager established that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any 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, cash was being held for patients, no valuables were on deposit.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping and in respect of the home administrator participating in adult safeguarding training.

Areas for improvement

No areas for improvement were identified as part of 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 deputy manager and home administrator established that no person associated with the home was acting as appointee for any patient. As described further below, discussion and a review of the records identified that for several patients, the home was in direct receipt of patients' personal monies from the relevant Health and Social Care trust. For a small number of patients, money for personal expenditure by patients was deposited by family members. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people.

Records of income and expenditure "personal allowance account statements" were available for each patient, including supporting documents e.g.: a lodgement receipt or an expenditure receipt. A sample of transactions was chosen to ascertain whether the supporting documents were available within the records, and for the sample chosen, these were found to be in place.

As noted above, records of income and expenditure were available detailing that reconciliations, signed by two members of staff were available in the home, the most recent record of reconciliation available in the home was dated 15 June 2018. In addition, evidence was available which confirmed that twice daily, patients' cash balances (held within each of the three bungalows forming part of the home) was checked by staff as part of the handover procedures, this was noted as good practice.

Discussion with the home administrator established that the patients' pooled bank account was reconciled at the organisation's head office. Following the inspection, contact was made with the assistant client fund team manager of Priory group (the organisation which owns the home) who confirmed that the patients' bank account for the home was reconciled and signed and dated by two Priory staff members on a monthly basis.

Treatment records detailing private podiatry and massage treatments delivered to patients were available. A sample of the records was reviewed, which detailed the majority of the details required by the care standards. However, while records reviewed had been signed by the persons delivering the treatments, records were not signed consistently by a member of staff to confirm that the treatments detailed had been received by the patients.

This was identified as an area for improvement.

The inspector discussed with the deputy manager how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The deputy manager provided the records for three patients and it was noted that each patient had an "inventory of service user's property" on their files, which had been updated recently.

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

Areas of good practice

There were examples of good practice found in relation to the existence of a separate patient bank account, records of income, expenditure and reconciliation were available including supporting documents.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that treatment records or additional services facilitated within the home are signed by a representative of the home to verify that the treatment has been provided to the patient.

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

Day to day arrangements in place to support patients were discussed with the deputy manager and the home administrator. They described a range of examples of how the home supported patients with their money.

Discussion with the deputy manager and administrator established that the Northern Health and Social Care Trust (NHSCT) were managing the personal monies on behalf of several patients in the home. Records were available to detail the transfer of monies from the NHSCT to the home to be safeguarded for personal expenditure by individual patients.

For one recently admitted patient, there was evidence available to confirm that the home had advocated strongly with the NHSCT to ensure that the patient's money was released to ensure that they had sufficient money available for personal expenditure. This had been an unduly protracted process and the patient's personal expenditure had been subsidised by the home in the interim. The inspector spoke with the patient's care manager from the NHSCT during the inspection; it was confirmed that the delay had been an oversight and the patient's personal money would be transferred from NHSCT to the home in the following days.

Discussion established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at the time of the patient's admission to the home.

Discussion with the deputy manager established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. This included quarterly family meetings; resident satisfaction surveys, monthly governance meetings and care management reviews.

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

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patients and their representatives.

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.

Written policies and procedures were in place to guide financial practices in the home. Policies were in place addressing areas of practice including the management of patients' monies "Service users funds", the safekeeping of patients' property, whistleblowing and complaints. Policies and procedures were easily accessible and were dated within the last three years.

Discussion with the home administrator established that she was confident 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 deputy manager and administrator. Three patient files were sampled to review the written agreements in place between the home and each patient or their representative. A review of the files identified that each patient had a written agreement prepared however the deputy manager confirmed that these had not yet been shared with the patients or their representatives. The deputy manager reported that this was because the home was updating its statement of purpose and that a copy of the statement of purpose was to be provided to patients or their representatives alongside the updated agreements. As there was no evidence available to identify that each patient or their representative had received an individual agreement, the inspector noted that there should be no further delay in providing patients with an individual written agreement detailing the terms of their residency in the home.

An area for improvement was identified to ensure that each patient is provided with an up to date written agreement which is kept up to date to reflect all changes (changes should be agreed in writing with the patient or their representative).

The deputy manager provided the inspector with a generic copy of a written patient agreement. A review of this document identified that it was not wholly consistent with the minimum content of a patient agreement as set out within standard 2.2 of the Care Standards for Nursing Homes (2015).

An area for improvement was identified to ensure that the content of the home's generic patient agreement is compared with the relevant standard to ensure that the expected content is appropriately reflected.

Discussion with the deputy manager and the administrator established that the home had a document entitled "Personal allowance contract" in place to detail the home's authority to physically safeguard and/or spend a patient's money on identified goods and services. It was

noted that this document was an appendix to the main patient agreement, which as noted above had not yet been shared with patients or their representatives.

An area for improvement was made to ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so, which should be signed by the patient or their representative. These documents should be kept up to date to reflect any changes in how a patient's money is managed (or otherwise) by the home.

The inspector discussed with the deputy manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The deputy manager was able to describe examples of the way this was achieved within the home. She noted that relevant information was obtained via a patient's pre-admission assessment, detailed within each patient's care plan documents and that staff participated in training on discrimination.

Areas of good practice

There were examples of good practice found: the home administrator was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures, detailed written policies and procedures were in place to guide financial practices in the home and the home had arrangements in place to ensure that patients experienced equality of opportunity.

Areas for improvement

Four areas for improvement were identified as part of the inspection. These related to: ensuring that each patient or their representative is provided with an individual written agreement setting out the terms of their residency in the home; comparing the content of the home's generic patient agreement to standard 2.2 of the care standards for nursing homes; ensuring that any change to a patient's agreement is agreed in writing with the patient or their representative and ensuring that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so.

| | 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 Ann McLellan, deputy 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 DHSSPS 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 the Nursing Homes Regulations (Northern Ireland) 2005

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| <p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2018</p> | <p>The registered person shall ensure that each patient or their representative is provided with a statement (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: Statements (agreements) have been reviewed and patient representatives have been provided with details of services detailed in the above area for improvement.</p> |
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Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)

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| <p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2018</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 of goods provided and the associated cost to each patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Provision has been made to ensure that the person providing a service and the patient receiving or representative signs the treatment record or receipt to verify the treatment or goods provided and the associated costs.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2018</p> | <p>The registered person shall ensure that the content of the home's generic patient agreement is compared with standard 2.2 to ensure that the appropriate information is detailed.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The patient agreement now contains the appropriate information to reflect standard 2.2.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 14.6,14.7</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2018</p> | <p>The registered person shall ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Consent forms are in place to evidence written authority for staff to manage money or make purchases on behalf of the patient.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 19 July 2018</p> | <p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All patients and representatives have been provided with a further copy of the agreement and signatures have been requested. There is a record of agreement sent and signature obtained. A record trail is also available for those who did not sign the agreement.</p> |

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



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