Unannounced Finance Inspection Report
29 March 2018

Maryland Healthcare Care Centre of Distinction

Type of Service: Nursing Home
Address: 95 Knockbracken Road, Belfast, BT6 9SP
Tel No: 028 9044 8797
Inspector: Briege Ferris

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 79 beds that provides care for older patients and/or those living with a dementia, learning disability or physical disability.

3.0 Service details

Applicant Organisation/Registered Provider: Maryland Healthcare Limited **Applicant Responsible Individual:** Susan McCurry	**Applicant Registered Manager:** Jacquelyn Woods
Person in charge at the time of inspection: Jacquelyn Woods	**Date manager registered:** 18/09/2017
Categories of care: Nursing Home (NH) DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of registered places:** 79 comprising: 20 – NH-DE on the Rowan unit 20 – NH-DE on the Larch unit 12 – NH-PH and 9 PH(E) on the Willow unit 18 – NH- LD on the Juniper unit

4.0 Inspection summary

An unannounced inspection took place on 29 March 2018 from 10.15 to 14.00 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: the registered manager confirmed that adult safeguarding training was mandatory for staff; a sample of income and expenditure records identified that supporting evidence was available for example, a receipt for expenditure or a receipt for a lodgement which had been made to the home. There were examples of good practice found in respect of written policies and procedures which were easily accessible, each patient had a signed agreement or there was evidence of how the home had attempted to secure a signed agreement; and the office manager was confident on how to deal with the receipt of a complaint under the home's procedures and how to escalate any concerns.

Areas requiring improvement were identified: these related to ensuring that records of patients' property evidence that they have been reconciled by two people at least quarterly, ensuring that staff members do not use their personal store loyalty cards to earn points when making purchases on behalf of patients and ensuring that the content of the home's generic patient agreement is reviewed to ensure that it is consistent with standard 2.2 of the Care Standards for Nursing Homes (2015).

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

One patient who was spoken with reported their satisfaction with the current arrangements in place in the home to support them to manage their money. Statements from the patient included "…couldn't ask for better" and "…staff can't do enough".

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Jacquelyn Woods, 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 also reviewed and this did not identify any relevant issues; the most recent inspector to visit the home was also contacted prior to the inspection, they confirmed there were no matters to be followed up from the previous inspection.

The inspector met with the registered manager, the office manager and one patient.

The following records were examined during the inspection:

- The Service User Guide
- The Statement of Purpose
- The safe contents record "Residents valuables 2018"
- Written policies and procedures including:
    - "Management of Residents Valuables & Money" dated June 2017
    - "Residents Comfort Fund" dated August 2017
    - "Management of Bank Account and Cash Float" dated August 2017
    - "Whistleblowers policy" dated July 2017
    - "Records Management including access and confidentiality" dated June 2017
    - "Management of Complaints, concerns and Compliments policy" dated May 2017
- Four patients' finance files
- A sample of patients' income, expenditure and reconciliation records (records of checks completed)
- A sample of comfort fund records
- Four records of patients' personal property (in their rooms)

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 27 January 2018

The most recent inspection of the home was an unannounced care inspection. The QIP from the care inspection 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 inspector met with the registered manager who confirmed adult safeguarding training was mandatory for all staff on an annual basis. Discussions 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.

A safe place was available in the home for the deposit of money and valuables. On the day of inspection, cash belonging to patients was deposited for safekeeping, no valuables were being held. A written safe record was in place; entries detailing items signed into and out of the safe place previously had been signed and dated by two people. It was good to note that this record was updated and double-signed routinely 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.

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.

Discussions with the registered manager identified that no representative of the home was acting as nominated appointee for any patient, however the home was in direct receipt of the personal allowance monies from a HSC trust (by cheque). In other cases, family members or friends of patients deposited cash directly with the home for safekeeping on behalf of patients.

For those representatives depositing cash, it was noted that the home provided a receipt for the deposit. A review of a sample of previous deposit receipts identified that these were signed by either the person receiving the cash or by two people. Advice was provided to the registered manager to reinforce with staff the importance of ensuring that two signatures on deposited receipts, as this is both a protection for patients and for staff members receiving cash.

Income and expenditure records for the five permanent patients in the home were reviewed. Clear, detailed records existed to reflect the amount and timing of transactions and supporting evidence was available. Records reflected that weekly transaction sheets were maintained and a monthly reconciliation signed and dated by two people was routinely carried out.

Within a sample of the receipts detailing expenditure undertaken on behalf of patients, it was noted that a member of staff had used a store loyalty card and gained points on the purchases made using the patient's money. The inspector noted during feedback that staff should be reminded that this was not acceptable practice.

This was identified as an area for improvement.

A bank account to hold patients' monies was in place and named appropriately in favour of the patients. A monthly reconciliation of the account was carried out and signed and dated by two people on a monthly basis.

The inspector traced a sample of transactions and was able to evidence the relevant documents; for example, a receipt for an item of expenditure or a receipt for a lodgement which had been made to the home.

Discussion with the registered manager established that the home opened in September 2017; since then she noted that the home had not as yet, facilitated visits from any persons providing treatments to patients which attracted an additional charge.

The inspector discussed how patients' property (within their rooms) was recorded and was advised by the registered manager that records were held in on the home's "Epicare" computerised system. A sample of four patients was selected and their individual property records were provided for review. One patient's records reflected that insufficient detail had been recorded by a member of care staff under certain headings and this was discussed with the office manager. There was evidence within the records that additional items had been added to each patient's list over time. However, the records failed to evidence that a reconciliation, signed by two people had been carried out at least quarterly.

This was identified as an area for improvement.

The registered manager confirmed that the home operated a patients' comfort fund. Records of income and expenditure from the fund were provided for review and these were maintained in the same manner as individual patient income and expenditure ledgers. The comfort records also evidenced that a reconciliation of the comfort fund monies had been carried out and signed and dated by two people on a monthly basis.

A written policy and procedure was in place in respect of the administration of the fund.

The registered manager confirmed that the home did not provide transport.

Areas of good practice

Areas of good practice were identified for example: receipts were provided to any person depositing cash; detailed income, expenditure and reconciliation records were in place for patients' monies, the comfort fund and in respect of bank accounts managed on behalf of patients.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that staff members do not use their personal store loyalty cards to earn points when making purchases on behalf of patients and ensuring that records of patients' property evidence that they have been reconciled by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

The arrangements to support patients with their money on day to day basis were discussed with the registered manager. She described how discussions regarding the arrangements to store money safely in the home or pay fees would be discussed with the patient or their family around the time of admission to the home.

Discussion with the registered manager established that she operated an "open door" policy and that the home used methods such as ongoing discussion to obtain feedback from patients and their representatives.

Arrangements for patients to access money outside of normal office hours were discussed with the registered manager. She explained the arrangements in place in the home to ensure that the individual needs of patients could be met in this regard.

Areas of good practice

There were examples of good practice identified in relation to obtaining feedback from patients and patients having access to their monies.

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.

A range of written policies and procedures were available and easily accessible and several of these were reviewed during the inspection. The office manager could clearly describe the home's controls in place to ensure that patients' monies and valuables were appropriately safeguarded. The office manager was confident on how to deal with the receipt of a complaint under the home's procedures and how to escalate any concerns.

Discussion was held regarding written agreements in place between the home and patients. The home had five permanent patients on the day of inspection, all of whom had been admitted since September 2017, when the home opened. Four of the patients' files were sampled. Two patients had a signed written agreement in place which detailed the current terms and conditions of their stay. The remaining two patients had a copy of an unsigned written agreement, however this was held alongside written evidence that the home had attempted to secure the signature of each patient's representative.

A review of the home's generic patient agreement template identified that it was not wholly consistent with standard 2.2 of the Care Standards for Nursing Homes (2015).

This was identified as an area for improvement.

Evidence was available which confirmed that the home had notified patients or their representatives in writing of the imminent regional increase in fees payable, which are due to take effect from April 2018.

During feedback from the inspection, a query arose in respect of the whether individual written agreements were required to be in place for those patients using the home's intermediate care beds. The registered manager was contacted following the inspection to clarify this matter and advice was provided to reflect within the home's written policy and procedure on the "Residents' agreement" under what circumstances the home will provide written agreements to patients.

A review of the four patients' files identified that the home used "Personal allowance spending" documents to detail any authority provided to the home to hold and/or spend a patient's money on their behalf and if so, the basis of the authority provided.

Two patients had signed "personal allowance spending" documents in place, one "Financial assessment part three" document was in place for one patient, while the remaining patients' "Financial assessment part three" documents were prepared. Discussion with the registered manager established that these were not as yet signed as no services were being delivered in the home for which there was an additional charge to patients. Discussion established that this

documentation should be reviewed in due course when any such services begin to be facilitated in the home.

Areas of good practice

There were examples of good practice found for example: policies and procedures which were available were easily accessible, each patient had a signed agreement or there was evidence of how the home had attempted to secure a signed agreement; and the office manager was confident on how to deal with the receipt of a complaint under the home's procedures and how to escalate any concerns.

Areas for improvement

One area for improvement was identified during the inspection. This related to reviewing the home's generic patient agreement template to ensure that it is consistent with standard 2.2 of the Care Standards for Nursing Homes (2015).

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacquelyn Woods, 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 the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref**: Standard 14.16 **Stated:** First time **To be completed by:** 30 March 2018	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. Ref: 6.5
	Response by registered person detailing the actions taken: The receipt for goods purchased was returned by a relative following a purchase on their relatives behalf , this has been re enforced to the relative and also to staff who may purchase goods on residents behalf in the future.
Area for improvement 2 **Ref**: Standard 14.26 **Stated:** First time **To be completed by:** 29 March 2018	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.5
	Response by registered person detailing the actions taken: All belongings brought into the home are recorded , the inventory record will be reconciled on a quarterly basis and signed by a Unit Manager / Nurse in Charge
Area for improvement 3 **Ref**: Standard 2.2 **Stated:** First time **To be completed by:** 29 April 2018	The registered person shall ensure that the content of the home's generic patient agreement is reviewed to ensure that it is consistent with standard 2.2. Ref: 6.5
	Response by registered person detailing the actions taken: A full review of the MHC patient agreement form has been undertaken and is in line with standard 2.2 and will be implemented with immediate effect for all new admissions

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

The Regulation and Quality Improvement Authority

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