

Unannounced Finance Inspection Report

6 April 2017



Strand House - Bohill Bungalows

Type of Service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine BT52 2NY
Tel No: 028 7032 5180
Inspector: Briege Ferris

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Strand House - Bohill Bungalows took place on 6 April 2017 from 10:05 to 14:40 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

A safe place to store residents' money and valuables was available in the home and staff members were familiar with controls in place to safeguard residents' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure residents' money and valuables were safeguarded were found to be in place, no areas for improvement were identified.

Is care compassionate?

Discussion with staff members evidenced an empathic attitude to ensuring residents' money and valuables were appropriately safeguarded; no areas for improvement were identified.

Is the service well led?

Governance and oversight arrangements were found to be in place; however two areas for improvement were identified during the inspection. These related to ensuring that policies and procedures should be subject to a systematic three yearly review; the registered person should ratify any revision to or the introduction of new policies and procedures and ensuring that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Residential Care Home's Minimum Standards, (updated August 2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the quality improvement plan (QIP) within this report were discussed with Lorna King, registered manager, following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent finance inspection

There has been no previous finance inspection of the home.

2.0 Service details

Registered organisation/registered person: Parkcare Homes No 2 Ltd/Sarah Hughes	Registered manager: Lorna King
Person in charge of the home at the time of inspection: Margaret Devenney (Senior Support Worker)	Date manager registered: 17 January 2017
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 6

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues; the previous inspector to visit the home was also contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with Margaret Devenney, the senior support worker, and the home's administrator (who works in another building). The registered manager was not on duty on the day of inspection. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- Bohill Bungalows residential resident Guide January 2017

- Financial policy “Resident Funds” dated January 2016
- Financial Policy “Donations and Amenity Funds (Comfort Funds)” dated December 2013
- A copy of the home’s most up to date standard individual agreement with a residents
- The “safe inventory book”
- Records of residents’ personal property (in their rooms)
- Six resident care files
- Two signed resident agreements
- Two signed personal monies authorisations
- A sample of income and expenditure records
- Evidence of the reconciliation of residents’ monies

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 March 2017

The most recent inspection of the home was an unannounced medicines management inspection; no quality improvement plan was issued following this inspection.

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, there has been no previous finance inspection of the home.

4.3 Is care safe?

The senior support worker confirmed that safeguarding training was included in mandatory training for all staff. The home administrator confirmed that she had most recently received safeguarding training in March 2015. The senior support worker and the home administrator who met with the inspector were both familiar with the controls in place to safeguard residents’ money and valuables in the home.

During discussion, the senior support worker confirmed that there were no current suspected, alleged or actual incidents of financial abuse. A review of six resident files evidenced that each resident had a finance-related restrictive practice in place, which in each case detailed that money was locked in a safe place on behalf of each resident for safekeeping.

The home had two safe places available for the deposit of cash or valuables belonging to residents. One of these was in the home of the residents and the inspector was satisfied with the location of the safe place and the persons with access to this. The other safe place was in another bungalow on the site where the main administration function was based. On the day of inspection, cash belonging to a number of residents was lodged with for safekeeping; no valuables belonging to residents were being held.

The home had a written safe register “safe inventory book” to record items held for safekeeping in the safe place. As noted above, no valuables were being held; however, the safe register detailed the tins used to hold residents’ monies.

No areas for improvement were identified during the inspection.

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

Discussion with staff established that no representatives of the home were acting as nominated appointee for any resident in the home. The senior support worker and administrator explained that the home directly receives the personal allowance monies for an identified number of residents, which is lodged to the residents' pooled personal monies bank account. In other cases money is requested from residents' representatives so that sufficient monies are available for the residents' personal expenditure. Receipts were available to evidence monies received by the home on behalf of residents.

A review of the six residents' care files evidenced that there was a broad range of records maintained to detail the arrangements to ensure that each resident's money was appropriately safeguarded on their behalf. Residents' files included documents such as personal development and support plans, risk assessments, and financial support assessments which were regularly updated.

The senior support worker reported that no additional services attracting an extra cost were facilitated within the home (such as hairdressing) as residents were supported by staff in this regard or accessed these services in the community. The senior support worker also confirmed that while the home operated a transport service for residents, there were no charges to residents for the facility.

Records of income received and expenditure made on behalf of residents were maintained on residents personal account statements maintained by the home administrator. She noted that the organisation's head office managed the oversight of the residents' pooled personal monies bank account. Receipts of money signed out on behalf of residents for expenditure were routinely signed by two people.

The administrator maintained records of reconciliations on a weekly basis and there was evidence available to confirm that the service manager had most recently countersigned a reconciliation record in February 2017.

The inspector requested to see the personal property records for each of the six residents and was directed to the residents' care files for this information. A review of the six files identified that two residents had an "inventory of resident's property" on their file. The remaining four residents did not have a personal property record on their file to detail the items which they had brought into the home. This was discussed with the registered manager following the inspection who noted that the remaining records had unintentionally been archived. Evidence that they were in place for the all residents was provided following the inspection.

Areas for improvement

No areas for improvement were identified following the inspection.

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

Day to day to day arrangements in place to support residents were discussed with the senior support worker and home administrator. The senior support worker described, in detail, the home's arrangements to ensure that individual residents were supported to manage their money in ways which were appropriate to meet their individual needs and capabilities.

Discussion established that arrangements to safeguard a resident's money would be discussed with the resident or their representative prior to or at the time of the resident's admission to the home and options for the home to support each resident with their money would be discussed and agreed and reviewed on an ongoing basis. As noted above, each resident had a range of documents in place outlining the home's arrangements to support each resident with their individual needs.

The senior support worker described the sensitivities around these discussions with empathy and emphasised that residents' personal needs and preferences were prioritised when making arrangements to support them with managing their money.

Discussion identified that the home had a range of methods in place to encourage feedback from families or their representatives, including ongoing verbal feedback, and residents meetings.

Arrangements for residents to access money outside of normal office hours were discussed with the registered manager. The senior support worker explained that the senior support worker on duty on each shift had access to the safe place; therefore, residents had access to their monies at all times.

No areas for improvement were identified during the inspection.

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

The home had a range of policies and procedures available addressing residents' money and valuables, safeguarding and whistleblowing. The home administrator provided the inspector with a copy of the "Donations and Amenity Funds (Comfort Funds)" policy and procedure, which was dated December 2013. It was highlighted that policies and procedures should be subject to a systematic three yearly review; the registered person should ratify any revision to or the introduction of new policies and procedures.

A recommendation was made in respect of this finding.

Staff spoken to advised that they were clear on their responsibilities with regards to escalating any concerns. During discussions with the senior support worker and home administrator, they conveyed that they were both clear on their respective roles and responsibilities in relation to safeguarding residents' money and valuables. The senior support workers confirmed that no complaints had been received in respect of the home's management of any residents' monies or valuables.

The home's resident guide included a range of information for a prospective resident such as that in relation to: the arrangements to bring furniture into the home; recording items that the resident has brought into the home; and the arrangements for accessing additional services for which there is a fee eg: hairdressing.

Individual resident agreements were discussed with the home administrator who maintained the majority of finance-related records for residents in another bungalow on the site. It was noted that on the day of inspection, the updated individual resident agreements detailing 2017/18 fee rates had been prepared and were awaiting the signature of the home manager.

The inspector requested to see the previous agreements in place for the six residents in the home and the home administrator provided the relevant files for review. On reviewing the six files, the following was noted:

1. One resident had an agreement on file signed by them personally or their representative and which reflected 2016/2017 fee rates.
2. One resident had an agreement on file signed by them personally or their representative, however this reflected 2015/2016 fee rates.
3. Three residents did not have an individual agreement on their files which had been signed by them personally or their representative; however copies of the agreement sent out for signature were on file (these reflected 2016/2017 fee rates).
4. One resident did not have an individual agreement on their files which had been signed by them personally or their representative; however a copy of the agreement sent out for signature was on file (this reflected 2015/2016 fee rates).

The home administrator reported that up to date agreements for each resident were sent out for signature on an annual basis (to reflect the increase in regional fee rates payable). However she noted that in some cases, resident agreements were not returned signed to the home. This was acknowledged and it was encouraging to note that copies of the agreements sent out were held on file to evidence that they had been prepared and shared with the resident or their representative. The inspector noted that as noted at point 4 above, the most up to date copy agreement held on file reflected 2015/16 rates, not 2016/17 rates. In addition, there was no evidence that one resident or their representative had been provided with a 2016/17 agreement (see point 2 above). The administrator was unable to account for these inconsistencies.

A recommendation was made to ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this should be recorded.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to: ensuring that policies and procedures should be subject to a systematic three yearly review; the registered person should ratify any revision to or the introduction of new policies and procedures; and ensuring that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorna King, registered manager, following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards (updated August 2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **RQIA's office** for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 21.5

Stated: First time

To be completed by:
6 May 2017

The registered provider should ensure that policies and procedures are subject to a systematic three yearly review; the registered person should ratify any revision to or the introduction of new policies and procedures.

Response by registered provider detailing the actions taken:

CONFIRMATION HAS BEEN RECEIVED THAT THE POLICY IN QUESTION IS CURRENTLY UNDER REVIEW.

Recommendation 2

Ref: Standard 4.6

Stated: First time

To be completed by:
6 May 2017

The registered provider should ensure that any changes to the resident's individual agreement are agreed in writing by the resident or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.

Response by registered provider detailing the actions taken:

ALL RESIDENTS' INDIVIDUAL AGREEMENTS HAVE BEEN SENT OUT TO REPRESENTATIVES IN 2017. A NEW LOG HAS BEEN PUT IN PLACE TO ENSURE WE HAVE A RECORD OF DATES WHEN THE AGREEMENTS ARE SENT TO ENSURE NONE ARE MISSED IN FUTURE.

Name of registered manager/person completing QIP	Lorna King		
Signature of registered manager/person completing QIP	<i>L King</i>	Date completed	23.06.17
Name of registered provider approving QIP			
Signature of registered provider approving QIP	<i>hl</i>	Date approved	27.06.17
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response		Date approved	



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews