

Announced Finance Inspection Report 17 July 2017



Wood Green Nursing Home

Type of Service: Nursing

Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ

Tel No: 028 9036 9901

Inspector: Joseph McRandle

www.rgia.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 58 beds that provides care for patients living with dementia and old age not falling within any other category.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Responsible Individual(s): Mr Eoghain King	Registered Manager: Mr Tiago Moreira
Person in charge at the time of inspection: Mr Tiago Moreira	Date manager registered: 20 March 2017
Categories of care: Nursing Home (NH) I - Old age not falling within any other category DE – Dementia	Number of registered places: 58

4.0 Inspection summary

An unannounced inspection took place on 17 July 2017 from 10.45 to 14.00.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 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 in relation to: providing a place for patients to deposit items for safekeeping, the controls surrounding the safe place, staff receiving training in adult safeguarding, updating patients' records of personal possessions, providing items of furniture and televisions to patients, the financial policies and procedures operated at the home, providing support to patients for undertaking journeys outside of the home, retaining records of fees received, records from hairdressing and podiatry treatments and providing patients or their representatives with a copy of the policy for residents' personal finances.

Areas requiring improvement were identified in relation to: updating the patients' guide, provide patients or their representatives with written agreements, updating agreements to show the amount of third party contributions paid on behalf of patients, updating agreements for care managed patients to be consistent with the Health and Social Care Trust contract and the hairdresser to sign the invoices used to charge patients or their representatives for the service provided.

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	5

Details of the Quality Improvement Plan (QIP) were discussed with Mr Tiago Moreira, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 14 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 June 2017.

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 care 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 registered manager and Mr Mark King, the owner of Wood Green Nursing Home.

The following records were examined during the inspection:

- A copy of a patient's agreement (in the process of being issued to patients)
- The patients'/relative guide
- A sample of records of fees received for two patients
- A sample of invoices for fees for two patients'
- A sample of invoices for hairdressing and podiatry treatments
- Financial policies and procedures
- A copy of "residents' Personal Finances"
- Inventory records for one patient.

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 14 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was still to be returned at the time of issuing this report. 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 and clients from the care, treatment and support that is intended to help them.

Discussion with the registered manager confirmed that it was policy at the home for patients to manage their own finances. No monies or valuables were held on behalf of patients at the time of the inspection.

A safe place was provided at the home if patients required monies or valuables to be held for safekeeping. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access.

Discussion with the registered manager confirmed that all staff had received training in relation to the safeguarding of vulnerable adults. The manager was able to demonstrate knowledge of their specific role and responsibilities for any concerns raised in relation to patients' finances.

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 patients to deposit items for safekeeping, the controls surrounding the safe place and staff receiving training in adult safeguarding.

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.

Review of records and discussion with staff confirmed that no member of staff at the home acted as an appointee for any patient, i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual.

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

Discussion with staff confirmed that no bank accounts were managed on behalf of any patient. Staff also confirmed that the home does not operate a patients' comfort fund.

Discussion with the registered manager and review of records confirmed that an inventory of patients' property was maintained when patients were admitted to the home. Discussions with staff also confirmed that all items of furniture and televisions located within patients' rooms were provided by the home.

Comprehensive policies and procedures for the management and control of patients' finances were in place at the time of the inspection. A review of the policies confirmed that the practices undertaken by staff on behalf of patients were reflected within the policies.

Areas of good practice

There were examples of good practice found in relation to: updating patients' records of personal possessions, providing items of furniture and televisions to patients and the financial policies and procedures operated at the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 home did not provide a transport scheme at the time of the inspection. Discussions with the registered manager confirmed that alternative arrangements were in place to support

patients wishing to undertake journeys; this included the use of taxis which were paid for by the patients or their representatives.

Areas of good practice

There were examples of good practice found in relation to providing support to patients for undertaking 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.

Review of records confirmed that copies of payment remittances from Health and Social Care Trusts showing the weekly fee for each care managed patient were retained at the home. The remittances also showed the amount of fees paid by the Trusts on behalf of patients. It was noticed that no care managed patient was paying a contribution towards their fee directly to the home. Records were also available showing the amount received from private patients for their fee.

A weekly third party contribution was paid on behalf of care managed patients. Discussion with staff confirmed that the third party contribution was not for any additional services provided to patients but the difference between the tariff for Wood Green and the regional rate paid by the Health and Social care Trusts.

Discussions with staff confirmed that private patients (or their representatives) were invoiced for their fee. Staff confirmed that copies of the invoices and other records relating to patients' fees were held at the home's head office. The inspector contacted the head office during the inspection. A review of a sample of the fees paid by, or on behalf of, two patients confirmed that the amounts received agreed to the contribution owed by each patient.

Discussion with staff confirmed that patients were not paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts, including the third party contribution.

A patients' guide was in place at the time of the inspection. The guide did not include the details of the services provided to patients as part of their weekly fee. This was identified as an area for improvement.

Discussion with staff confirmed that signed written agreements between patients and the registered person(s) were not in place. The registered manager confirmed that agreements had

recently been developed and were in the process of being forwarded to patients or their representatives to be agreed and signed. This was identified as an area for improvement.

A review of the agreement showed that no details were included of the amount of the third party contribution paid on behalf of care managed patients. This was identified as an area for improvement.

The terms and conditions of the agreement were not consistent with the terms and conditions of the contract between the registered persons and the Health and Social Care Trusts i.e. the arrangements for paying the weekly fee when a patient is temporarily absent from the home e.g. when admitted to hospital. This was identified as an area for improvement.

Discussion with staff confirmed that it was policy for the hairdresser and podiatrist to be paid by the home and the home would subsequently invoice the patients or their representatives for the service provided. Review of records showed that the hairdresser and podiatrist issued invoices after providing the services to patients. A sample of the invoices were reviewed, the details provided on the invoices included the names of the patients receiving the service, the type of service provided, the amount charged to the patient and the date the service took place. A member of staff had signed the invoices to confirm that the service took place. It was noticed that the hairdresser had not signed the invoices along with the member of staff. This was identified as an area for improvement.

Discussion with staff confirmed that records provided by the hairdresser and podiatrist were used to invoice the patients or their representatives. A sample of invoices was examined, the amounts invoiced by the home agreed to the records provided by the hairdresser and podiatrist.

The inspector commented on the good practice operated at the home for retaining the records for the hairdresser and podiatrist.

Discussion with the registered manager confirmed that no purchases were undertaken on behalf of patients by members of staff. The inspector was informed by the registered manager that patients or their representatives purchased essential items e.g. toiletries when required.

There was no provision within the patients' agreements informing patients or their representatives of the procedure for paying the hairdresser and podiatrist and the policy of not undertaking purchases on behalf of patients. Discussion with the registered manager confirmed that a copy of the policy for residents' personal finances will be provided to patients or their representatives along with the agreements. A review of the policy showed that the above arrangements were included within the document.

Areas of good practice

There were examples of good practice in relation to, retaining records of fees received, retaining records from hairdressing and podiatry treatments and providing patients or their representatives with a copy of the policy for residents' personal finances.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to: updating the patients' guide, providing patients or their representatives with written agreements, updating agreements to show the amount of third party contributions paid on behalf of patients,

updating agreements for care managed patients to be consistent with the Health and Social Care Trust's contract and the hairdresser to sign the invoices used to charge patients or their representatives for the service provided.

	Regulations	Standards
Total number of areas for improvement	0	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Tiago Moreira, 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 1.1 Stated: First time To be completed by: 25 August 2017	<p>The registered person shall update the patients' guide to include the services provided to patients as part of their weekly fee.</p> <p>The revised guide should be issued to patients or their representatives.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been updated and reissued to all the current residents.</p>
Area for improvement 2 Ref: Standard 2.1 Stated: First time To be completed by: 31 August 2017	<p>The registered person shall ensure that written agreements are provided to all patients within the home.</p> <p>The agreements should be signed by the patient or their representative (if patient lacks capacity to make decisions in relation to the agreement) and a representative from the home. Where a patient or their representative is unable or chooses not to sign this must be recorded.</p> <p>Copies of the signed agreements should be retained within patients' files.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The written agreements have been issued to all residents but not all have been returned by the same. These are being followed up and will be kept in the residents files.</p>
Area for improvement 3 Ref: Standard 2.2 Stated: First time To be completed by: 31 August 2017	<p>The registered person shall update the patients' agreements to show the current amount of the third party contribution paid on behalf of patients.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been updated and it is reflected on the written agreements provided to the residents.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 2.4</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall update the written agreements for care managed patients in order to be consistent with the terms and conditions of the contract between the registered persons and the Health and Social Care Trust i.e. the arrangements for the payment of fees when patients are temporarily absent from the home.</p> <p>Ref: 6.7</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2017</p>	<p>Response by registered person detailing the actions taken: This has been updated and it is now reflected on the written agreements issued to the residents</p> <p>The registered person shall ensure that a system is in place for the hairdresser to sign the invoices at all times to confirm they received payment and that the patients received the service.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been addressed with the hairdresser and confirmation of payment received is now in place.</p>



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