

Unannounced Finance Inspection Report 20 November 2017



Rigby Close

Type of Service: Residential Home
Address: 8 Rigby Close, Belfast, BT15 5JF
Tel No: 028 95043200
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 residential care home with two beds that provides respite care for residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust Responsible Individual(s): Martin Dillon	Registered Manager: Andrea Lee
Person in charge at the time of inspection: Andrea Lee	Date manager registered: Andrea Lee – Acting
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 2

4.0 Inspection summary

An unannounced inspection took place on 20 November 2017 from 10.00 to 11.00 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.

Evidence of good practice was found in relation to: providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place, the policies and procedures operated at the home, facilitating journeys for residents outside of the home, offering support to residents or their representatives for managing residents' finances and the retention of receipts from purchases undertaken by members of staff on behalf of residents.

One area requiring improvement was identified. This was in relation to reviewing the system of recording residents' transactions in order to facilitate the signing of the records by at least two members of staff and to improve the accuracy of recording the transactions.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Lee, 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 September 2017.

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

The following records were examined during the inspection:

- The residents' guide.
- A sample of records of purchases undertaken on behalf of one resident.
- A sample of records of monies deposited at the home on behalf of one resident.

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 September 2017

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.

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 of the safe place and the staff members with access. No monies or valuables were held on behalf of residents at the time of the inspection. A register of the safe contents was in place and up to date at the time of the inspection.

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.

Discussion with staff confirmed that there were no finance related restrictive practices in place for any resident.

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 the controls surrounding the safe place.

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.

Discussion with the registered manager confirmed that no member of staff at the home or at the Belfast Health and Social Care Trust (BHSCT) acted as an 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 the manager also confirmed that no member of staff 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 confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Due to the length of stay it was normal practice that residents would not bring items of their own furniture or personal possessions into the home.

Discussion with staff confirmed that no bank accounts were managed on behalf of residents.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies reflected the procedures currently operated at the home in relation to managing residents' finances.

Areas of good practice

There were examples of good practice in relation to 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. Discussion with staff 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.

Discussion with staff confirmed that arrangements were in place to offer support to residents when managing their own monies.

Areas of good practice

There were examples of good practice in relation to facilitating journeys for residents outside of the home and offering support to residents or their representatives for managing residents' finances.

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.

No records of fees paid by residents were available at the time of inspection. Discussion with staff confirmed that all fees were managed by the BHSCT.

Discussion with staff and review of records confirmed that due to the transitional arrangements for residents staying at the home no written agreements detailing the financial arrangements between the home and the residents were in place. Discussions also confirmed that residents would normally stay for a period of between one to five days. The inspector advised staff to consider updating the home's policies and procedures with a provision stating that due to the temporary arrangements in place no agreements are issued to residents or their representatives in relation to their financial arrangements.

Review of records and discussion with staff confirmed that transaction sheets were maintained for each resident. The sheets were used to record the details of purchases undertaken on behalf of residents. The transaction sheets were also used to record the amounts of monies deposited at the home on behalf of residents. Discussion with staff also confirmed that representatives of some of the residents purchased essential items e.g. toiletries on behalf of residents.

A review of records of two purchases undertaken by members of staff on behalf of one resident showed that only one signature was recorded against each entry in the resident's transaction sheet. It was noticed that the transaction sheets used to record the transactions did not facilitate for two members of staff to sign the records. Records were available from the previous system used to record transactions undertaken on behalf of residents. It was noted that the previous system was in line with the Residential Care Homes Minimum Standards August 2011. Following a discussion the manager agreed to review the system of recording residents' transactions in order to be in line with the minimum standards. It was also noticed that a number of entries had either been written over or scored out. No initials were recorded against the amendments and no explanation for the errors was recorded. An area for improvement was identified within the QIP of this report for the system of recording residents' transactions to be reviewed in order to facilitate the signing of the records by at least two members of staff and to improve the accuracy of recording the transactions.

Areas of good practice

There were examples of good practice in relation to the retention of receipts from purchases undertaken on behalf of residents.

Areas for improvement

One area for improvement was identified. This was in relation to reviewing the system of recording residents' transactions in order to facilitate the signing of the records by at least two members of staff and to improve the accuracy of recording the transactions.

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Lee, 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 the 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

<p>Area for improvement 1</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 08 December 2017</p>	<p>The registered person shall ensure that the system for recording residents' transactions is reviewed in order to facilitate the signing of the records by at least two members of staff (if resident or their representative is unable to sign or chooses not to sign the records) and to improve the accuracy of recording the transactions.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement, the registered person has reviewed the paperwork used to record the monies in and out as suggested by the Inspector. An additional column has been added for two signatures - one for the staff member and one of which must be the Service User if they are able and willing to sign (otherwise a second staff member will sign). Implemented on the 20th November 2017.</p>

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



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