The Regulation and Quality Improvement Authority

Unannounced Finance Follow Up Inspection Report 19 November 2018

Arches

Type of Service: Nursing Home
Address: 144 Upper Newtownards Road, Belfast, BT4 3EQ
Tel No: 028 9065 8274
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 provider 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 33 beds which provides care for patients with a physical disability other than sensory impairment or patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Maureen Claire Royston	Registered Manager: Judith Anne Brown
Person in charge at the time of inspection: Judith Brown	**Date manager registered:** 17 October 2017
Categories of care: Nursing (NH) PH - Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD - Learning Disability LD(E) - Learning disability – over 65 years	**Number of registered places:** 33 Including no more than 1 patient in categories NH-PH/PH(E)

4.0 Inspection summary

An unannounced inspection took place on 19 November 2018 from 11.30 to 15.00 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 2015).

The inspection sought to assess progress with matters identified during the unannounced finance inspection of the home carried out on 05 January 2016.

The following areas were examined during the inspection:

- Arrangements for physically safeguarding patients' monies and valuables and maintaining an up to date record of safe contents
- Recording income, expenditure and personal property appropriately and maintaining supporting evidence
- Patient agreements and documentation detailing authorisation to hold and/or spend patients' monies

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent finance inspection dated 05 January 2016

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 05 January 2016.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed, the record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the home administrator and subsequently, the registered manager and a member of nursing staff. A poster detailing that the inspection was taking place was displayed in a prominent position in the home, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the home administrator 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.

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 08 October 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last finance inspection dated 05 January 2016

<table>
<tr><th colspan="3">Areas for improvement from the last finance inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Requirement 1

Ref: Regulation 19 (2) Schedule 4 (10)

Stated: First time

To be Completed by: 5 February 2016</td><td>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients.

The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home. All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:

The inspector reviewed a sample of records identified that each patient had a written property record in place.

A separate area for improvement was identified in the QIP under the Care Standards for Nursing Homes (2015) in respect of reconciling/updating records of patients' furniture and personal possessions. This is further discussed in section 6.3.2 of this report.</td></tr>
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<table>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Recommendation 1

Ref: Minimum Standard 2.8

Stated: First time

To be Completed by:
From the date of the next change</td><td>The registered person should ensure that any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:

The inspector reviewed a file containing signed individual written agreements. Of a total of 31 patients in the home, 30 signed agreements were in place, which were all up to date. The patient who did not have a signed written agreement had recently been admitted to the home and the paperwork was prepared for signature. The day following the inspection, the home provided evidence to RQIA which confirmed that the identified patient had signed their written agreement with the home.</td></tr>
<tr><td rowspan="2">Recommendation 2

Ref: Standard 14.13

Stated: First time

To be Completed by:
From the date of inspection</td><td>The registered person should 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 and the associated cost to each patient.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:

The inspector reviewed a sample of the treatment records for hairdressing, chiropody and barbering services. This review established that consistently both the signature of the person providing the treatment and a representative of the home had been recorded on these records.</td></tr>
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Recommendation 3 **Ref**: Standard 14.6, 14.7 **Stated:** First time **To be Completed by:** 5 February 2016	The registered person should ensure that written authorisation is obtained from each patient or their representative to spend the patient's monies on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is unable to, or chooses not to sign the authorisation, this must be recorded. Where a patient is managed by an HSC trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC trust care manager.	
	Action taken as confirmed during the inspection: The personal monies authorisation documents for six patients were reviewed which were entitled "financial assessment part 3". The documents had spaces for the patient (or their representative) to sign and a space for a representative of the home to sign. These documents were in place for four of the patients and these had been signed by the patients' representatives respectively. In respect of the remaining two patients, their documents had been signed by the (then) registered manager and home administrator respectively. The home administrator confirmed that the two identified patients would not have an understanding of the documents and therefore had not signed personally. In each case, the home was acting as appointee i.e: in receipt of and safeguarding the social security benefits for those patients. The inspector highlighted that the home should not sign on behalf of both the patient and the home as this was a potential conflict of interest. In these circumstances, the documents should have been shared with the patients' HSC trust care management representatives in the absence of any other representative to review the documents. The home administrator noted that she would ensure that the documents were shared with care management accordingly.	**Partially met**

	As the area of personal monies authorisations was raised at the previous finance inspection, this was therefore identified as an area for improvement for the second time.	
Recommendation 4 **Ref**: Standard 14.25 **Stated:** First time **To be Completed by:** From the date of inspection	The registered person should ensure that a reconciliation of money and valuables held and accounts managed on behalf of patients is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	**Partially met**
	Action taken as confirmed during the inspection: The inspector reviewed evidence which confirmed that monthly reconciliations, signed and dated by two people were been carried out. The most recent reconciliation of cash was dated 31 October 2018. Items were deposited in the home's safe place and a written record was in place detailing the items. A review of the records held identified that the record had most recently been reconciled in July 2018. As this record is required to be reconciled and signed and dated by two people at least quarterly, this area for improvement is stated for the second time.	

6.3 Inspection findings

6.3.1 Arrangements for physically safeguarding patients' monies and valuables and maintaining a record of safe contents

The inspector confirmed that monies and valuables were held securely in the safe place in the home. A written record entitled "FSHC Valuables record" was in place to detail those items deposited for safekeeping within the home's safe place. There is further commentary on the frequency of checking/reconciling the items within the safe place in section 6.3.2 of this report.

The home administrator had participated in adult safeguarding training in October 2018.

Areas of good practice

The home had a safe place available for the deposit of monies and valuables and the home administrator regularly participated in adult safeguarding training.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Recording income expenditure and personal property appropriately and maintaining supporting evidence

Discussion with the registered manager and a review of a sample of the records identified that income and expenditure records maintained by the home on behalf of patients were up to date. Records reviewed were found to follow a standard financial ledger format and patients' monies had been reconciled to the records on a monthly basis. Reconciliations were signed and dated by two people.

As noted above, items were deposited in the home's safe place and a written record was in place detailing the items. A review of the records held identified that the record had been reconciled to the items in December 2017, March 2018, April 2018 and July 2018. The inspector noted that any items deposited by patients for safekeeping within the safe place should be reconciled and signed and dated by two people at least quarterly. This finding was identified as an area for improvement.

The inspector reviewed a sample of records relating to hairdressing, private podiatry and barbering services facilitated in the home, for which there was an additional charge to patients. This review identified that the records included all of the details as required by Care Standards for Nursing Homes (2015) including the signature of the person providing the treatment and that of a person from the home to verify that the treatment had been provided.

Discussion with a member of nursing staff and the home administrator established that some of the patients were planning a holiday. There was evidence available to demonstrate the planning and costing of the holiday, and evidence of engagement with family members and HSC trust staff in agreeing the expenditure for the holiday.

A review of a sample of patients' property records detailing items of furniture and personal possessions in their rooms identified that of the patient records sampled, each patient had a record on file. However there was no evidence presented that these had been reconciled and signed and dated by two people at least quarterly. Ensuring that records are updated accordingly was identified as an area for improvement.

Areas of good practice

Records of income and expenditure maintained on behalf of patients followed a standard financial ledger format and were up to date. Monthly reconciliations of cash had taken place to agree monies held to the records maintained; these were signed and dated by two members of staff. Treatment records contained all of the information required by the Care Standards for Nursing Homes, 2015.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to ensuring that the safe contents record is reconciled and signed and dated by two people at least quarterly and

ensuring that patients' property records (detailing items of furniture and personal possessions in their rooms) are reconciled on at least a quarterly basis.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3.3 Patient agreements and documentation detailing authorisation to hold and/or spend patients' monies

The home administrator provided a file containing all of the patient agreements available. Of 31 patients, 30 signed agreements were in place, these documents reflected the up to date terms and conditions for patients. The remaining patient was newly admitted to the home and their documentation had been prepared for signature by the home administrator. On the day following the inspection, RQIA received confirmation from the home administrator that the one agreement which was unsigned by the identified patient was now signed.

A review of a sample of six patients' records identified that four of the patients had a signed personal monies authorisation document on their file "Financial assessment part 3" to document authority for the home to spend the patient's money held for safekeeping on identified goods and services. These documents were either signed by the patient or their representative. The "financial assessment part 3" documents for the remaining two patients had been signed by the previous manager of the home in 2013 and 2014 respectively. There was no evidence presented that the documents had been shared with either the patients' representatives (if any) or in the absence of a representative, the patients' Health and Social Care (HSC) trust care manager.

The inspector noted that for these two patients, there documentation should be shared with their representative or HSC trust care manager for review.

As the issue of personal monies authorisation documents was raised at the previous finance inspection, this was identified as an area for improvement for the second time.

Areas of good practice

The home had written patient agreement and personal monies authorisation/safekeeping templates for use in the home and these were evidenced in use within the patient records reviewed.

Areas for improvement

One area for improvement was identified in relation to ensuring that there is appropriate documentation of the authority provided to the home to hold and/or spend each patient's money on identified goods and services.

	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 the 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 14.25 **Stated:** Second time **To be completed by:** 30 November 2018	The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.3.2
	Response by registered person detailing the actions taken: The Registered Manager and the Administrator have now agreed that all valuables held in the safe will be checked and recorded on the first Monday of every month.The Regional Manager will check compliance during the regulation 29 visit monthly.
Area for improvement 2 **Ref**: Standard 14.26 **Stated:** First time **To be completed by:** 15 January 2019	The registered person shall ensure that an inventory of property belonging to each resident 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: 6.3.2
	Response by registered person detailing the actions taken: Staff are currently completing an up to date inventory of each patient's property.This will be completed by 15th January 2019.This will then be reconcilied and countersigned quarterly.
Area for improvement 3 **Ref**: Standard 14.6, 14.7 **Stated:** Second time **To be completed by:** 30 November 2018	The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services or to set out any particular financial arrangement in place between the home and each patient are updated. Ref: 6.3.3
	Response by registered person detailing the actions taken: Contact has been made with Next of Kin or where appropiate the Care Managers to complete the authorisations for each patient in the Home.

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

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