

Unannounced Finance Inspection Report 24 November 2017



Ballymacconnell

Type of Service: Nursing Home
Address: 48 Ballymacconnell Road, Bangor, BT20 5PS
Tel no: 028 9127 1819
Inspector: Briege Ferris

www.rqia.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 26 beds that provides care for older patients, and/or those living with a physical disability or patients who are terminally ill.

3.0 Service details

Registered organisation/registered person: Chester Homes Ltd/Colin Nimmon	Registered manager: Elizabeth Doak
Person in charge of the home at the time of inspection: Elizabeth Doak	Date manager registered: 19 August 2013
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 26

4.0 Inspection summary

An unannounced inspection took place on 24 November 2017 from 10.15 to 15.05 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 transactions were routinely signed by two people, and supporting evidence was available for example, a receipt for expenditure or a receipt for a lodgement which had been made to the home. Policies and procedures which were available were easily accessible and there was a document template in place regarding authorisation to make purchases on behalf of individual patients.

Areas requiring improvement were identified: these related to recording two signatures against entries made in the safe record; improving how income and expenditure records are maintained; the frequency of reconciliations; the details on treatment records; records of patients' furniture and personal possessions; the use of the patients' comfort fund; the availability of up to date written policies and procedures to guide financial practices in the home, the accessibility of records which should be available for inspection; ensuring that a record of the charges to patients and the amounts paid by or in respect of each patient is available and personal monies authorisation documents (where relevant) are in place for individual patients.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	10

Details of the Quality Improvement Plan (QIP) were discussed with Angela Dorrian area 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 care inspector was also contacted prior to the inspection.

The inspector met with the registered manager and subsequently, the area manager. The registered manager was not in the home at the conclusion of the inspection, therefore feedback was provided to the area manager.

The following records were examined during the inspection:

- The safe contents record
- Written policies and procedures including:
 - "Policy on record keeping & retention of records" dated May 2013
 - "Clients – additional services" reviewed February 2016
 - "Policy for handling monies held in the home on behalf of clients" reviewed February 2016
 - "Policy for staff purchasing items on behalf of a client" reviewed April 2017
- A sample of patients' income and expenditure records
- A sample of treatment records for services facilitated within the home which attract an additional charge for patients
- A sample of comfort fund records
- Two records of patients' personal property (in their rooms)
- Four patients' care files

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 October 2017

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 and both were contained in the safe place on the day. The inspector was satisfied with the location of the safe place and the persons with access. A safe record was in place, entries detailing items signed into and out of the safe place had been signed by only one person. Entries should be signed by two people.

This was identified as an area for improvement.

A review of the frequency of the reconciliations of the safe place was also performed; there is further discussion about this matter in section 6.5 of the report.

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

One area for improvement was identified during the inspection, this related to signatures recorded against entries in the safe record.

	Regulations	Standards
Total number of areas for improvement	0	1

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. The home was not in direct receipt of the personal allowance monies from a HSC trust or any other appointed representative, such as a Solicitor.

For those representatives depositing cash (to pay for the cost of goods or services for which there was an additional charge, such as hairdressing, toiletries, podiatry or other sundries), 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 routinely signed by two people.

A file containing the income and expenditure records for patients was provided for review. The file was observed to be in poor condition. A review of a sample of the ledger sheets for patients identified that transactions had been recorded outside the margins of the template and this had compromised the legibility of the entries. There were no blank templates on the file to facilitate staff using a new page to record entries for patients.

The maintenance of patients' income and expenditure records in a manner which would ensure that the integrity of the records would not be compromised was identified as an area for improvement.

The inspector traced a sample of transactions, which were routinely signed by two people, 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.

A review of a sample of the patients' income and expenditure records identified that the most recent reconciliation of all the patients' monies had been performed and signed by two people on 13 July 2017; the safe records had also been reconciled on this date. In accordance with the Care Standards for Nursing Homes, 2015, reconciliations of money and valuables should be carried out at least quarterly; therefore a reconciliation was due by 13 October 2017 at the latest. It was also emphasised that two signatures should be recorded against the reconciliation, one of whom should be a "senior member of staff".

This was identified as an area for improvement.

Hairdressing and podiatry treatments were being facilitated within the home. A sample of recent treatment records for these services was reviewed. Hairdressing records detailed the information required by the Care Standards for Nursing Homes (2015).

However, these controls were not in place in respect of podiatry treatment records. Discussion with the registered manager established that treatments for podiatry services were recorded on the home's computerised care records package, however the podiatrist did not leave a treatment record. In accordance with the Care Standards for Nursing Homes (2015), treatment records should be available which include the detail and cost of the treatment, the signature of

the person providing the treatment and the signature of a member of staff who can verify that the treatment was provided.

This was identified as an area for improvement.

The inspector discussed how patients' property (within their rooms) was recorded and was advised by the registered manager that records were held in each patient's individual care file.

A review of four randomly sampled patient files identified that only two of the four patients had a written record of the furniture and personal possessions which they had brought to their room.

This finding was identified as an area for improvement.

A review of the two additional files identified that the patients' property had been recorded in an inconsistent manner over time. Each patient had several pieces of paper on their files on which various items had been recorded; records had been signed by one person or had not been signed and/or dated.

On reviewing the two patients' records, the most recent date recorded was February 2016; therefore there was no evidence that the records had been reconciled quarterly, in accordance with the Care Standards for Nursing Homes (2015).

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. A review of a sample of the records identified an instance where money had been loaned from the fund to an individual patient. At the date of the inspection, the money was still owing to the fund from the individual patients' balance.

It was highlighted that in accordance with the Care Standards for Nursing Homes (2015), the patients' comfort fund should not be used to pay for anything which is the responsibility of the home or individual patients.

The inspector highlighted that the patient's balance and the comfort fund balance and associated ledgers should be brought up to date. This was identified as an area for improvement.

A reconciliation of the fund had been recorded on 13 July 2017, as noted above; reconciliations should be carried out and recorded on at least a quarterly basis.

A written policy and procedure was not in place in respect of the administration of the fund, this was identified as an area for improvement.

The registered manager confirmed that the home did not provide transport, nor did the home operate a bank account on behalf of individual patients or patients jointly.

Areas of good practice

A sample of income and expenditure records identified that transactions were routinely signed by two people, and supporting evidence was available for example, a receipt for expenditure or a receipt for a lodgement which had been made to the home.

Areas for improvement

Seven areas for improvement were identified during the inspection. These related to: income and expenditure records; the frequency of reconciliations; the details on treatment records; records of patients’ furniture and personal possessions; the use of the patients’ comfort fund and the introduction of a written comfort fund policy and procedure.

	Regulations	Standards
Total number of areas for improvement	1	6

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 the home used methods such as ongoing discussion and questionnaires 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 reported that the senior nurse held a key to the safe place; therefore patients had access to their monies at all times.

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.

Written policies and procedures were available and easily accessible. The registered manager provided copies of written policies and procedures for review during the inspection. A review of the “Policy on record keeping & retention of records” identified that it was dated May 2013; this policy should have been updated by May 2016, at the latest.

This was identified as an area for improvement.

In addition, the “Policy for handling monies held in the home on behalf of clients” stated that “...*the total money held in the home for any individual client should not exceed £60.00*”. A review of the individual balances held for patients identified that four of fifteen patients had cash balances in excess of this amount. This finding evidenced that the home was breaching its written policy and procedure.

Adhering to the home’s written policies and procedures was identified as an area for improvement.

Discussion with the area manager established that patient agreements were not held in the home. She advised that soft copies of patient agreements were held on a safe-stick which was normally kept in the safe place in the home. However, she reported that the safe-stick had been taken to head office to facilitate updating the agreements, on the day of the inspection; it had still not been returned.

Patient agreements should be available for inspection in the home and this was identified as an area for improvement.

Discussion with the registered manager established that the home used documents entitled “financial authorisation slips” which encompassed a statement providing authority “...*for staff at Ballymaconnell PNH to purchase items/services on behalf of _____. If an individual purchase costs over £200, I will be consulted prior to the purchase taking place.*”

Feedback was provided regarding the broad authority which the above statement provided and it was noted that spending authorisations should detail the goods and services which the home was permitted to spend a patient’s money on. Advice was provided to the area manager in respect of considering the wording of the authorisation and to defining the specific scope of the authority such as on certain types of goods or services.

A review of the files of four patients for whom the home was holding money and making purchases identified that only three patients had a finance authorisation slip on their file.

This was identified as an area for improvement.

Discussion with the registered manager established that payment remittances were not available in the home detailing the amounts paid in full or part by the HSC trust on behalf of each patient.

The registered manager offered to have these sent by email from the organisation's head office; however as patient agreements were not available in the home on the day to compare with the remittances, this was not required.

The inspector queried whether the registered manager could confirm the weekly fee currently payable by each of the patients. The registered manager reported that this information could be in patients' care files, however on reviewing a sample of the files, the registered manager confirmed that the fee details on patient's files were the amounts agreed at the time of admission and not the current charges.

It was highlighted that in accordance with regulation 19 of the Nursing Homes Regulations (Northern Ireland) 2005, the home should have a record of the charges to patients, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each patient. It was noted that these details were not held in the home.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, policies and procedures which were available were easily accessible and there was a document template in place regarding authorisation to make purchases on behalf of patients.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to: ensuring that records are available for inspection at all times by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home; ensuring that a record of the charges to patients, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each patient is available; reviewing the content of the "finance authorisation slip" document and providing an updated authorisation for signature to any patient (or their representative) for whom the home are making purchases; adhering to written policies and procedures and updating written policies and procedures.

	Regulations	Standards
Total number of areas for improvement	2	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela Dorrian, area 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/to RQIA office for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland (2005))

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into their room.</p> <p>Ref: 6.7</p>
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<p>To be completed by: 24 December 2017</p>	<p>Response by registered person detailing the actions taken: A record is maintained of all clients' personal possessions when entering the Home. Staff have been informed that they are also to include furniture within this record.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 19 (3)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records are available for inspection at all times by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 6.7</p>
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<p>To be completed by: 25 November 2017</p>	<p>Response by registered person detailing the actions taken: Financial records are now available in the Nursing Home to be inspected at any time & are held in a safe place within the Home.</p>
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<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (8)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a record of the nursing home's charges to patients, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each patient.</p> <p>Ref: 6.7</p>
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<p>To be completed by: 01 December 2017</p>	<p>Response by registered person detailing the actions taken: A notice is displayed on the noticeboard within the Foyer area of the Home stating the charges for additional services to clients. On admission to the Home, our Clients Contract also states the current additional charges.</p>
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Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

<p>Area for improvement 1</p> <p>Ref: Standard 14.9</p>	<p>The registered person shall ensure that entries in the safe record detailing patients' items signed into and out of the safe place are signed and dated by two people.</p>
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Stated: First time To be completed by: 25 November 2017	Ref: 6.4
	Response by registered person detailing the actions taken: The majority of entries in the safe record detailing client items signed into and out of the safe were signed by 2 people, however nurses have been made aware that all entries must be signed by 2 people.
Area for improvement 2 Ref: Standard 14.11 Stated: First time To be completed by: 25 November 2017	The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (ie a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records. Ref: 6.5
	Response by registered person detailing the actions taken: Staff have been made aware that all entries made within the ledger must be legible and any mistakes should be crossed through with a clear line and initialled by the staff member. Correcting fluid has never been used to amend any records.
Area for improvement 3 Ref: Standard 14.25 Stated: First time To be completed by: by 08 December 2017 and at least quarterly thereafter	The registered person shall 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. Ref: 6.5
	Response by registered person detailing the actions taken: The reconciliation of clients' money and valuables held in the safe within the Home is carried out on a more structured basis by 2 staff members and checked on an adhoc basis but at least quarterly by the Area Manager along with another member of staff.
Area for improvement 4 Ref: Standard 14.13 Stated: First time To be completed by: 25 November 2017	The registered person shall 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 or goods provided and the associated cost to each patient. Ref: 6.5
	Response by registered person detailing the actions taken: A dedicated book is now in use for any person providing an additional service for clients, to sign along with a staff member to verify the

	associated cost for goods/services provided.
Area for improvement 5 Ref: Standard 14.26 Stated: First time To be completed by: 24 December 2017	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A record is maintained of all clients' personal possessions and is being further developed to include furniture and this will be reconciled every 3 months.</p>
Area for improvement 6 Ref: Standard 14.29 Stated: First time To be completed by: 25 November 2017	<p>The registered person shall ensure there is evidence that any expenditure paid from the patients' comfort fund is used for the benefit of the body of patients at the home and does not fund any items which should be paid for by the home or by individual patients.</p> <p>The identified patient's balance and the comfort fund balance and associated ledgers should be brought up to date.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The clients' comfort fund held within the Home is now only used to benefit the majority of clients within the Home at any given time ie Musical entertainment.</p>
Area for improvement 7 Ref: Standard 14.30 Stated: First time To be completed by: 24 December 2017	<p>The registered person shall ensure that a policy and procedure is in place addressing the aims and objectives of the comfort fund and providing guidance for staff on the ethos and operation of the fund. The policy and procedure should include reference to and inclusion of the patient and/or relative forum in the decision making process for expenditure from the comfort fund.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: We have in place a Procedure for the recording and monitoring of the Clients Comfort Fund. We are in the process of further developing this Policy/Procedure or drafting a separate Policy/Procedure to detail the aims and objectives of this Fund to include patient or relative inclusion in the decision making process.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 24 December 2017</p>	<p>The registered person shall ensure policies and procedures are subject to a three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.</p> <p>Ref: 6.7</p>
<p>Area for improvement 9</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p> <p>To be completed by: 24 December 2017</p>	<p>Response by registered person detailing the actions taken: Policies and procedures are reviewed regularly and updated when required and are ongoing at present.</p> <p>The registered person shall ensure that the policies and procedures for all operational areas of the home are in accordance with statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: At our company Head Office/Managers policy meetings we review and update Policies and procedures as and when required to ensure that they are in accordance with statutory requirements. Area Manager checks to ensure compliance.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 24 December 2017</p>	<p>The registered person shall ensure that written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>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 agreement, this must be recorded. Where the patient is managed by a 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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A review of written authorisation forms is currently ongoing and will be retained within clients' records.</p>

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



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