

**Unannounced Finance Inspection  
of  
Carnalea**

**13 January 2016**

## 1. Summary of Inspection

An unannounced finance inspection took place on 13 January 2016 from 09:35 to 13:35. A poster detailing that the inspection was taking place that day was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were some areas identified for improvement, which are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

On the day of inspection, we met with Ms Josette Fernandez, the acting home manager and the home's administrator. No visitors chose to meet with us during the inspection; we would like to thank those who participated in the inspection for their co-operation.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

The details of the QIP within this report were discussed with Ms Josette Fernandez, the acting home manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Healthcare/Dr Maureen Claire Royston	<b>Registered Manager:</b> Ms Josette Fernandez (Acting)
<b>Person in Charge of the Home at the Time of Inspection:</b> Ms Josette Fernandez	<b>Date Manager Registered:</b> 1 December 2014 (Acting)
<b>Categories of Care:</b> NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 73
<b>Number of Patients Accommodated on the Day of Inspection:</b> 62	<b>Weekly Tariff at Time of Inspection:</b> £593.00 - £774.00

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

#### **Inspection Theme: Patients' finances and property are appropriately managed and safeguarded**

##### Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care.

##### Statement 2

Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained.

##### Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained.

##### Statement 4

Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative.

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the acting home manager and the home administrator
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months, none of which were finance related.

The following records were reviewed during the inspection:

- The home's guide
- Four patients' finance files
- The most recent HSC trusts' payment remittances
- Confirmation of correct fees for care/accommodation charged to a sample of patients
- A sample of Income/lodgements and expenditure, including comfort fund records
- A sample of hairdressing and chiropody treatment receipts
- Records of items deposited for safekeeping with the home and record of items returned
- Four records of patients' personal property/inventory in their rooms

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced pharmacy inspection on 5 November 2015; we were not required to follow up on any matters related to the previous inspection.

### **5.2 Review of Requirements and Recommendations from the Last Finance Inspection**

There has been no previous RQIA inspection of the service.

### **5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care**

#### **Is Care Safe?**

The home had a patient guide, a copy of which was provided to us for review during the inspection. We noted that the guide included information for patients on the general terms and conditions of residency. We noted that the home had a standard written agreement which is issued to patients at the time the patient is admitted to the home. We requested to see a sample of finance files for four of the current patients.

On reviewing the sample of files, we noted that all four patients had a signed agreement on their files; two of the agreements reflected the up to date charges payable in respect of the individual patients. The remaining two patients' files contained an unsigned copy of an updated agreement for each of these patients, together with copies of correspondence to family members requesting that agreements be signed and returned. We noted that there was evidence on file to demonstrate attempts made by staff to secure a signed, up to date agreement for all patients.

Evidence was provided which identified that the home's administrator had received training in the Protection of Vulnerable Adults in December 2013.

#### **Is Care Effective?**

We queried whether there was any involvement by the home in supporting individual patients with their money; the home administrator advised that there was involvement by the home in respect of an identified number of patients; these arrangements are further detailed in Statement 2 of this report.

We noted that the home had a number of policies and procedures in place addressing controls in place to safeguard patients' money and valuables.

#### **Is Care Compassionate?**

A review of a sample of the files evidenced that notification of changes to the fees payable had been provided to patients and that there was evidence of attempts to have the changes agreed in writing within the patient's written agreement.

## Areas for Improvement

Overall on the day of inspection, financial arrangements in place were found to be contributing to safe, effective and compassionate care. There were no areas identified for improvement identified in respect of Statement 1.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

#### Is Care Safe?

Discussions established that copies of the Health and Social Care (HSC) trusts' payment remittances were available confirming the weekly fee for each patient in the home. There was an identified number of patients in the home who contributed towards their weekly care fees in full or part, directly to the home. For all other patients, the home was paid directly by the relevant HSC trust. A review of a sample of charges established that the correct amounts were being charged by the home.

It was confirmed that the no representative of the home were acting as nominated Appointee for any patient (i.e. managing the patients' social security benefits). Discussion established that the home received the personal allowance monies directly from the HSC trust for an identified number of patients. This money was lodged to the pooled personal allowance account in favour of the individual patients.

For the majority of the remaining patients in the home, family representatives deposited money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing and chiropody services, newspapers etc.). A review of the records identified that the home provided a receipt to anyone depositing cash; we noted that receipts were routinely signed by two people.

Records of income and expenditure were maintained on personal allowance account statements detailing transactions for individual patients. There were weekly transaction sheets signed by two people, and a monthly reconciliation was carried out; good practice was observed. As noted above, a pooled bank account was in place to hold the personal monies belonging to patients; the bank account was named appropriately; i.e.: the name of the account denoted that the money in the account belonged to patients, not the home.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or an expenditure receipt. Within the sample of records reviewed, we noted that a supermarket points card had been used when making purchases on behalf of patients. We emphasised the importance of reinforcing with staff that their personal points cards should not be used in these circumstances.

A recommendation was made in respect of this finding.

A review of the records identified that a hairdresser and a chiropodist visit the home to provide services to patients. We noted that records of hairdressing treatments were made on a

template which was designed to record all of the necessary information such as the name of the patient, the type of treatment the patient had received and the associated cost. However we noted that the records were routinely signed by only the hairdresser; the column “staff confirmation hair done” was not routinely completed.

The home administrator advised that a chiropodist visits the home infrequently; we reviewed a sample of the receipts for treatments provided and again noted that the chiropodist had included a good level of detail on the receipts and had signed them. It was noted that staff had failed to countersign the sample of chiropody treatment receipts reviewed.

A recommendation has been made in respect of this finding.

A review of the records established that that the home operates a fund for the benefit of the patients in the home called the “residents’ social fund”. We noted that records relating to income and expenditure for the fund were maintained and a weekly and monthly reconciliation of the comfort fund monies was recorded, signed and dated by two people; good practice was observed.

We reviewed a sample of records for expenditure undertaken from the fund and noted that the expenditure appeared consistent with the home’s policy addressing the administration of the fund.

### **Is Care Effective?**

As noted above, the home is in direct receipt of the personal allowance monies from the HSC trust for an identified number of patients. For the majority of the remaining patients, the home receives money from patients’ representatives for expenditure on other goods and services not covered by the weekly fee.

We sampled four patients’ finance files in order to evidence that a written personal monies authorisation agreement was in place for the sampled patients. In the home these documents are referred to as financial assessment 1, 2 and 3. Financial assessment 2 details the arrangements for the management of the patients’ personal allowance monies. We reviewed the sample of four files and noted that all four patients had financial assessment parts 1, 2 and 3 on their files. A review of the detail of two of the financial assessment part 2’s evidenced that they were not up to date, as the details on the documents did not reflect how the respective patients’ personal monies were currently being managed. We emphasised the importance of keeping these documents up to date and reflective of current arrangements.

A recommendation was made in respect of this finding.

### **Is Care Compassionate?**

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the acting home manager confirmed that none of the patients had any known assessed needs or restrictions.

### **Areas for Improvement**

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. However, there were three areas

identified for improvement. These related to: updating financial assessment/personal allowance authorisation documents; ceasing the use of personal points cards when making purchases for patients and ensuring that any treatment facilitated within the home is evidenced by a member of staff on the respective treatment records.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>3</b>
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### **5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained**

#### **Is Care Safe?**

A safe place exists within the home to enable patients to deposit cash or valuables. We viewed the location of the safe place and were satisfied with the controls around the persons with access.

We established that on the day of inspection, cash balances for a number of patients, the comfort fund monies as well as a number of non-cash items were being held within the safe place for safekeeping. The cash balance on hand belonging to patients agreed with the records held by the home.

The administrator provided us with a record of items deposited and withdrawn from the safe place over a long period of time; however we noted that there was no evidence of a regular reconciliation of the items still contained in the safe place. We highlighted that a safe contents record must be introduced, which should be reconciled by two people at least quarterly.

A recommendation was made in respect of this finding.

#### **Is Care Effective?**

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for four patients, which were subsequently provided by the home administrator.

We noted that each patient's file contained a "schedule of personal effects" form which was part of the admission process; we noted that none of the four records had been signed and only one addition to one of the records had been dated. We noted that staff had recorded items of clothing, other sentimental items and some electrical items. The records evidenced an effort by those completing the records to include important details such as the make and colour of electrical items.

We discussed these findings with the acting home manager, and highlighted some of the weaknesses in the records as described above. We noted that any additions or disposals from patients' property records must be signed and dated by two people.

The Care Standards for Nursing Homes (2015) require that these records of patients' property in their rooms are updated at least quarterly and are signed and dated by two people. We highlighted that the home should update all of the current property records for patients in the home.

A recommendation has been made in respect of this finding.

### Is Care Compassionate?

There are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; the home administrator explained that arrangements to safeguard money and valuables are discussed with the patient or their representative at the time a patient is admitted to the home.

### Areas for Improvement

Overall, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for improvement; these were in relation to ensuring that a reconciliation of the safe place is carried out and signed and dated by two people at least quarterly and to how patients' property is recorded.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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## 5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

### Is Care Safe, Effective and Compassionate?

On the day of inspection, the home did not operate a transport scheme for patients.

### Areas for Improvement

No areas for improvement were identified in respect of Statement 4.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Josette Fernandez, the acting home manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered manager/Registered Person


The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.16</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>It is recommended that where staff purchase items on behalf of residents, any store loyalty points earned are owned by the resident and this is documented on the receipt. Where a resident is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the resident for their own records.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> All staff are aware that loyalty points scheme are not permitted to be used when purchasing items for the Residents. All receipts are accounted for and well documented.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>It is recommended 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 resident or a member of staff of the home signs the treatment record to verify the treatment or goods provided and the associated cost to each resident.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A system for obtaining signatures for any service facilitated in the home for Residents is now in place, this will include details of the service provided and the cost.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 14.6, 14.7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 13 February 2016</p>	<p>It is recommended 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.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Financial Assessment Part 3: Arrangements for Personal Allowance Expenditure form is being signed by either the Resident or their Representative. All existing signed forms are now updated and those finances managed by the Trust are reflected in the form.</p>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 14.25  <b>Stated:</b> First time  <b>To be Completed by:</b> By 20 January 2016 and at least quarterly thereafter	It is recommended 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.		
	<b>Response by Registered Person(s)Detailing the Actions Taken:</b> The document is now updated, signed and put in order and the schedule for reconciliation is now diarized.		
<b>Recommendation 5</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 February 2016	It is recommended 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.		
	<b>Response by Registered Person(s)Detailing the Actions Taken:</b> The updated inventory of property is now in place signed and being reviewed regularly. Staff are also informed to be specific in the description of the colour of the items and to ensure that any addendum in the list is being signed by the Staff Member..		
<b>Registered Manager Completing QIP</b>	Josette Fernandez	<b>Date Completed</b>	11.02.2016
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	18.02.16
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	20/02/2016

*\*Please ensure this document is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address\**