



# Unannounced Finance Inspection Report 01 May 2018



## Cedarhurst Lodge

**Type of Service: Nursing Home**

**Address: Cedar Suite, Cedarhurst Road, Belfast, BT8 4RH**

**Tel No: 028 9049 2722**

**Inspector: Briege Ferris**

[www.rqia.org.uk](http://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 43 beds that provides care for patients with a dementia or those with a mental disorder excluding learning disability or dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Maureen Royston	<b>Registered Manager:</b> Lavina Harris
<b>Person in charge at the time of inspection:</b> Lavina Harris	<b>Date manager registered:</b> 14 June 2007
<b>Categories of care:</b> Nursing Care (NH) DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> Total number 43 comprising: A maximum of 20 patients in category NH-DE accommodated in the Beech Unit and a maximum of 23 patients in category NH-MP/MP (E) accommodated in the sycamore unit.

### 4.0 Inspection summary

An unannounced inspection took place on 01 May 2018 from 10.00 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 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.

There were examples of good practice found in relation to: the availability of a safe place to enable patients to deposit money or valuables for safekeeping; mechanisms to record income and expenditure on behalf of patients; arrangements in place to support individual patients discussed during the inspection; mechanisms to obtain feedback and views from patients and their representatives; the information contained in the “service user guide Northern Ireland” and associated documents; the home administrator was clear on how to deal with the receipt of a complaint or escalate any concerns under the home’s whistleblowing procedures and detailed written policies and procedures were in place to guide financial practices in the home.

Areas requiring improvement were identified in relation to ensuring that: records of patients’ bank balances held within the pooled account and cash balances held are reconciled to the records and signed and dated by two people at least quarterly; ensuring that treatment records or additional services facilitated within the home are signed by a representative of the home to verify that the treatment has been provided to the patient and ensuring that each patient’s personal property records are reconciled and signed and dated by two people at least quarterly; ensuring that records must be available for inspection at all times; ensuring that there is evidence that each patient or their representative has been provided with an individual written agreement; ensuring that any change to a patient’s agreement including fees and financial arrangements are agreed in writing by the patient or their representative and ensuring that personal monies authorisation documents are in place for all relevant patients.

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
<b>Total number of areas for improvement</b>	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Lavina Harris, 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.

#### 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 reviewed and this did not identify any relevant issues. The care inspector was contacted who confirmed that there were no matters to be followed up.

During the inspection, the inspector met with the registered manager and the home administrator.

The following records were examined during the inspection:

- The "Service User Guide Northern Ireland"
- A sample of patients' income and expenditure records
- A sample of patients' comfort fund records
- Written policies and procedures:
  - "Banking" dated May 2016
  - "Person in care – Social and other cash floats" dated May 2016
  - "Management and recording of personal allowance" dated May 2016
  - "Management of bank account and cash float" dated May 2016
  - "Maintenance of personal allowance records" dated May 2016
  - "Retention and access to personal allowance records" dated May 2016
- A sample of patients' personal property (in their rooms)
- A sample of patients' individual written agreements
- A sample of treatment records for hairdressing and chiropody services facilitated within the home

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 18 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 dated 30 April 2013

The home received a finance inspection on 30 April 2013. The findings from that inspection were not brought forward to the inspection on 01 May 2018.

## 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 registered manager confirmed that adult safeguarding training was mandatory for all staff in the home; the home administrator had most recently received this training in April 2017.

Discussions with the registered manager 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.

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash was being held for patients, no valuables were deposited for safekeeping. The home had a template in use to record the content of the safe place, however this had not been updated for some time in line with the home's own procedures; this was discussed with the registered manager during feedback from the inspection.

### Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping and in respect of the home administrator participating in adult safeguarding training.

### Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 and home administrator established that no person associated with the home was acting as appointee for any patient. It was noted that the home was in direct receipt of the personal monies for several patients, from either the HSC (Health and Social Care) trust or from a legal representative acting on behalf of a patient.

Records were in place detailing the timing of these receipts; however records from September 2017 onwards were not available in the home. This was discussed with the home administrator and registered manager and is further discussed in section 6.7 of this report.

Records of income and expenditure (prior to September 2017) were available for patients, including supporting documents eg: a lodgement receipt or an expenditure receipt. A sample of transactions were chosen to ascertain whether the supporting documents were available within the records, and for the sample chosen, these were found to be in place.

This issue of records being available for inspection is further discussed in section 6.7 of this report.

As noted above, records of income and expenditure were available detailing that reconciliations, signed by two members of staff were available in the home, the most recent record of reconciliation available in the home was dated August 2017. Discussion established that the regional administrator had removed a number of records from the home to facilitate bringing these up to date. The inspector spoke with the regional administrator by telephone during the inspection; this discussion established that reconciliations of patients' money cash and bank balances had not been completed within three months of the previous reconciliation. Records evidencing that up to date reconciliations had been performed were shared with the inspector post-inspection.

Ensuring that patients' bank and cash balances are reconciled and signed and dated by two people at least quarterly was identified as an area for improvement.

A patients' bank account was in place to hold monies on behalf of patients. There was evidence that transactions in the account statements had been reviewed, however as noted above, a reconciliation signed and dated by two people had not been recorded within three months of the previous reconciliation.

The home administrator reported that in a number of other cases, the family members of patients deposited monies for additional goods and services not covered by the weekly fee. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people.

Hairdressing and chiropody treatments were being facilitated within the home. A sample of hairdressing and chiropody treatment records were reviewed, which detailed the majority of the details required by the care standards. However, records reviewed had not been signed by a member of staff to confirm that the treatments detailed had been received by the patients.

This was identified as an area for improvement.

The inspector discussed how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The home administrator provided the care records for four patients and it was noted that each patient had a records of personal property on their files. However, it was noted that none of the records were dated. In addition, it was highlighted that these records should be reconciled and signed and dated by a staff member and countersigned by a senior member of staff on at least a quarterly basis.

This was identified as an area for improvement.

The home administrator confirmed that the home operated a comfort fund and a written policy and procedure was in place to guide the administration of the fund. A separate bank account, which was appropriately named, was also in place. On the basis of the records available in the home, the bank account had most recently been reconciled in August 2017. As noted above, records of patients' monies managed by the home (including the patients' comfort fund) should be reconciled and signed and dated by two people at least quarterly.

The registered manager confirmed that the home did not operate a transport scheme, but that private taxi journeys for patients (for instance, to GP appointments) were paid for by the organisation.

### Areas of good practice

There were examples of good practice found in relation to the existence of a separate patient bank account and comfort fund bank account; and records of income, expenditure and reconciliation were available including supporting documents (albeit that these required updating);

### Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring that records of patients' bank balances held within the pooled account and cash balances held are reconciled to the records and signed and dated by two people at least quarterly; ensuring that treatment records or additional services facilitated within the home are signed by a representative of the home to verify that the treatment has been provided to the patient and ensuring that each patient's personal property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 6.6 Is care compassionate?

**Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Day to day arrangements in place to support patients were discussed with the registered manager and the home administrator. They described a range of examples of how the home supported patients with their money. Discussion established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at

the time of the patient’s admission to the home. It was clear from this discussion that patients were encouraged to be as independent as possible in managing their money.

Discussion with the registered manager established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. This included a “residents” monthly meeting; she also noted that the home operated “ a very open-door policy”.

Arrangements for patients to access money outside of normal office hours were discussed with the home administrator. This established that there were arrangements in place to ensure that the individual needs and wishes of patients could be met in this regard.

**Areas of good practice**

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patients and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

As noted in section 6.5 of this report, discussion with the home administrator and the registered manager established that a number of records were not available in the home on the day of inspection. An explanation as to why this was the case was provided to the inspector, as referred to above.

It was highlighted that records must be available for inspection at all times and this was identified as an area for improvement.

The “Service user guide Northern Ireland”, alongside a number of other documents which the home administrator confirmed would be provided to a new patient contained a range of useful information for a prospective patient including for example, information regarding fees, charging for additional services, insurance cover, the management of money and valuables within the home and bringing furniture into the home.

Written policies and procedures were in place and were easily accessible. Policies were in place addressing areas of practice including general record keeping, whistleblowing, confidentiality, and the management of patients’ personal allowance monies.

Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home’s whistleblowing procedures.

Individual patient agreements were discussed with the home administrator and a sample of patients' agreements were requested for review. A review of the information provided established that one of the four patients sampled had a signed individual written agreement with the home. A second patient did not have a finance file in place and therefore no evidence was presented as to whether the patient or their representative had been provided with an individual written agreement.

Ensuring that there is evidence each patient or their representative has been provided with an individual written agreement was identified as an area for improvement.

In respect of the two remaining patients chosen as part of the sample, both patients had an unsigned agreement on their file which had been prepared by the home. In one case, a copy of correspondence was on file detailing that the agreement had been attached to the letter and sent to the representative for signature. The agreement had not been returned to the home by the representative. In the second patient's case, there was no similar evidence presented as to how an updated agreement had been shared with the patient or their representative.

Ensuring that each patient is provided with an up to date written agreement and which is kept up to date to reflect all changes (which should be agreed in writing with the patient or their representative) was identified as an area for improvement.

A review of the documents on file for the three patients who had a finance file in place identified that documents entitled "financial assessment part 1, 2 and 3" were in place setting out the funding arrangements for the patient, (1) the control of the patient's personal allowance monies (2) and any express authority granted to the home to spend the patient's money on identified goods and services (3).

A review of the documents on file for the three patients evidenced that this area required improvement. Only two patients had a part 1 on their file (however both of these were unsigned; only two patients had a part 2 on their file, (both were signed however one of these documents did not detail the correct information); only two patients had a signed part 3 on their files.

The registered person should ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so, which should be signed by the patient or their representative.

This has been identified as an area for improvement.

### **Areas of good practice**

There were examples of good practice found in respect of the information contained in the "service user guide Northern Ireland" and associated documents; the home administrator was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and detailed written policies and procedures were in place to guide financial practices in the home.

### **Areas for improvement**

Four areas for improvement were identified as part of the inspection. These related to ensuring that records must be available for inspection at all times; ensuring that there is evidence that each patient or their representative has been provided with an individual written agreement; ensuring that any change to a patient's agreement including fees and financial arrangements

are agreed in writing by the patient or their representative and ensuring that personal monies authorisation documents are in place for all relevant patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lavina Harris, 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 DHSSPS 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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (3) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 02 May 2018</p>	<p>The registered person shall ensure that the records referred to in paragraphs (1) and (2) (of the Nursing Homes Regulations (Northern Ireland) 2005) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the premises.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Records referred to in Paragraphs 1 and 2 are now available for inspection in the Home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 05 June 2018</p>	<p>The registered person shall ensure that each patient or their representative is provided with an individual written agreement.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Each patient or their representative has been issued with an individual written agreement.</p>

### Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 May 2018</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held ad accounts managed 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.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. The reconciliation is recorded and signed by a staff member on a monthly basis.</p>
<p><b>Area for improvement 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> 02 May 2018</p>	<p>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 of goods provided and the associated cost to each patients.</p> <p>Ref: 6.5</p>

	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. The person providing the service and a staff member now sign the treatment record when each treatment is provided.</p>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 14.26 <b>Stated:</b> First time <b>To be completed by:</b> 05 June 2018</p>	<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><b>Response by registered person detailing the actions taken:</b> This has been addressed. The inventory of property is being recorded on admission and will be rechecked every quarter.</p>
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 14.6,14.7 <b>Stated:</b> First time <b>To be completed by:</b> 05 June 2018</p>	<p>The registered person shall ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is written authority to do so.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed. Written authority is kept in patient files.</p>
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 2.8 <b>Stated:</b> First time <b>To be completed by:</b> 05 June 2018</p>	<p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> This is being addressed and will be complete by mid July 2018.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)