

Announced Finance Inspection Report 13 June 2017



Green Isle

Type of Service: Residential
**Address: 17a New Harbour Road, Portavogie,
Newtownards, BT22 1EE**
Tel No: 028 4277 2644
Inspector: Joseph McRandle

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 residential care home with nine beds that provides care for residents living with old age and/or old age with dementia

3.0 Service details

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| Registered Organisation/Registered Provider: Green Isle Residential Home Ltd Responsible Individual(s): Mr Keith Coffey | Registered Manager: Mr Keith Coffey |
| Person in charge at the time of inspection: Mr Keith Coffey | Date manager registered: 8 October 2008 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia | Number of registered places: 9 |

4.0 Inspection summary

An announced inspection took place on 13 June 2017 from 11:00 to 15:30. Less than one hours' notice was given prior to the inspection.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to providing a safe place for residents to deposit items for safekeeping and the controls surrounding the safe place, informing residents or their representatives in advance of increases in fees, the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents in relation to their financial arrangements. Other evidence of good practice included agreements in place for all residents and retaining a signatory list of staff authorised to undertake transactions on behalf of residents.

Areas requiring improvement were identified in relation to the home's administration staff receiving adult safeguarding training, the payment of services for residents who had incurred a negative balance, recording the reconciliations of residents' monies, updating records of residents' personal possessions and items of furniture following admission, reviewing and updating the financial policies and procedures operated at the home. Other areas of improvement included updating the hairdresser's price list, updating residents' written agreements, updating agreements to show the amount of third party contributions paid on behalf of residents, updating agreements of care managed residents to be consistent with the trust contract, staff initialling records of monies deposited on behalf of residents, the retention of receipts, the recording of transactions undertaken on behalf of residents and updating the list of staff signatures.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 12 |

Details of the Quality Improvement Plan (QIP) were discussed with Mr Keith Coffey, 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.

4.2 Action/enforcement taken following the most recent inspection dated 12 January 2017

The most recent inspection was an unannounced care inspection undertaken on 12 January 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous care inspection, notifiable events submitted in relation to finance, issues no issues were identified.

During the inspection the inspector met with the registered manager and the home's administration officer.

The following records were examined during the inspection:

- Four service users' finance files
- Four service users' individual written agreements
- The residents' guide
- Records of services provided by hairdresser and podiatrist
- Records of safe contents
- Records of transactions undertaken on behalf of four residents
- Records of reconciliations of residents' monies
- Records from monies deposited at the home on behalf of residents
- Financial policies and procedures
- Two records of residents' personal property.

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 12 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that are intended to help them.

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. Monies held on behalf of residents were counted, the amount retained agreed to the balance recorded at the home. No valuables were held on behalf of residents at the time of the inspection.

It was noticed that one resident had incurred a negative balance in relation to monies held at the home. The inspector discussed this finding with the registered manager to determine how services e.g. hairdressing was paid for on behalf of the resident. The registered manager confirmed that the resident was subsidised by other residents who had sufficient monies. During the discussion the registered manager agreed to cease this practice immediately and reimburse the monies back to the residents. This was identified as an area for improvement.

Discussion with the registered manager confirmed that administration staff had not received training in relation to the safeguarding of residents' monies. This was identified as an area for improvement.

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

Areas of good practice

There were examples of good practice found in relation to providing a safe place for residents to deposit items for safekeeping and the controls surrounding the safe place.

Areas for improvement

Two areas of improvement were identified. These were in relation to the home’s administration staff receiving adult safeguarding training and the payment of services for residents who had incurred a negative balance.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 1 |

6.5 Is care effective?
The right care, at the right time in the right place with the best outcome.

Review of records and discussion with the registered manager confirmed that no member of staff at the home acted as an appointee for any resident, i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual.

Discussion with the registered manager also confirmed that no member of staff acted as an agent for any resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident’s behalf.

Discussion with staff confirmed that monies held on behalf of residents were reconciled on a monthly basis. There were no records to confirm that residents’ monies were reconciled by the home at least quarterly, as in line with standard 15.12 of the DHSSPS Residential Care Homes Minimum Standards (2011). This was identified as an area for improvement.

A provision was included in the residents’ agreements for residents or their representatives to be informed four weeks in advance of any increase in fees. Review of records evidenced that copies of letters sent to residents or their representatives informing them of previous increases in fees were retained at the home.

Discussion with the registered manager confirmed that no bank account was operated on behalf of any resident.

Discussion with the registered manager and review of records confirmed that an inventory of residents’ property was maintained when residents were admitted to the home. Discussion with staff also confirmed that these records were not always updated following admission e.g. televisions located in residents’ bedrooms. This was identified as an area for improvement.

Policies and procedures for the management and control of residents’ finances were in place at the time of the inspection. The policies did not reflect all of the procedures currently operated at the home e.g. the procedure for staff to purchase items and pay for services on behalf of residents and the procedure for residents incurring a negative balance.

An area for improvement was identified for the policies and procedures to be reviewed and updated to reflect all of the practices undertaken on behalf of residents. The policies should include a provision for reducing the risk of residents incurring a negative balance and how services will be paid for these residents. A record should be maintained showing that all staff have read and understood the revised policies and procedures.

Areas of good practice

There were examples of good practice in relation to informing residents or their representatives in advance of increases in fees. .

Areas for improvement

Three areas for improvement were identified during the inspection. These related to recording the reconciliations of residents’ monies, update records of residents personal possessions and items of furniture following admission and reviewing and updating the financial policies and procedures operated at the home.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 3 |

6.6 Is care compassionate?

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

The home did not provide a transport scheme at the time of the inspection. Discussion with the registered manager confirmed that alternative arrangements were in place to support residents wishing to undertake journeys; this included the use of taxis which were paid by the residents or their representatives.

Discussion with staff confirmed that activities and events organised by the home and which incurred a cost e.g. day trips, were discussed in advance with residents or their representatives. Discussions also confirmed that residents were encouraged to communicate with staff in order to make suggestions which might benefit the residents’ financial arrangements.

Discussion with the registered manager confirmed that arrangements were in place to offer support for residents managing their own monies.

Areas of good practice

There were examples of good practice in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents in relation to their financial arrangements.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Review of records confirmed that copies of payment remittances from the Health and Social Care Trust showing the weekly fee for each care managed resident were retained at the home. The remittances also showed the amount of fees paid by the Trust on behalf of residents and the contributed to be paid directly by the residents towards their fee (if applicable). Three residents at the home were private residents; records were available showing the amount received from the private residents for their fee.

Review of records of payments made by, or on behalf of, two private residents confirmed that the amounts received agreed to the contribution owed by each resident.

A residents' guide was in place at the time of the inspection which included the details of the services provided to residents as part of their weekly fee. The guide also included a list of the charges for additional services provided at the home e.g. hairdressing. It was noticed that the guide did not include the costs for all the hairdressing services provided to residents. This was identified as an area for improvement.

The guide included a written agreement which was issued to residents on admission to the home. Review of four residents' files (two of which were private residents) evidenced that individual written agreements were in place for all four residents. The agreements did not show the current weekly fee paid by, or on behalf of, the residents. One agreement showed the amount recorded for the resident's fee was scored out and an increased amount recorded against it. All four agreements were signed by the resident or their representative and a representative from the home. An area for improvement was identified for residents' agreements to be updated to show the current fee paid by, or on behalf of, residents.

An additional third party contribution (Top up) was paid on behalf of care managed residents. Review of records and discussion with staff confirmed that the additional amount was for an ensuite room with a sea view and an ensuite room at the front of the home.

The agreements for the two care managed residents reviewed during the inspection did not show the current amount of the third party contribution paid on behalf of the residents. This was identified as an area for improvement.

Review of the agreements for care managed residents showed that the terms and conditions of the agreements were not consistent with the terms and conditions of the contract between the registered persons and the Health and social Care Trust e.g. the amount of fees paid by a

resident when they are temporarily absent from the home. This was identified as an area for improvement.

Discussion with the registered manager confirmed that care managed residents were not paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trust.

Review of records and discussion with staff confirmed that Individual transaction sheets were maintained for each resident. The sheets were used to record the details of transactions undertaken on behalf of residents including purchases of items and payments for additional services e.g. hairdressing. The transaction sheets were also used to record monies deposited at the home on behalf of residents.

Two records of payments to the hairdresser and one to the podiatrist were reviewed. Receipts were available from all three transactions. It was noticed that the hairdresser and podiatrist had signed the records to confirm that the service took place and that they had received payment.

Three records of monies deposited at the home on behalf of two residents were reviewed. Receipts were not issued to the person depositing the monies. One of the records confirming the amounts deposited was signed by one member of staff. The person depositing the monies had not signed the records in the absence of receipts. During the inspection staff confirmed that the home had recently purchased a receipt book and receipts will be issued from the date of the inspection. An area for improvement was identified in relation to the signing of records showing the amount of monies deposited at the home on behalf of residents.

One record of a resident paying for a taxi journey was reviewed; no receipt from the journey was available at the time of the inspection. The inspector discussed with staff, the current system in place for the retention of receipts. This was identified as an area for improvement.

The inspector discussed the recording of residents' transactions with staff. It was noticed that a number of entries had been scribbled over or scored out. Other records showed that correction fluid had been used to amend errors or the initial entry had been written over. No initials were recorded against the amendments and no explanation for the errors was recorded. It was also noticed that the balance recorded as brought forward onto new transaction sheets, for a number of residents, were recorded in the wrong column.

An area for improvement was identified for the system of recording residents' transactions to be reviewed in order to improve the accuracy of recording and to facilitate the audit process. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.

Review of records showed that a list of signatures of staff authorised to make purchases or payments on behalf of residents was maintained at the home. It was noticed that the list did not include all of the staff members authorised to make transactions on behalf of residents. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice in relation to agreements in place for all residents and retaining a signatory list of staff authorised to undertake transactions on behalf of residents.

Areas for improvement

Eight areas for improvement were identified during the inspection. These related to updating the hairdresser's price list, updating residents' written agreements, update agreements to show the amount of third party contributions paid on behalf of residents, update agreements of care managed residents to be consistent with the trust contract, staff initialling records of monies deposited on behalf of residents, the retention of receipts, the recording of transactions undertaken on behalf of residents and updating the list of staff signatures.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 8 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Keith Coffey, 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 residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

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| <p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (9) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p> | <p>The registered person shall cease with immediate effect the practice of residents subsidising other residents who do not have sufficient funds to pay for services. The amount used to pay for these services, identified during the inspection, should be paid back into the residents' cash tin.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: On direction from the inspector this practice was investigated and ceased with immediate effect with a new procedure adopted to deal with residents who have insufficient funds. The importance of keeping monies in credit was reiterated to residents representatives.</p> |

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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| <p>Area for improvement 1</p> <p>Ref: Standard 16.9</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p> | <p>The registered person shall ensure that the administration members of staff receive vulnerable adults safeguarding training.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: All staff members have received adult safeguarding training. Evidenced by issued certificates.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p> | <p>The registered person shall develop and implement a system for reconciling monies and valuables held on behalf of residents in order to facilitate the audit process. The reconciliations should be undertaken at least quarterly.</p> <p>The reconciliation should be signed by the person 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: Reconciliation of monies and valuables held on behalf of residents have now been undertaken in a formal manner on a monthly basis. All reconciliations are signed and countersigned at time of completion.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p> | <p>The registered person shall ensure that the inventory of residents' possessions and items of furniture is reviewed and brought up to date. Any additional items brought into the home or items that have been disposed of (for which staff have been informed of) should be recorded. The records should be signed and dated by two members of staff; the records should be reconciled at least quarterly.</p> <p>Ref: 6.5</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p> | <p>Response by registered person detailing the actions taken: An inventory of all residents possessions in addition to those previously recorded has been updated and will be maintained by staff members on a quarterly basis. They will be signed as correct by two staff members.</p> <p>The registered person shall ensure that the policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents. The policies should include a provision for reducing the risk of residents incurring a negative balance and how services will be paid for these residents.</p> <p>A record should be retained showing that staff have read and understood the revised policies and procedures.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The policies and procedures have been updated to include all of the financial procedures undertaken by staff on behalf of residents with improvements as requested. They have been signed to indicate that they have been read and understood by all staff members.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 3.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p> | <p>The registered person shall update the residents' guide to include the costs of all of the services provided by the hairdresser.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The additional service cost has been added to the record of costs as requested.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p> | <p>The registered person shall update the residents' written agreements to show the current amount paid by the Health and Social Care Trust and the current contribution paid by residents.</p> <p>The practice of overwriting the new amount onto the agreements should cease immediately.</p> |

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| | <p>Agreements should be signed by residents or their representatives (if resident lacks capacity to make decisions in relation to the agreement) and a representative from the home. Where a resident or their representative is unable or chooses not to sign this must be recorded.</p> <p>Copies of the signed agreements must be retained within residents' files.</p> <p>Ref: 6.7</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p> | <p>Response by registered person detailing the actions taken: All agreements have been updated and revised in accordance with the improvements requested. all staff members have been made aware of correct recording of information and how to deal with amendments and errors. Signatures from residents and representatives have been updated also.</p> <p>The registered person shall update the residents' agreements to show the current amount of the third party contribution paid on behalf of residents.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The residents agreements show the current amount of the third party contribution paid on behalf of residents in manner requested.</p> |
| <p>Area for improvement 8</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p> | <p>The registered person shall revise the written agreements for care managed residents in order to be consistent with the terms and conditions of the contract between the registered persons and the Health and social Care Trust e.g. the amount of fees paid by a resident when they are temporarily absent from the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The residents agreements for cared managed residents have been updated and are consistent with the terms and conditions of the contract between the registered persons and the Health and Social Care Trust.</p> |
| <p>Area for improvement 9</p> <p>Ref: Standard 15.6</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p> | <p>The registered person shall ensure that a system is implemented to ensure that at least two members of staff sign the record of the amount of monies deposited at the home on behalf of residents.</p> <p>Ref: 6.7</p> |

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| | <p>Response by registered person detailing the actions taken: A system has been implemented to ensure that when money is deposited there will be two members of staff signatures and they will update records accordingly of the amount of monies deposited at the home on behalf of residents.</p> |
| <p>Area for improvement 10 Ref: Standard 20.14 Stated: First time</p> | <p>The registered person shall review the system of retaining receipts from transactions undertaken on behalf of residents in order to facilitate the audit process.</p> <p>Ref: 6.7</p> |
| <p>To be completed by: 14 July 2017</p> | <p>Response by registered person detailing the actions taken: Receipts are now given in all cases where money is deposited and the retention of all receipts has been reviewed and improved in order to facilitate the audit process as requested.</p> |
| <p>Area for improvement 11 Ref: Standard 20.14 Stated: First time To be completed by: 14 July 2017</p> | <p>The registered person shall develop and implement a robust system for recording residents' transactions in order to improve the accuracy of recording and to facilitate the audit process. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of using correction fluid and writing over errors should cease immediately.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A robust system has been developed and implemented in the correct method of recording financial information. Crossing out and tippex will not be used at any time. Any errors will be corrected legibly and explained by way of comment beside the error. The correction will be recorded on a separate line in order to enable auditing.</p> |
| <p>Area for improvement 12 Ref: Standard 20.14 Stated: First time To be completed by: 30 June 2017</p> | <p>The registered person shall update the list of signatures maintained at the home with all the signatures of staff authorised to make purchases or payments on behalf of residents.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The list of signatures authorised to make purchases or payments has been updated and is contained within the appropriate file.</p> |



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