



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 Fax: 028 9051 7501

UNANNOUNCED FINANCE INSPECTION

Inspection No:	020248
Establishment ID No:	1074
Name of Establishment:	Colinvale Court
Date of Inspection:	28 July 2014
Inspector's Name:	Briege Ferris

GENERAL INFORMATION

Name of home:	Colinvale Court
Address:	Glen Road Belfast BT11 8BU
Telephone Number:	02890604316
E mail Address:	louisvillegroup@hotmail.co.uk
Registered Organisation / Registered Provider:	Raymond Liam Murphy
Registered Manager:	Stephanie J Shannon
Person in Charge of the Home at the Time of Inspection:	Stephanie J Shannon
Number of Patients:	49
Date and Time of Inspection	28 July 2014 10:30 – 16:30
Name of Inspector:	Briege Ferris

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect Nursing Homes.

This is a report of an unannounced finance inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of nursing care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

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

- Discussion with staff
- Examination of records
- Evaluation and feedback

2.0 SUMMARY

During the inspection a number of concerning matters arose relating to how the registered persons and/or their representatives were managing the money and property of patients.

These matters have been referred to the Belfast HSC Trust under the Adult Safeguarding arrangements.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve notices of failure to comply with the Nursing Homes Regulations (Northern Ireland) 2005.

The registered person and representatives of the registered person attended a meeting with RQIA on 15 August 2014.

In light of the inspection findings and discussions held with the registered person and representatives of the registered person on 15 August 2014, RQIA issued the registered person with two notices of failure to comply with the Regulations, in respect of Regulation 18 (2) (c) and 19 (2) Schedule 4 (9) (10) of the Nursing Homes Regulations (Northern Ireland) 2005.

The timescales for compliance and actions required to comply with these regulations are outlined within the notices FTC/NH/1074/2014-15/15 and FTC/NH/1074/2014-15/16, and within the Quality Improvement Plan accompanying this report.

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous finance inspection (if any) and to establish the level of compliance achieved with respect to the following theme and associated statements:

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 personal care and accommodation

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 services are transparent and agreed in writing with the patient/their representative

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

1.4 PROFILE OF SERVICE

Colinvale Court Private Nursing Home is situated just off the Glen Road in West Belfast adjacent to Louisville Private Nursing Home. It is centrally located within the local community and is very convenient to shops, community services and other amenities. There are good parking facilities within the grounds of the home and the facility is on a public transport route with bus stops adjacent to the premises.

The home was originally a 40 bedded purpose built residence that provided accommodation services over one floor; however, this was extended to provide accommodation for 50 patients over two floors. The layout is designed to facilitate small groups of patients living in a domestic type environment with all services and facilities within the structure designed to advance this concept.

Colinvale Court Private Nursing Home is registered to provide nursing care for a maximum of 50 patients who require dementia care (NH – DE).

The registered manager is Ms Stephanie Shannon who has overall management responsibility for both Colinvale Court Private Nursing Home and Louisville Private Nursing Home.

1.5 INSPECTION FINDINGS

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 and accommodation

During the inspection, the inspector requested to see copies of the individual written agreements between the home and a sample of four patients. The inspector reviewed the agreements and noted that three agreements were in place which had been signed by either the patient or their representative; the remaining agreement had been signed by the registered manager and annotated to state that there was "no next of kin" (to sign the agreement). The inspector discussed this with the registered manager and advised that it was inappropriate for staff members to sign these documents on behalf of a patient. The inspector highlighted that where the patient had no next of kin, financial arrangements must be overseen by the patient's HSC Trust care manager (if any).

The inspector was also provided with the home's current form of agreement for new individual patients and, on review, the inspector noted that this agreement also did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.

Specifically, the inspector noted that: the fees sections did not reflect the specific fees payable for or on behalf of the individual patient, by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the date of admission of the patient to the home; the duration of the patient's stay; the arrangements for any financial transactions to be undertaken by the home on behalf of the patient and the records to be kept; the arrangements for regularly reviewing the agreement and a copy of the home's complaint's procedure.

There were no records available at the home to confirm that all patients/their representatives had been previously notified of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.

Two requirements have been made.

The home has achieved a compliance level of 'moving towards compliance' for this theme.

Statement 2: Arrangements for receiving and spending patients' monies on their behalf are transparent, agreed to and the appropriate records are maintained

The inspector met with the home's office manager who provided the inspector with all of the records requested, where these were available.

Discussions with the registered manager and office manager identified that no representative of the home was acting as nominated appointee for any patient on the day of inspection. The home does however; receive monies from patients' representatives to be spent by the home on the patients' behalf.

The inspector noted that within the home's standard form of contract, there was a clause which detailed that should the signatory of the agreement consent by signing; the home would

manage the patient's personal allowance. The inspector noted that this general authorisation was not sufficient and should elaborate explicitly to reflect specific authority to spend the personal allowance monies of patients on particular goods or services.

The inspector noted that representatives of the home were managing a pooled bank account on behalf of patients in the home. The inspector noted that there were records of reconciliation of these bank accounts available on the day of inspection. The inspector also noted that contemporaneous records of income and expenditure were maintained by the home.

The inspector reviewed a sample of the records for expenditure incurred on behalf of patients. These records identified that the home had purchased a number of items from patients' money under their control. These items included pressure relieving mattresses, hip protectors, a mobility monitor and sensor mat. There was no evidence available during inspection to identify that patients or their representatives had expressed a wish to pay for these items from their own funds.

Also within the records of expenditure, the inspector identified:

- expenditure recorded on behalf of services for which no corresponding purchase receipts were available
- handwritten receipts in lieu of original purchase receipts, and
- payments made to a patient's family or other representative for which there were no receipts available to confirm that the recipient had received the amounts provided

On reviewing the records for hairdressing and chiropody services, the inspector noted that, while the hairdressing receipts reviewed detailed the name of the patient and the cost, the individual treatments received by patients was not detailed.

The inspector also noted that chiropody receipts should detail the individual treatment and cost to each patient.

Four requirements have been made.

The home has achieved a compliance level of 'not compliant' for this theme.

Statement 3: A safe place is provided within the home for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.

The office manager informed the inspector that patients' money was not held in the safe place; rather, where purchases of goods or services are made on behalf of patients, the home's own money is used and the cost is subsequently recouped from patients' monies held within the patients' pooled bank account.

The inspector requested to see the records of furniture and personal possessions within each patient's room. The registered manager informed the inspector that there were no property records for patients. The inspector was concerned by this, as earlier in the inspection the registered manager and office manager had advised the inspector that the home had

purchased items from patients' money which should have been reflected on the patients' records of furniture and personal possessions.

This indicated that the process of physically safeguarding patients' money and property was not being managed well.

One requirement has been made.

The home has achieved a compliance level of 'not compliant' for this theme.

Statement 4: Arrangements for providing transport to patients are transparent and are agreed in writing with the patient/their representative

At the time of inspection, the home did not provide a transport service to patients. The registered manager informed the inspector that should a patient require transport to an appointment, an ambulance would be arranged in these circumstances.

No requirements or recommendations have been made.

The home has achieved a compliance level of 'not applicable' for this theme.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Stephanie J Shannon, Registered Manager, following the inspection process.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

**Briege Ferris
Finance Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Finance Inspection

Colinvale Court

28 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Stephanie J Shannon either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	5 (1) (a) (b)	<p>The registered person must provide updated individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.</p> <p>Individual patient agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.</p>	Once	<p>Individual contracts are maintained in the home for each resident. However, a letter will be issued to all residents / representatives by the 10th October 2014 or sooner confirming current fees and financial arrangements.</p> <p>Individual agreements have been issued to all residents / representatives and the home are in receipt of the vast majority. These are readily available for scrutiny.</p> <p>All agreements are available to HSC trust care management patients including those residents who do not have a family member or friend to act as their representative.</p>	22 September 2014

2.	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>The Registered Provider will ensure that this requirement is implemented from the date of the next change.</p>	<p>From the date of the next change</p>
3	19 (2) Schedule 4 (3)	<p>The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on specific pre-agreed expenditure.</p> <p>The written authorisation must be retained on the patient's records and updated as required. The registered person must ensure that, where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a</p>	Once	<p>This requirement is fully complied with.</p> <p>This information is shared with the HSC trust care manager. The balance on account of the</p>	<p>22 September 2014</p>

		HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care manager.		Care Manager's patient is forwarded to them by email on an annual basis. Evidence of this is maintained in the patient's folder.	
4	18 (2)	<p>The registered person must ensure that any items of furniture, bedding, and other furnishings (including curtains and floor coverings) and equipment suitable to the needs of the patients are provided by the home.</p> <p>The record of previous purchases of any items specified in Regulation 18 (2) (c) must be examined and the cost of these items to the patients identified. Records relating to purchases made on behalf of patients who are no longer residing in the home must also be included.</p> <p>The examination of the records must cover the period from at least six years prior to the date of the last entry.</p> <p>The registered persons must submit to RQIA an acceptable proposal for making repayments of any inappropriate charges to patients. The registered persons must agree a timescale with RQIA for making any such repayments to patients.</p>	Once	<p>This issue should be dealt with under our current appeal relating to the FTC as detailed.</p> <p>As you are aware this information is currently not available to the home as it is in the possession of the PSNI.</p> <p>This has been dealt with in our notice of appeal and can be discussed further if requested.</p>	As per FTC Notice FTC/NH/1074/2014-15/15: 13 October 2014


5	19 (2) Schedule 4 (9)	The registered person must ensure that the hairdresser (or other person) and the chiroprapist providing services to patients within the home provides a receipt to verify the individual treatment provided and associated cost. This receipt should be signed by a representative of the home who can verify that the patient has received the specified treatment and incurred the associated cost.	Once	The home will continue to ensure that a minimum of two senior signatures and a receipt are obtained relating to this requirement.	22 September 2014
6	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that when patients' money is used to make purchases, the purchases are verified and original receipts are obtained or copied for the patient's records.</p> <p>When money belonging to a patient is paid to their representative, there are records (e.g.: a duplicate receipt) which confirm the date, details and the amount of cash or cheque received, signed by the person providing the cash or cheque and the person receiving same.</p> <p>The existing policy and procedure addressing the safeguarding of patient's money and valuables must be reviewed and updated to ensure that it supports compliance with the regulations.</p> <p>All staff engaged in any tasks involving patients' money and valuables must be</p>	Once	<p>The home will continue to ensure that a minimum of two senior signatures and receipts are obtained relating to this requirement.</p> <p>All receipts and or confirmation of purchases / monies regarding residents will be available in the transaction book or in their individual folders. A minimum of 2 signatures will be obtained.</p> <p>We would ask that the home could be provided with a copy of the existing policy and procedures to ensure that we are fully compliant with this requirement.</p> <p>All senior staff are aware of the</p>	As per FTC Notice FTC/NH/1074/2014-15/16: 13 October 2014

		<p>trained on the content of the home's policy and procedure. There should be written evidence available to confirm that the relevant staff have received the training.</p>		<p>correct protocols relating to the receipt of residents monies / valuables. The finance manager will ensure that all necessary instructions are provided to avoid any future issues. The home will continue to advise senior staff of the homes finance policy and procedures. Evidence of this will include signatures in the transaction book. A copy of the homes policy on the patient's property and finances will be kept in the nurses' office as confirmation.</p>	
7	19 (2) Schedule 4 (10)	<p>The registered person must ensure that an inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home. All inventory records should be updated on a regular basis.</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently.</p>	Once	<p>The manager will ensure that all information relating to personal possessions are maintained and regularly updated for both current and new residents alike.</p> <p>This requirement will be implemented with immediate effect.</p>	13 October 2014

		<p>Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>		<p>All electrical items in the home are regularly PATS tested. Those of significant value including those PATS tested are clearly identified in the records referred to above.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Barry Murphy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Raymond Murphy

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		17/10/14
Further information requested from provider			