

Unannounced Finance Inspection Report 29 January 2019



Dunlady House

Type of Service: Nursing Home

Address: 18 Dunlady Road, Dundonald, Belfast, BT16 1TT

Tel No: 028 9048 1002

Inspector: Briega Ferris

www.rqia.org.uk

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

Dunlady House is a nursing home with 68 beds that provides care for older patients and/or those with a physical disability other than sensory impairment or those patients who are terminally ill.

3.0 Service details

Organisation/Registered Provider: Dunlady House Ltd Responsible Individual(s): William Wilson	Registered Manager: Femina Marmeto
Person in charge at the time of inspection: Femina Marmeto	Date manager registered: 17 June 2016
Categories of care: NH- Nursing Home I -Old age not falling within any other category PH - Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI - Terminally ill	Number of registered places: 68

4.0 Inspection summary

An unannounced inspection took place on 29 January 2019 from 11.15 to 14.45 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
- the existence of an appropriately named bank account to manage patients' monies
- records of income and expenditure
- mechanisms available to obtain feedback from patients and their representatives
- the home receptionist confirmed she was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures, and
- the mechanisms in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to:

- ensuring that each patient's record of furniture and personal possessions is reconciled by two people at least quarterly
- ensuring that patients' monies and valuables are reconciled and signed and dated by two people at least quarterly

- ensuring that each patient's agreement is updated to reflect any changes, with the update shared for signature by the patient or their representative
- ensuring that each patient is provided with a personal monies authorisation record for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services
- ensuring that treatment records are maintained in the manner set out in standard 14.13 of the Care Standards for Nursing Homes, 2015.

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
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with the registered manager at the conclusion of the inspection. 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 identified one relevant financial matter which had been dealt with appropriately by the home.

During the inspection, the inspector met with the home receptionist, the registered manager and two directors of the company which owns the home, one of whom had key responsibility for the oversight of patients' finances in the home. A poster was provided for display in a prominent position in the home detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the registered manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- A sample of income, and expenditure records
- A sample of written financial policies and procedures
- A sample of patients' personal property (in their rooms)
- The residents' information guide
- A sample of patients' individual written agreements

- A sample of treatment records for services facilitated within the home for which there is an additional charge to patients.

The findings of the inspection were shared with 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 11 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The 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 24 November 2014

A finance inspection of the home was carried out on 24 November 2014; the findings were not brought forward to the inspection on 29 January 2019.

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 receptionist who receives and manages deposits of cash from patients' representatives had participated in this training in 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 on deposit. It was noted that patients' cash was only held in the safe until it could be lodged into the designated patients' bank account.

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 the home receptionist participating in adult safeguarding training.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 established that no person associated with the home was acting as appointee for any patient. Monies for patients' personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by patients' family members. Double-signed receipts were in place to record the deposit of cash.

Records of income and expenditure were discussed with one of the company directors with key oversight of the administration of patients' monies in the home. Discussion established that monies were lodged by patients' representatives to pay for hairdressing and chiropody services facilitated in the home. It was noted that records were maintained using the home's computerised accounts package. A separate patients' bank account which was appropriately named was in place to administer the funds.

The company director described the process of the receipt of monies from patients' representatives who received a double-signed receipt and how the computerised package was used to oversee amounts received and spent from each patient's personal monies. It was also noted that some families had opted to be billed on a monthly basis for additional services and records were in place to evidence same. While the company director noted that the computerised accounts package reconciled the accounts on a monthly basis, there was no written reconciliation of monies held on behalf of patients within the designated patients' bank account.

An area for improvement was identified to ensure that records of patients' monies are reconciled and signed and dated by two people at least quarterly.

As noted above, hairdressing and chiropody treatments were facilitated within the home and a range of these treatment records was reviewed post-inspection. This review identified that a template was in place to record hairdressing treatment records with the types of treatments pre-printed along the top margin. The more recent of the records provided had places for two persons to sign at the bottom of the record however the template did not make clear who ought to sign the records, or who the signatories on the completed records were.

A chiropody treatment record was also provided for review which identified that a record was made, this also reflected that the chiropodist had signed the record and another person had signed the record, although again the record did not make clear who the second signatory was.

Treatment records should be countersigned by a member of staff who can verify that the person received the treatment detailed on the record.

The inspector discussed with the registered manager how patients’ property (within their rooms) was recorded and requested to see a sample of the property records maintained. The registered manager provided each of the records for patients selected. Each of the records had been signed by two people as is best practice, however only two of the three records were dated. There was no evidence presented to identify that the records had been kept up to date over time.

The inspector highlighted that each patient’s record of furniture and personal possessions should be reconciled and be signed and dated by two people at least quarterly. This was identified as an area for improvement.

The registered manager confirmed that the home did not operate a transport scheme. A review of a sample of charges to patients or their representatives identified that the correct charges had been raised in respect of care and accommodation costs.

Areas of good practice

There were examples of good practice found in relation to the existence of income and expenditure records and an appropriately named bank account to administer patients’ monies, a sample of charges for care and accommodation costs were correct.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to: ensuring that each patient’s record of the furniture and personal possessions which they have brought to their room is reconciled and signed and dated by two people at least quarterly and ensuring that patients’ monies are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Discussion with the registered manager 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.

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. These included the home’s complaints policy, an annual feedback questionnaire, a compliments book which was being implemented and day to day ongoing verbal feedback.

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
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The residents' information guide provided a range of information for new patients including what services are covered within the weekly fee, the arrangements for safeguarding money and valuables in the home, the scale of charges and a list of those services attracting an additional charge, including the costs.

A range of written policies and procedures were in place to guide financial practices in the home and policies were also in place addressing gifts and legacies and whistleblowing. Discussion with the home receptionist established that she was aware of the home's policy on complaints management and whistleblowing.

A sample of three patients' files was selected and a review of these identified that each of the three patients had a signed written agreement on their files; these were dated 2015 and 2016. There was no evidence that the agreements had been updated over time to reflect any changes such as the annual uplift in fees.

An area for improvement was identified to ensure that each patient or their representative is advised of any changes to their original written agreement, with the change agreed in writing by the patient or their representative.

The sample of three patients' files was reviewed to identify whether they contained a personal monies authorisation detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services. None of the files reviewed contained this authorisation and therefore an area for improvement was identified in respect of this finding.

The inspector discussed with the registered manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The registered manager confirmed that this issue was currently included in adult safeguarding training.

Areas of good practice

There were examples of good practice found: the home receptionist confirmed that she was familiar with the home complaint's process and process for escalating any concerns under the home's whistleblowing procedures. The home's residents' information guide contained a range of information for a new patient and there were arrangements in place to ensure patients experienced equality of opportunity.

Areas for improvement

Two areas for improvement were identified as part of the inspection in relation to: ensuring that each patient's agreement is updated to reflect any changes with the update shared for signature by the patient or their representative and ensuring that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.

	Regulations	Standards
Total number of areas for improvement	0	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 Femina Marmeto, the registered manager of the home, at the conclusion of the inspection. 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 Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 14.12</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019 and at least quarterly thereafter</p>	<p>The registered person shall ensure a reconciliation of patients' personal monies and any related bank accounts are carried out and signed and dated by two people at least quarterly.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Identified 2 responsible person to carry out quarterly checks and reconciliation of patients' personal monies and any related bank accounts which are Director Andrew Wilson and Director Mark Wilson</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2019</p>	<p>The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Completed resident property audit electronically and file base. Goldcrest system notify primary care staff for quarterly check of residents valuable property.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2019</p>	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Updates on Appendix 1 ongoing.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2019</p>	<p>The registered person shall ensure that each patient is provided with personal monies authorisation record for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Additional form attached to contract. Consent regarding Residents purchasing additional goods and services from Dunlady House like 1]Hairdressing 2] Chiropody 3]Papers and Magazines 4] Others</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

Web www.rqia.org.uk

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