



# Unannounced Finance Inspection Report

## 07 June 2018



## Edgewater Lodge

**Type of Service: Nursing Home**

**Address: Copeland, Orlock and Lighthouse Suites, 4 Sunnydale Avenue,  
Donaghadee, BT21 0LE**

**Tel No: 028 9188 8044**

**Inspector: Briege Ferris**

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

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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 58 beds that provides care for older patients; those living with a dementia; mental disorder excluding learning disability or dementia; those with a physical disability or those patients who are terminally ill.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Maureen Royston	<b>Registered Manager:</b> Vera Ribeiro
<b>Person in charge at the time of inspection:</b> Vera Ribeiro	<b>Date manager registered:</b> 09 June 2016
<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 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 DE - Dementia	<b>Number of registered places:</b> 58

### 4.0 Inspection summary

An unannounced inspection took place on 07 June 2018 from 10.00 to 12.30 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 with how their money is managed; mechanisms to obtain feedback and views from patients and their representatives; the home administrator was confident 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 the person providing the treatment and 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 is reconciled and signed and dated by two people at least quarterly; 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>	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Vera Ribeiro, 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.

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

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 inspector spoke with one patient's representative who indicated their satisfaction with the care of their relative. They made the following statements in this regard "...the carers are amazing, so friendly, so helpful...(staff) are so ready to listen, so supportive...the food is very good, the meals are all lovely...I feel my mum's at home here".

The following records were examined during the inspection:

- A sample of patients' income and expenditure records
- A sample of patients' comfort fund records
- Written policies and procedures:
  - "Management of Feedback Policy (Complaints, Concerns and Compliments) dated August 2017
  - "Management and recording of personal allowance" dated May 2016

- Policy on Raising Confidential Concerns (Whistleblowing)
- 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 22 February 2018**

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 18 February 2013**

The home received a finance inspection on 18 February 2013. The findings from that inspection were not brought forward to the inspection on 07 June 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 May 2018.

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 and valuables were being held for patients.

The home had a template in use to record the contents of the safe place, (FSHC Valuables Record) however this had not been updated for some time and was not signed or dated.

The requirement to reconcile the record of valuables to those deposited for safekeeping is further discussed in section 6.5 of this report.

### 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 not in direct receipt of the personal monies for any patient. For the majority of patients, monies for personal expenditure by patients, or to pay for additional goods and services not covered by the weekly fee were deposited by family members.

Records of income and expenditure (prior to December 2017) were available for patients, including supporting documents eg: a lodgement receipt or an expenditure receipt. A sample of transactions was chosen to ascertain whether the supporting documents were available within the records, and for the sample chosen, these were found to be in place. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people.

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 December 2017. Discussion with the home administrator and registered manager established that records were not fully reconciled beyond that date and the reasons for this were explained to the inspector. It was noted that a further quarterly reconciliation of the patients' monies in cash and on deposit in the residents' account should have been performed in March 2018, with a further reconciliation due by the end of June 2018. The home administrator reported that the process of bringing the records up to date was almost complete and an assurance was provided that this would be completed within one month of the date of the inspection at the latest.

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.

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 were not being signed



consistently by the person providing the treatment, and routinely, were not being 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 with the home administrator how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The home administrator provided the records for three patients and it was noted that each patient had a records of personal property on their files entitled "Schedule of personal effects". Within the sample, there was limited evidence of updating, and the records evidenced inconsistency in respect of signing and dating the records. Only one of the three records had been dated and two of the three records were unsigned.

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. 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 December 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.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<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.

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 the home's "Quality of Life" initiative and relatives' meetings held approximately every three months.

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
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.**

Written policies and procedures were in place to guide financial practices in the home. 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 confident 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 three patients sampled had a signed individual written agreement with the home. While the remaining two patients did not have a signed written agreement in place with the home, there was substantial written evidence available on the patients' files to identify that the home had sought to update agreements and had shared these with the patients' representatives. However, these documents had not been returned by the respective patient representatives.

As at the date of the inspection, up to date agreements/amendments to the patient agreements had not yet been shared with patients or their representatives to reflect the uplift in the regional rates, effective from April 2018. On discussing this with the registered manager and administrator they reported that the home's generic patient agreement was being reviewed at a senior level within FSHC and the home had been instructed to not share updated agreements until the content was agreed. The registered manager noted that the expected timescale for the completion of this exercise was approximately two months from the date of the inspection. In light of this, the timescale for compliance with this area for improvement is consistent with the information provided by the registered manager.

An area for improvement was identified to ensure 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).

A review of the documents on file for the three patients whose files were sampled, 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 one patient had a part 1 on their file; none of the patients had a signed part 2 on their file (these were also unsigned by a representative of the home), and only one patient had a signed part 3 on their file.

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. These documents should be kept up to date to reflect any changes in how a patient's money is managed (or otherwise) by the home.

This was identified as an area for improvement.

The inspector discussed with the registered manager the arrangements in place in the home to ensure that residents experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of residents. The registered manager was able to describe examples of the way this was achieved within the home. She noted that equality and diversity training was mandatory for all staff on an annual basis and that staff members would be informed if any patient had particular specific needs in this regard.

## Areas of good practice

There were examples of good practice found: the home administrator was confident 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

Two areas for improvement were identified as part of the inspection. These related to 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>	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 Vera Riberio, 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 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> 07 July 2018</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and 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> Reconciliations are now completed on a monthly basis. Home Administrator undertakes the reconciliation and Home Manager or Deputy countersigns.</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> 08 June 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> A list of services provided in the Home is now being recorded on separate forms. These forms are completed each time a service is provided to individual residents. The list is signed by the member of staff present at the time the service is provided along with the Administrator.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 07 August 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> There are two forms attached to FSHC Planned Admission Policy which enables staff to record valuables separately. These forms will be introduced for all new residents and reviewed at least on a quarterly basis. For all existing residents a review of property will be carried out and appropriate forms completed. Staff will be advised that these inventories need reconciled on a quarterly basis.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.6,14.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 07 August 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> All agreements that have not yet been signed are being followed up with relevant relatives and representatives. Where the Home has difficuluty in obtaining receipt of this then the Home will contact the relevant Care Manager.</p>
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<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 07 August 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> Changes to the initial agreement are sent to the patient or their representative, however on occasions the Home has had difficulties on receiving these back. A form will be introduced which will evidence date agreement was sent, date returned, date followed up if not returned.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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