

# Unannounced Finance Inspection Report 15 November 2016



## Rush Hall

**Type of service: Nursing Home**  
**Address: 51 Brighter Road, Limavady BT49 9DY**  
**Tel no: 02877769326**  
**Inspector: Briega Ferris**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rush Hall took place on 15 November 2016 from 09:55 to 15:05 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

### **Is care safe?**

A safe place in the home was available and staff members were familiar with controls in place to safeguard patients' money and valuables; no areas for improvement were identified.

### **Is care effective?**

Controls to ensure patients' money and valuables were safeguarded were in place however three areas for improvement were identified during the inspection. These related to: ensuring that the home clarify and detail the financial arrangements in place for four patients identified during the inspection, in particular whether FSHC are acting as (corporate) appointee; ensuring that records of patients' money and valuables are reconciled and recorded by two people at least quarterly; and ensuring that each patient has on file, a record of their furniture and personal possessions brought into their room. These records should be kept up to date and reconciled by two people at least quarterly.

### **Is care compassionate?**

The home had a range of methods in place to encourage feedback from families or their representatives. The welcome pack contained a range of information for new patients including clear information on fees and funding-related matters. No areas for improvement were identified during the inspection.

### **Is the service well led?**

A number of indicators of governance arrangements were evidenced; however two areas for improvement were identified during the inspection. These related to providing patients or their representatives with a written agreement, setting out the terms and conditions of residency; and ensuring that written authorisation is obtained from each patient or their representative to spend the patient's money to pre-agreed expenditure limits. The written authorisation including the arrangement for managing or handling patients' personal allowance monies should be clearly detailed for each patient and should be updated as required.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Care Standards for Nursing Homes, April 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	3

Details of the quality improvement plan (QIP) within this report were discussed with Fiona Archer, 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.

## 1.2 Actions/enforcement taken following the most recent finance inspection

A finance inspection was carried out on 21 February 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 15 November 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Four Seasons Healthcare/Maureen Claire Royston	<b>Registered manager:</b> Fiona Archer
<b>Person in charge of the home at the time of inspection:</b> Jenny Kirk and Catriona Canning (Nursing Sisters)	<b>Date manager registered:</b> 15 April 2016
<b>Categories of care:</b> NH-DE, NH-I	<b>Number of registered places:</b> 66

## 3.0 Methods/processes

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 services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with Jenny Kirk, nursing sister, who advised that the registered manager was not in the home that day. The inspector subsequently met with the home's administrator; the regional business support administrator arrived later in the inspection. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's welcome pack for new patients
- Training records for the home administrator (Protection of Vulnerable Adults)
- A sample of the home's policies addressing safeguarding patients' money and valuables
- A sample of income, expenditure, banking and reconciliation records
- The record of reconciliations of valuables held in the safe place
- A sample of records for hairdressing and podiatry services facilitated in the home
- A sample of charges made to patients or their representatives (for care and accommodation)
- A sample of resident social fund records
- Three patient care files
- Four patient finance files, including one patient agreement
- Four records of patients' personal property (in their rooms)

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 14 October 2016**

The most recent inspection of the home was an unannounced care inspection; the QIP will be validated by the care inspector at the next care inspection.

### **4.2 Review of requirements and recommendations from the last finance inspection**

A finance inspection was carried out on 21 February 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 15 November 2016.

### **4.3 Is care safe?**

The home had one full time administrator and evidence was reviewed which confirmed that she had received training on the Protection of Vulnerable Adults (POVA). The administrator was able to describe the home's basic controls in place to safeguard patients' money and valuables in the home.

During discussion, the registered manager confirmed 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 belonging to patients were lodged with the home for safekeeping.

The home had a written safe contents record; a review of this evidenced that the safe contents check had last been recorded in August 2015, this was signed by the (then) registered

manager. There is further detail on the reconciliation of money and valuables in section 4.4 of the report.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

The inspector and the administrator discussed whether there were any arrangements in place for the home to receive the personal monies of any patient directly. Three patients were identified; however the home administrator could not confirm whether FSHC were acting as corporate appointee for these patients.

The inspector chose the three patients discussed as part of the sample of files for review. One patient’s file identified that the home administrator had been the appointee for the patient; however this had been relinquished. The file also identified that the business support administrator had requested a copy of Form BF57 (which confirms the name of the appointee and the date from which they were authorised to act); however, only the application Form (BF56) had been provided, not the appointee details.

For the remaining two patients whose personal monies were being received by FSHC, there were no documents on file clarifying whether FSHC were acting as nominated appointee for these patients. As all three patients did not have any individual written agreements on their files, it was not possible to obtain clarity on the financial arrangements which should be detailed in their agreements.

In addition, these patients had documents on file (known in the home as “Financial Assessment 1, 2 and 3”) which purported to detail the arrangements for the management of the patients’ personal monies. These were wholly inaccurate and served only to further confuse the picture; there is further information on these documents in section 4.6 of this report.

Given the absence of clarity in the appointee arrangements for the four patients discussed during the inspection, the inspector noted it would be necessary for the registered person to clarify the position in each case by contacting any relevant social security agency. Having done so, the arrangements for receiving any money on behalf of the identified patients must be clearly detailed in each patient’s agreement with the home irrespective of whether FSHC are acting as corporate appointee for any of the patients discussed.

Where FSHC are acting as appointee for any patient, these details must be noted in each patient’s agreement as well as the records which will be kept in respect of the Appointment.

A requirement was made in respect of this finding.

In the majority of cases, the home were in receipt of money from the family/friends of patients in order to pay for additional services facilitated within the home for which there is an additional charge, such as hairdressing, newspapers, podiatry or other sundries.

A sample of the records for income and expenditure incurred on behalf of patients were reviewed. It was noted that the home maintained "personal allowance account statements" detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or hairdressing or podiatry treatment record. The inspector traced a sample of transactions and was able to evidence the relevant documents; for example, a receipt for expenditure or a receipt for a lodgement which had been made. There was evidence that records of personal monies held on behalf of patients were reconciled and signed and dated by two people on a monthly basis.

As noted in the section 4.3 of this report, a review of the home's safe contents records evidenced that the safe contents check had last been recorded in August 2015 and this was signed by the (then) registered manager. The home administrator noted that this may have been neglected due to "so many changes in staffing". The inspector noted that notwithstanding the home's staffing arrangements, it was important to ensure that valuables deposited for safekeeping were reconciled at least, on a quarterly basis.

A recommendation was made to ensure that reconciliations money and valuables are carried out, signed and dated by two people at least quarterly.

As noted above, hairdressing and podiatry treatments were being facilitated within the home. Records were in place to evidence the patients treated on any given day and the cost of the respective treatments. The information on treatment records as required by DHSSPS Minimum Standard 14.13 was being consistently recorded.

The home had a range of written policies and procedures addressing matters relating to safeguarding money and valuables, record keeping requirements and other relevant issues such as complaints and whistleblowing.

The inspector discussed how patients' property (within their rooms) was recorded and requested to see a sample of the completed property records for four patients. Records were contained within patients' care files. A sample of four files was reviewed and each patient sampled had a "Schedule of personal effects form" in place. There was evidence that one record had been updated and a photograph of a number of items deposited in the safe place was included with the patient's property record, this entry in the records had been signed by one person. A second patient's records had been signed by one person, however the remaining two records sampled had not been signed, and three of the four records had not been dated.

The inspector highlighted that DHSSPS Minimum Care Standards require that each patient's record of personal property is kept up to date and reconciled by two people at least quarterly.

A recommendation was made in respect of this finding.

It was noted that the home also had a residents' comfort fund, a written policy and procedure existed to guide the administration of the fund. It was noted that income and expenditure records were maintained which were reconciled and signed and dated by two people every month.

The home administrator confirmed that the home did not provide transport to patients.

In the course of reviewing one patient's file, it was noted that an issue had arisen relating to a patient's personal money deposited with the home for safekeeping. The file evidenced that the home administrator had liaised with the business support administrator and the patient's HSC trust care manager. This demonstrated an awareness of the role of HSC trust care manager in overseeing any financial arrangement.

### Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that the home clarify and detail the financial arrangements in place for four patients identified during the inspection, in particular whether FSHC are acting as corporate appointee; ensuring that records of patients' money and valuables are reconciled and recorded by two people at least quarterly; and ensuring that each patient has on file, a record of their furniture and personal possessions brought into their room. Records of personal property should be kept up to date and reconciled by two people at least quarterly.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	2
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### 4.5 Is care compassionate?

Day to day to day arrangements in place to support patients were discussed with the home administrator. She described how she would speak with a patient or their representative at the time of or shortly after admission to explain the home's arrangements to safeguard money and valuables in the home or to discuss payment of fees etc.

Discussion with the home administrator established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. The welcome pack contained a range of information for a new patient including clear information on fees and funding-related matters.

Arrangements for patients to access money outside of normal office hours were discussed with the registered manager. The registered manager explained the contingency arrangement in place in the home to ensure that this could be facilitated.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

There was a clear organisational structure within the home, as outlined in the patient guide. A list of the current patients in the home was provided and a sample of four files selected for review. A review of the files identified that only one of the patients had a signed agreement on their file. The remaining three patients' files did not contain any written agreements. There was no written evidence on these files to identify how the home had engaged with the patient or their representative to provide a written individual agreement.

During feedback with the home administrator and business support administrator, the home administrator produced a file of agreements which she noted had been prepared for signature by patients' representatives. A small number of agreements which had been signed by representatives and which reflected 2015 and 2016 rates respectively were produced; it was acknowledged by the administrator these had not been filed on the relevant patients' files.

A signed agreement for one of the patients in the sample was produced from one of the files in the administrator's which reflected 2015 rates.

A requirement was made to ensure that the registered person provides to each patient a written agreement, setting out the terms and conditions, by not later than the day they become a patient and in the case of unplanned admissions, within five days of admission. Each patient in the home should have a signed agreement on their file reflecting the up to date terms and conditions and evidence to detail how the home has provided an agreement for signature and what efforts the home has gone to in order to follow up on having the agreement returned.

A review of a sample of four patients' files evidenced that the home used documents entitled "Financial assessment Part 1, 2 and 3". These documents were used to detail the home's assessment of whether the patient could manage their own money (Part 1), what arrangements were in place regarding the management of the patient's personal allowance money (Part 2) and what authority the home had to make purchases of goods or services on behalf of the patient (Part 3).

A sample of four patient files was reviewed; this evidenced that only one patient of four had Financial assessment Parts 1, 2 and 3 on file. It was noted that one patient did not have either Part 2 or Part 3 on their file.

Two of the four patients had "Financial assessment Part 2" documents on their file which did not reflect the actual arrangements in the home for managing these patients' personal monies. The home was in direct receipt of the personal monies for both patients, however their documents stated that "...Rush Hall does not receive any personal allowance for this resident..." and "Rush Hall Care Home does not receive benefits or personal allowance for this resident..." The inspector noted that these documents were misleading and conflicted with the actual arrangements which had been in place for some time.

This finding emphasised the absence of clarity in regards to the management of the patients' personal allowance monies.

The inspector noted that each patient should have an up to date personal monies authorisation on their file which should be kept up to date as appropriate. She noted that the arrangements for managing or receiving the personal monies of any patient should be clear.

A recommendation was made in respect of this finding.

In the course of reviewing the finance files for two patients in the home, the inspector identified correspondence confirming that the patients would be receiving a payment in respect of Winter Fuel Allowance. The two administrative staff reviewed the personal allowance account statements for the period in which the monies would be received; however the monies were not received in either case. It was therefore unclear whether the money had not been paid or whether it had been paid to another person or another bank account.



The inspector noted that the home should contact the relevant department as detailed in the correspondence and obtain clarification on where the payments had been sent in these two cases.

### Areas for improvement

Two areas for improvement were identified during the inspection, these related to providing patients or their representatives with a written agreement, setting out the terms and conditions of residency and ensuring that written authorisation is obtained from each patient or their representative to spend the patient's money to pre-agreed expenditure limits. The written authorisation including the arrangement for managing or handling patients' personal allowance monies should be clearly detailed for each patient and updated as required.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Fiona Archer, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the **web portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**

**Ref:** Regulation 19 (2)  
Schedule 4 (3)

**Stated:** First time

**To be completed by:**  
15 December 2016

The registered provider must ensure that the relevant agencies are contacted in order to clarify whether FSHC are acting as nominated corporate appointee for the four patients identified during the inspection. Where this is the case, official confirmation in writing must be requested and placed on the patient's file.

In addition, irrespective of whether FSHC are acting as corporate appointee, the arrangements for directly receiving any personal money on behalf of the identified patients must be clearly detailed in each patient's agreement with the home and in the home's "Financial Assessment" documents.

Where FSHC are acting as corporate appointee for any patient, these details and the records which will be kept in respect of the Appointment must be noted in each patient's written agreement.

**Response by registered provider detailing the actions taken:**

2 residents have been identified that FSHC are corporate appointee. The Social Security BF57 form which was missing has been completed by The Social Security pensions department and the form is on file at Rush Hall. terms and condition have been sent to the Care managers of these residents. Evidence is on file of Rush hall Activities, though Terms and conditions have not yet been received.

2 residents are WHSCT managed and contact has been made to the Care manager in both cases. In one case the Care mnager has completed/signed the terms and conditions. Evidenced in the file. In the other case, the Care manager has referred the situation to the contracts department for clarificiation of whose responsibility this is. Evidence of Rush hall's effort to obtain written agreement is retined on file

**Requirement 2**

**Ref:** Regulation 5 (1)  
(a) (b)

**Stated:** First time

**To be completed by:**  
15 December 2016

The registered provider must ensure that each patient is provided with a written agreement, setting out the terms and conditions, by not later than the day they become a patient and in the case of unplanned admissions, within five days of admission.

Each patient in the home should have a signed agreement on their file reflecting the up to date terms and conditions and/or evidence to detail how the home has provided an agreement for signature and what efforts the home has gone to in order to follow up on having the agreement returned.

	<p><b>Response by registered provider detailing the actions taken:</b>          Where current terms and condition have not been found on file, new agreements have been post to relatives to sign.          Evidence that these have been sent out have been kept on file.          Where no response has been recieved. Phone calls will or have been made to discuss with the sresponsible person.          All new resident/sresponisble person are requested in person and when needed in writing to complete terms and conditions with in a week of residing in the home</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b>   <b>Ref:</b> Standard 14.25   <b>Stated:</b> First time   <b>To be completed by:</b>          22 November 2016 and          at least quarterly          thereafter</p>	<p>The registered provider should ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents 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><b>Response by registered provider detailing the actions taken:</b>          Home Manager and Administration office will complete reconciliation of valuables quarterly. the first of these being completed at the end of Novemeber. This will be put into a qarterly cylce from January 2017.          Evidence of the reconcilliation will be kept on file</p>
<p><b>Recommendation 2</b>   <b>Ref:</b> Standard 14.26   <b>Stated:</b> First time   <b>To be completed by:</b>          15 December 2016</p>	<p>The registered provider should ensure that an inventory of property belonging to each resident 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><b>Response by registered provider detailing the actions taken:</b>          Quarterly inventory will be made of residents valuable and property on a quarterly basis beginning the cycle from January 2017.          An inventory sheet has been developed that will provide staff the opportunity the identidy property, sign and be countersigned. Allowing staff to repocrds changes in the present of the articles in the home.          This inventory willll be kept in main care file.          named nurse and care assistants have been allocated this duty for specific residents.          The inventory will be completed at least quarterly.</p>

<p><b>Recommendation 3</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> 15 December 2016</p>	<p>The registered provider should ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The request for written authorisation has been made to the Care manager of the 4 resident who have financial management agreements with the WHSCT.</p> <p>The letters are on file as evidence of Rush Hall CH activities to obtain terms and condition for the residents. To date only one Care manager has signed these.</p> <p>Contact via mail and telephone will be made in january to again attempt to provision these agreements. All evidence of Rush hall Activities will be kept on file</p>
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