

Unannounced Finance Inspection Report 16 April 2018



Hillcrest Care Facility

Type of Service: Nursing Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
Inspector: Briega Ferris

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 59 beds that provides care for older service users or those living with a dementia or physical disability.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Florence Becket, (registration pending)	Registered Manager: Julie Ann Elizabeth Taylor
Person in charge at the time of inspection: Julie Ann Elizabeth Taylor	Date manager registered: 1 October 2009
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	Number of registered places: 59 A maximum of 12 persons in category NH-DE, the home is also approved to provide care on a day basis to 4 persons. There shall be a maximum of 3 persons in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 16 April 2018 from 10.00 to 14.40 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; available mechanisms to record income and expenditure on behalf of patients; the availability of lodgement receipts; arrangements in place to support individual patients discussed during the inspection; mechanisms to obtain feedback and views from patients and their representatives; in respect of the information contained in the patients guide; the accounts administrator was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and each patient who was sampled had a signed written agreement in place with the home, albeit that these needed review and update.

Areas requiring improvement were identified in relation to ensuring that: the accounts administrator receives adult safeguarding training at the next opportunity; ensuring that the "resident" bank account is reconciled 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; ensuring that each patient has a record of the furniture and personal possessions which they have brought to their room, ensuring that personal property records are 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, ensuring that personal monies authorisation documents are in place for all relevant patients and ensuring that policies and procedures are reviewed and updated as appropriate.

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	1	7

Details of the Quality Improvement Plan (QIP) were discussed with Julie Taylor, 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 accounts administrator.

The following records were examined during the inspection:

- The Patient Guide
- A sample of income and expenditure records
- A sample of bank statements in respect of the residents' bank account
- Written policies and procedures:
 - "Complaints Procedure" dated March 2017
 - "Whistleblowing" dated December 2012
 - "Confidentiality Policy" dated February 2018
 - "Principles of Good Record keeping" dated December 2014
 - "Policy on handling Patients Money and Valuables" dated March 2013
 - "Policy on Financial records and documents pertaining to finance" dated July 2010
- A sample of patients' personal property (in their room)
- A sample of patients' individual written agreements
- A sample of treatment records for services facilitated within the home

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 January 2018

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

6.2 Review of areas for improvement from the last finance inspection

The home received a finance inspection on 25 May 2010 on behalf of RQIA. The findings from that inspection were not brought forward to the inspection on 16 April 2018.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients 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; however the accounts administrator had not received this training.

This was identified as an area for improvement.

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.

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.

Areas for improvement

One area for improvement was identified in respect of ensuring that the accounts administrator receives adult safeguarding training at the next opportunity.

	Regulations	Standards
Total number of areas for improvement	0	1

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 accounts administrator established that no person associated with the home was acting as appointee for any patient.

A “resident” bank account was in place to hold monies on behalf of patients. There was evidence that transactions in the account statements had been reviewed, however a reconciliation signed and dated by two people had not been recorded.

Ensuring that a double-signed reconciliation of the “residents” bank account is carried out and recorded at least quarterly was identified as an area for improvement.

The accounts administrator reported that in a number of other cases, the family members of patients deposited cash for hairdressing and fee payments on behalf of their relative. Discussion established that the person making a deposit received a receipt and receipts were in place to record these details. It was noted that routinely only the signature of the person receiving the cash was recorded. The inspector provided advice in respect of recording the signature of the person depositing the money (or a second member of staff) as this acts as a protection for the patient and also the member of staff receiving cash.

On the day of inspection, no cash balances were held in respect of any patient, (monies were on deposit for patients in the separately registered residential care home and detailed records of income and expenditure were available for those residents).

Hairdressing and chiropody treatments were being facilitated within the home. The costs of the treatments agreed to a sample of charges recorded in the income and expenditure records. A sample of hairdressing treatment receipts were reviewed, which detailed the date, the name of the patient, the treatment received the cost and the signature of the person providing the treatment.

However records reviewed had not been signed by a representative of the home to verify that the treatment has been provided to the patient.

This was identified as an area for improvement.

The inspector discussed how patients’ property (within their rooms) was recorded and requested to see a sample of the property records maintained. The accounts administrator provided a book containing property records; however for a sample of the patients selected, all of the patients’ records were not in place.

Ensuring that each patient has a signed and dated record of the furniture and personal possessions which they have brought to their room was identified as an area for improvement.

For those patients whose property records were reviewed, there was no evidence available to confirm that they had been reviewed and updated over time. During feedback from the

inspection, it was also highlighted that records of personal property 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.

A review of a sample of charges to patients or their representatives established that the correct amounts had been charged.

The registered manager and the accounts administrator confirmed that the home did not operate a comfort fund nor provide transport services to patients.

Areas of good practice

There were examples of good practice found in relation to the existence of a “resident” bank account to keep patients’ monies separate, in respect of deposit receipts maintained by the home and a sample of charges to patients or their representatives established that the correct amounts had been charged.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to ensuring that the “resident” bank account is reconciled 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; ensuring that each patient has a up to date record of the furniture and personal possessions which they have brought to their room and ensuring that personal property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	1	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 accounts 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. It was clear from this discussion that patients were encouraged to be as independent as possible in managing their money.

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 ongoing verbal feedback and an annual questionnaire.

Arrangements for patients to access money outside of normal office hours were discussed with the accounts 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.

The “patient guide”, included a range of useful information for a prospective patient including for example, information regarding the provision of an agreement to each patient, general information in respect of fees and terms and conditions, additional services facilitated within the home for which there was a fee and the management of lost property within the home.

Written policies and procedures were in place and were easily accessible. Policies were in place addressing areas of practice including general record keeping, whistleblowing, confidentiality, and accounting and financial control arrangements. A review of a sample of policies identified that they were outside of the three year time period for review. This was discussed with the registered manager who noted that a comprehensive review of all of the home’s policies was currently in motion.

Ensuring that policies and procedures are reviewed and updated as necessary was identified as an area for improvement.

Discussion with the home administrator established that she was clear 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 each patient had a signed individual written agreement with the home. However, it was noted that all of the agreements reviewed were dated between 2012 and 2017, and therefore reflected the terms and conditions at that point in time.

In addition, it was noted that an appendix attached to the agreements to provide further detail in respect of the payment of fees, the persons by whom fees were payable and the method of payment had in the majority of cases, not been completed.

These findings were discussed with the registered manager during feedback. It was also highlighted that the home’s generic patient agreement should be reviewed at this point to

ensure that its content is consistent with Standard 2.2 of the Care Standards for Nursing Homes (April 2015).

Ensuring 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) was identified as an area for improvement.

A review of the agreements in place with patients identified that there was reference within the document to an appendix which provided details of the appointment of an agent (ie: the home) and to providing the home with authorisation to use the patient's money for the patient's personal expenditure. However, this appendix was not attached to any of the agreements reviewed.

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.

This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found in respect of the information contained in the patients guide; the accounts administrator was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and that each patient who was sampled had a signed written agreement in place with the home, albeit that these needed review and update.

Areas for improvement

Three 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, ensuring that personal monies authorisation documents are in place for all relevant patients and ensuring that policies and procedures are reviewed and updated as appropriate.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Taylor, 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 Nursing Homes Regulation (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time To be completed by: 16 June 2018	The registered person shall ensure that a record is made of the furniture and personal possessions which each patient has brought to the room occupied by them. Ref: 6.5 Response by registered person detailing the actions taken: Furniture and Personal possession inventory compiled for each patient.
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 13.11 Stated: First time To be completed by: 16 July 2018	The registered person shall ensure that the home administrator receives adult safeguarding training at the next opportunity. Ref: 6.4 Response by registered person detailing the actions taken: Adult safeguarding training completed 10.05.18.
Area for improvement 2 Ref: Standard 14.25 Stated: First time To be completed by: 30 April 2018 and at least quarterly thereafter	The registered person shall ensure that a reconciliation of the residents' bank account is carried out and recorded at least quarterly. Ref: 6.5 Response by registered person detailing the actions taken: Quarterly reconciliations in place for residents account.
Area for improvement 3 Ref: Standard 14.13 Stated: First time To be completed by: 16 June 2018	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. Ref: 6.5 Response by registered person detailing the actions taken: Service providers receipts will be signed by member of staff

<p>Area for improvement 4</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 16 June 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>Response by registered person detailing the actions taken: Property book maintained for all patients and signed by staff member. Reconciliation will be introduced.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 16 June 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>Response by registered person detailing the actions taken: Contracts currently being updated for all patients</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.6,14.7</p> <p>Stated: First time</p> <p>To be completed by: 16 June 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>Response by registered person detailing the actions taken: Authorisation sheets currently being updated</p>
<p>Area for improvement 7</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 16 October 2018</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to, or the introduction of, new policies and procedures.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Policies and procedures ar being updated at present. Ongoing until completion.</p>

Please ensure this document is completed in full and returned via Web Portal



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