



The Regulation and
Quality Improvement
Authority

Rosemount Care Centre
RQIA ID: 11088
2 Moy Road
Portadown
BT62 1QL

Inspector: Briega Ferris
Inspection ID: IN021677

Tel: 02838331311
Email: rosemountmanager@zestcarehomes.co.uk

**Unannounced Finance Inspection
of
Rosemount Care Centre**

2 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced finance inspection took place on 2 June 2015 from 09:40 to 15:30. Overall on the day of the inspection the home was found to be delivering compassionate care; the safety and effectiveness of care was found to be good, however there are some areas identified for improvement. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

1.1 Actions/Enforcement Taken Following the Last Inspection

There has been no previous RQIA finance inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

The details of the QIP within this report were discussed with Ms Jillian Claire McKenna, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Zest Care Homes Limited	Registered Manager: Ms Jillian Claire McKenna
Person in Charge of the Home at the Time of Inspection: Ms Jillian Claire McKenna	Date Manager Registered: 01/11/2011
Categories of Care: NH-I, NH-DE, RC-DE	Number of Registered Places: 71
Number of Service Users accommodated on the day of Inspection: 68	Weekly Tariff at Time of Inspection: £470 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Statement 2

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3

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

Statement 4

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative

4. Methods/Process

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

- Discussion with the registered manager and the home's administrator
- Examination of records
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were examined during the inspection:

- The service user guide
- The home's policy on:
 - Transport for Residents
 - Corporate Appointee
 - Residents Bank Accounts
 - Out of hours receipt of cash/cheques and wallets
 - Items for safekeeping
 - Service User Comfort Funds
 - Resident's Belongings
 - Safeguarding vulnerable adults
 - Prevention of abuse
- Four signed service user agreements
- Four signed personal allowance contracts
- Income/lodgements and expenditure including comfort fund records
- Cash and bank Reconciliations

- Safe reconciliations
- Three records of service users' personal property/inventory
- Safeguarding of Vulnerable Adults completion certificate (Home Administrator)
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5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection on 15 May 2015; the findings from which have been reported on separately and were not discussed during this inspection.

5.2 Review of Requirements and Recommendations from the last Finance Inspection

There has been no previous RQIA finance inspection.

5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Is Care Safe?

We were provided with a copy of the home's service user guide on the day of inspection. We noted that the guide included relevant information on: service users bringing personal property into the home; insurance requirements, the availability of a locked cupboard in the service user's room and appendices detailing the current costs of additional services facilitated within the home i.e.: hairdressing and podiatry. The administrator advised that on admission, the new service user is provided with a copy of the service user guide and an individual written agreement.

We queried whether there were any individual financial arrangements in place with individual service users in the home; the registered manager and the home's administrator described how the home did not have any role in supporting any individual service user with their money and that family representatives were highly involved in supporting individual service users.

Is Care Effective?

We selected a sample of four service user agreements for review. On reviewing the sample of four service users' files, we noted that all four service users had a signed agreement on their file. However, all four agreements did not reflect the current fee arrangements for these service users including the person(s) by whom the fees were payable and the respective methods of payment. We noted that the written agreements three of the four service users had been signed in 2012; the remaining agreement had been signed in 2011; therefore all four agreements detailed a weekly fee rate which was in place at the time of admission and did not reflect up to date arrangements.

We requested to see an up to date agreement, the type of which would be provided to a newly admitted service user. It is noted that the DHSSPS Care Standards for Nursing Homes 2015 are now in effect. Standard 2.2 of the Care Standards for Nursing Homes (2015) requires a number of additional areas are included in the home's individual agreement with service users.

On comparing the home's standard form of agreement with service users to Standard 2.2 of the Care Standards for Nursing Homes (2015), we noted that the following components were not included in the home's standard agreement: the weekly fee, including any third party top payment; an accurate and transparent itemised list of all agreed services and facilities over and above the general services and facilities (the current charges such as for hairdressing, should be included); the arrangements for any financial transactions undertaken by the home on behalf of service users and the records to be kept, including where appropriate, the details of any appointee and the records to be kept of this appointment.

In order to comply with Regulation 5 (1) of the Nursing Homes Regulations (NI) 2005, a service user's agreement must state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

A requirement has been made in respect of these findings.

We noted that alongside each of the four agreements reviewed were "Notification of change in circumstances" forms, which were a typed template detailing new fee rates and persons by whom the fees were payable. Discussion with the registered manager and the administrator established that these forms were sent to representatives and a copy retained on file. Discussions also established that the home did not request that these be signed and returned.

We highlighted that any changes to a service user's agreement must be agreed in writing with the service user or their representative; the individual agreement must also be updated to reflect any increases in charges payable.

A requirement is made in respect of this finding.

Is Care Compassionate?

There was written evidence on the files reviewed to identify that service users/their representatives had been informed in writing of increases in the fees payable over time.

Discussions with the registered manager and the home's administrator established that on the day of inspection, the home was not supporting any service user to manage their money in any way. Discussion established that family representatives deposit money with the home for spending on hairdressing and sundry items. The controls in place in the home around this process are discussed further under Statement 2.

Areas for Improvement

Overall on the day of inspection, we found care to be safe and compassionate. The effectiveness of care was found to be good, however there were two areas identified for improvement; these were in relation to providing up to date individual written agreements to all service users and obtaining written agreement of any change to a service user's individual agreement.

Number of Requirements	2	Number Recommendations:	0
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5.4 Statement 2 - Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant.

We reviewed the records relating to amounts charged to a sample of service users contributing to their fees and were satisfied that the correct amounts were being charged by the home.

Discussion with the administrator established that the home operates a comfort fund for the benefit of all of the service users in the home which is normally funded from donations from service users' relatives and internal fundraising by the home. The home has a written policy and procedure in place for the administration of the comfort fund.

The administrator explained that at the time of inspection, the organisation was in the process of opening a bank account for the administration of the comfort fund and that this process should be completed shortly. In the meantime, the balance of comfort fund monies was being held in the safe place. These monies were also reconciled on a regular basis; the reconciliations were signed and dated by two people.

We noted that the home had a number of written policies and procedures to guide practice in the area of safeguarding service users' money and valuables.

Is Care Effective?

Discussions with the registered manager and home's administrator established that on the day of inspection, no representative of the home was acting as nominated appointee for any service and no personal allowances or benefits in respect of any service user were being received by the home.

Discussions with the home's administrator established that service users' representatives lodge money with the home in order to pay for additional goods and services not covered by the weekly fee (such as hairdressing, private podiatry or other sundries such as newspapers). A review of the records identified that the home provides a receipt to anyone lodging money which is signed by the person lodging the money and a representative of the home; during the course of the inspection, we observed this practice in action.

A review of a sample of the records established that the home had personal allowance contracts in place with service users or their representatives, providing the necessary written authorisation to purchase specific goods and services on behalf of service users; good practice was observed.

A review of the documentation identified that the home operates a pooled bank account used exclusively for the safekeeping of service users' personal monies; we noted that the account

was named appropriately in favour of the service users. A reconciliation of the money held in the bank account is carried out regularly; the reconciliation is signed and dated by two persons.

We reviewed a sample of the records for expenditure incurred on behalf of four service users and noted that the home maintain “personal allowance account statements” detailing income and expenditure. We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a duplicate countersigned receipt for lodgements or a receipt for expenditure recorded on the statement.

In reviewing a sample of the records for hairdressing services facilitated within the home, we noted that the treatment records were made on a template which enabled the required information to be captured. We discussed whether any other services were facilitated within the home and were informed that a private podiatrist visits a small number of service users. We reviewed records of treatments from the podiatrist and noted that they left a receipt with the home which included the name of the service user, the date of treatment, the cost and the signature of the podiatrist. We noted that (unlike the hairdressing treatment records) a representative of the home had not also signed this record to verify that the service user had received the treatment specified.

A requirement has been made in respect of this finding.

Is Care Compassionate?

Discussions with the registered manager and the administrator established that the only money received by the home for safekeeping is that which is deposited by family members for expenditure on hairdressing and sundry items not covered by the weekly fee. Controls exist around the safekeeping of this money and there are regular reconciliations carried out to ensure controls are working appropriately. We queried whether any service user had a specific assessed need in respect of their money or any agreed restrictions; the registered manager and administrator confirmed that none of the service users had any known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, we found care to be safe and compassionate. The effectiveness of care was found to be good, however there was one area identified for improvement; this was in relation to records of podiatry treatments facilitated within the home.

Number of Requirements	1	Number Recommendations:	0
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5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Is Care Safe?

A safe place exists within the home to enable service users to deposit cash or valuables. We reviewed the safe place within the home with the home's administrator and were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the content of the safe place and established that on the day of inspection, no valuables belonging to service users were lodged for safekeeping. Cash balances were held for service users in respect of personal allowance monies and comfort fund monies. We undertook a count of the cash balances with the administrator and noted that these agreed to the records held by the home.

We noted that a safe record exists and that monthly reconciliations of the cash balances within the safe place are recorded and signed and dated by two people; good practice was observed.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support service users with their money. Discussions with the registered manager and administrator established that the home do not have any direct involvement in supporting any service user to manage their money. As noted above, the costs of any additional services such as hairdressing is paid from monies lodged with the home by representatives of the service users. On the day of inspection, this was the extent to which the home was involved in any financial transactions on behalf of service users.

We discussed how service users' property was recorded with the administrator. The home's administrator described how new items of clothing brought in by family members are generally brought via the office, so that clothing tags can be affixed to the clothing to appropriately safeguard them.

We requested the inventory/property records for four service users and were informed that these were retained in the service users' care files. A review of the files established that only three of the four service users had a property record on their file, the remaining property record was not available.

Of the three available records, we noted that all three records had been made on a pre-printed template entitled "Record of service users' belongings". This template had space for two signatures, however in all three cases; the records had only been signed by one person. In addition, we noted that there were descriptions of items which contravened the home's policy on how to record these, for instance, "1 gold watch, 3 gold rings" rather than "yellow coloured". Other items were inadequately described such as "three tables" and one record contained an item of service user's property which we could not read. These findings indicated to us that the process of recording service user inventory was not being managed well.

A requirement has been made in respect of these findings.

Is Care Compassionate?

A safe place exists within the home to enable service users to deposit cash or valuables should they wish to. The home's administrator explained how arrangements to safeguard the service user's money are clearly explained to family representatives when each service user is admitted and noted that this was "to leave it as easy as I can"; good practice was observed.

We spent a significant amount of time with the home's administrator discussing the processes in place within the home to safeguard service users' money. We noted that the home's administrator was confidently able to explain arrangements and had a skilful and compassionate understanding of the relevant issues and the controls in place to support service users. We noted that when discussing matters, the home's administrator reflected a compassionate attitude to supporting service users; again, good practice was observed.

The availability of safe storage arrangements for service users in their rooms is detailed in the service user guide which is provided to each service user or their representative on admission. The home also has a policy on Resident's Belongings which states that "*it is Zest policy to ensure that all belongings brought to the homes are documented, easily identifiable and do not go missing.*" However, as noted above, a review of a sample of service users' property identified that the recording of service users' property was not being effected in a way which reflected this policy or legislative requirements.

Areas for Improvement

Overall on the day of inspection, we found care to be safe and compassionate. The effectiveness of care was found to be good, however there was one area identified for improvement; this was in relation to the recording of service users' personal property.

Number of Requirements	1	Number Recommendations:	0
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5.6 Statement 4 - Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative

Is Care Safe?

On the day of inspection, a transport service was available for service users in the home; which is shared with another local nursing home in the group. Discussion with the registered manager and the home's administrator established that service users were not charged for transport services.

The home has a clear written policy in respect of the use of transport for service users, including personnel requirements and emergency procedures.

Is Care Effective?

As noted above, the home has a written policy and procedure addressing transport provision for service users.

Is Care Compassionate?

The home's policy and procedure on transport details arrangements for appropriate personnel to accompany service users to ensure their needs are appropriately met.

Areas for Improvement

There were no areas for improvement identified in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 Additional Areas Examined

We obtained written confirmation that the home's administrator's training in the protection of vulnerable adults was up to date.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jillian Claire McKenna, the 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 28 July 2015</p>	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user.</p> <p>Individual service user agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet <u>Standard 2.2</u> of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Whilst all current residents do have individual agreements in place these do not meet the new DHSSPS Care Standards for Nursing Homes (2015). The company is at present updating these agreements and will liaise with RQIA to ensure the content of same will be compliant with requirements. A first draft will be available by 28 July 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the next change</p>	<p>The registered person must provide at least 28 days' written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: At present a Notification of change form is placed on all resident's financial files detailing any fee increase update. However, these are not signed by the resident/representative. The company will be reviewing this form to</p>

	include signatures from resident/representative and a section recording if the resident/representative is unable to, or chooses not to sign the update to agreement. This will be in place for the next planned fee review in April 2016.
<p>Requirement 3</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that the treatment records for podiatry services facilitated in the home also include the signature of a representative of the home to verify the treatment has taken place.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: All multidisciplinary persons providing treatment to residents on a private or Trust service basis record doing so on QR8001.15 'Professional Visitors' Record' and the Nurse/Senior Carer in charge of the unit dates and initials same to confirm treatment is complete and family have been informed. This is kept in care files and not financial files. The residents financial files will now contain a photocopy of this along with any invoice paid for treatments as evidence that same has taken place.</p>
<p>Requirement 4</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 14 July 2015</p>	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. (<u>Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly</u>).</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: The company is currently updating QR 8001.05 'Record of Resident's Belongings' to comply with the new DHSSPS Care Standards for Nursing Homes (2015) which will include provision for quarterly reconciliations. On completion all future residents will have a full inventory of all furniture and personal possessions taken upon admission using same. Those residents with us now will have a retrospective inventory collated. However, given the number of residents the home accommodates, the length of time some residents have been with us and that belongings may be in various areas of the home (laundry skips, washing machine, dryer) it is unlikely that this will be completed by 14 July 2015 but will be commenced and ongoing.</p>

Registered Manager Completing QIP		Date Completed	06/07/15
Registered Person Approving QIP		Date Approved	06/07/15
RQIA Inspector Assessing Response		Date Approved	21/07/2015

Please ensure the QIP is completed in full and returned to finance.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:

Section 1 'Summary of Inspection'

Inaccuracy – the inspection was unannounced.

Sections 1.1 and 5.2

Inaccuracy - an announced RQIA Financial inspection previously took place on 5th May 2010 conducted by Mrs Esther Boyd.