

Finance Inspection Report 18 August 2016



Blair House Care Home

Type of service: Nursing Home
Address: 107 Dakota Avenue, Newtownards, BT23 4QX
Tel No: 028 9182 4450
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Blair House Care Home took place on 18 August 2016 from 10:30 to 15:35 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?

Evidence was reviewed which confirmed that the home administrator had completed training in the protection of vulnerable adults and continued training opportunities were available. Controls in place to protect service users' money and valuables were described by the administrator and a review of sample of records evidenced controls operating effectively; no areas for improvement were identified.

Is care effective?

Two areas for improvement were identified during the inspection. These related to how records of personal property belonging to service users in their rooms are maintained and to ensuring that records of money/valuables/safe contents/the service users' comfort fund records are reconciled and signed and dated by two people at least every quarter.

Is care compassionate?

There was evidence in a sample of files reviewed, that service users were involved to make decisions affecting their care, including arrangements to support them with their money. The administrator spoke in a caring and compassionate manner about how the service users in the home were supported with their money and valuables.

One recommendation was made for the home to ensure that there are appropriate contingency arrangements in place so that service users have access to money at all times.

Is the service well led?

A review of a sample of records evidenced that robust governance and oversight arrangements were in place in the home. One recommendation was made in respect of providing up to date written agreements to each service user and ensuring that these are kept up to date on an ongoing basis, with any changes to each service user's agreement agreed in writing.

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

For the purposes of this report, the term 'service users' will be used to describe those living in Blair House Care Home which provides both nursing and residential care.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Caron Conroy, 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

There has been no previous RQIA finance inspection of Blair House Care Home.

2.0 Service details

Registered organisation/registered person: Priory (Watton) Ltd/Caroline Denny	Registered manager: Caron Margaret Conroy
Person in charge of the home at the time of inspection: Caron Margaret Conroy	Date manager registered: 3 December 2014
Categories of care: RC-DE, NH-DE, NH-I	Number of registered places: 81

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. Contact was also made with the inspector who had most recently visited the home.

On the day, the inspector met with the registered manager and the home administrator. A poster detailing that the inspection was taking place was positioned at the entrance to the home; however, no relatives or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- Training record (Protection of Vulnerable Adults) for the home administrator
- A sample of HSC Trust payment remittances
- Financial Policy FIN07- Comfort funds
- Financial Policy OP25 - entitled "Service users funds" dated April 2015
- Financial Policy entitled "Managing service user's money"
- Financial Policy entitled "Safekeeping of personal property and valuables"
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing and chiropody services facilitated in the home
- A sample of service users' comfort fund records
- Five service users' finance files
- Five records of service users' property within their rooms

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 July 2016

The most recent inspection of the home was an unannounced care inspection. The QIP from this inspection (if any) will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection

There has been no previous RQIA inspection of the home.

4.3 Is care safe?

Evidence was provided which confirmed that the home administrator had received training on the Protection of Vulnerable Adults (POVA), it was noted that this training was mandatory for all staff on a regular basis. The administrator who was in the home on the day had worked in the home since it opened approximately five years ago. The administrator was very familiar with the home's controls to safeguard service users' money and valuables, and spoke confidently about the measures in place in the home.

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 service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to service users was lodged with the home for safekeeping, no valuables were being held.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Discussion with the registered manager confirmed that no representative of the home was acting as nominated appointee for any service user in the home. The home administrator confirmed that the home was in receipt of the personal allowance for an identified number of service users; this money was being received from the relevant HSC trust. Robust evidence was available to confirm the amount and timing of transfers of these monies to their respective personal monies balances maintained by the home.

The home was also in receipt of money from family representatives which is left with the home in order to pay for additional services which attract an additional fee, such as hairdressing, chiropody or personal toiletries etc.

The inspector reviewed a sample of the records for income and expenditure maintained on behalf of service users (such as that in respect of hairdressing and chiropody). Clear records were maintained on “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 chiropody treatment record. The inspector traced a sample of transactions and was able to evidence all of the relevant documents in respect of these transactions.

There was evidence that records of personal monies held on behalf of service users were being reconciled weekly by the home administrator. It was noted that written reconciliations (signed and dated by two people, ie: the home administrator and the registered manager) had been recorded; however there was a gap of six months between the last two reconciliations. The inspector noted that reconciliations should be carried out and recorded by two people on at least, at quarterly basis.

The home administrator provided the “Items in safe” book for review. Again, it was noted that checks of the content of the safe place had been carried out against the items in the book and it was noted that these checks were consistently signed and dated by the administrator. There was no evidence that a reconciliation carried out by two people had been conducted at least quarterly.

A recommendation was made in respect of these findings.

As noted above, hairdressing and chiropody treatments were being facilitated within the home. Records were in place to identify the service users treated on any given day and the cost of the respective treatments. A review of a sample of these records evidenced that records reflected all of the relevant information including the names of the service users treated and the respective costs; records were consistently signed by the person providing the treatment and a representative of the home to verify that the treatments had been provided.

The home had a number 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 service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for five service users. Each service user sampled had a record made on an "Inventory of resident's property"; four of the five records had been signed by one person, while one service user's record had not been signed. The latter record had been updated with a small number of items, and these additions had been signed by one person. Only a few of the records had been dated, it was unclear from the template whether the date of admission (which had been detailed), was the same as the date the record had been written.

As noted above, one record within the sample of five evidenced that it had been updated over time. There was also some evidence that staff had attempted to record the specific details of items of value such as the make/model of electrical equipment. However, overall the records evidenced weaknesses in record keeping and inconsistency in the approach to maintaining the records.

A recommendation was made to ensure that all of the service users' records are reviewed and brought up to date, as necessary. Any addition or disposal from the records must be signed and dated by two people; the records should be reconciled by two people at least quarterly.

The home had a service users' comfort fund, a written policy and procedure existed to guide the administration of the fund. A review of a sample of expenditure appeared to support the guidance outlined with the home's policy and procedure. As noted above, a review of the records failed to evidence that these records had been reconciled and signed and dated by two people on at least, a quarterly basis.

The home had a bus used to provide transport to service users. The home administrator stated that the bus was used mainly to support service users to attend medical appointments and from time to time, for social outings. He confirmed that there was no charge to service users for the use of the minibus.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to how records of personal property belonging to service users in their rooms are maintained and to ensuring that records of money or valuables/safe contents/the service users' comfort fund records are reconciled and signed and dated by two people at least every quarter.

Number of requirements	0	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

A sample of fees raised by the home was reviewed and these evidenced that the correct amounts were being charged by the home.

Day to day to day arrangements in place to support service users was discussed with the administrator who was able to describe specific examples of how the home supported a range of service users with their money. Discussion also established how arrangements to safeguard a service users' money were discussed with their service user or their representative at the time of admission to the home.

A review of a sample of five files evidenced that each service user sampled had a signed "Personal allowance contract" in place with the home, granting the home authority to spend personal monies lodged with the home on specific goods or services for that service user.

There was evidence of engagement with other stakeholders involved in supporting a sample of service users which ensured that respective service users had sufficient funds lodged with the home to ensure that each service user had access to money, if required.

Arrangements for service users to access money outside of normal office hours were discussed with the registered manager. She noted that at present, access to the safe place within the home was available during normal office hours. She confirmed that there was no access outside of these times.

A recommendation was made to ensure that home review its arrangements to ensure that service users have access to money at all times.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that the home review its arrangements to ensure that service users have access to money at all times.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Oversight and governance arrangements for safeguarding service users' money were found to be in place and operating effectively. Regular audits of money were recorded and signed and dated by two people; as noted above, a trace of a random sample of transactions evidenced that records were available to substantiate the entries in each service user's personal monies account statement.

As referred to above, the home had a range of detailed policies and procedures in place to guide practice on safeguarding service users' money and valuables. Discussion with the home administrator clearly identified that he was confident in regards to handling any complaint and how to initiate the home's whistleblowing procedures.

There was a clear organisational structure within the home; discussion established that those involved in supporting service users with their money on a daily basis were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

A list of the current service users in the home was provided by the administrator, and a sample of five finance files were selected for review.

All five service users had a written agreement on their file, which was signed and dated by the service user or their representative, as appropriate. It was noted however, that the agreements had been signed at the time that each respective service user had been admitted to the home and the agreements had not been updated over time. The inspector highlighted that service user's agreements should be updated to reflect any changes to terms and conditions (including the weekly fees) and these changes should be agreed in writing by the service user or their representative.

The inspector noted that where difficulties were encountered in securing signatures from service users or their representatives, the home should ensure that robust records are available to evidence how the home has attempted to secure a signature on each service user's updated agreement. A recommendation was made in respect of this finding.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that service users are provided with up to date written agreement and that these are kept up to date on an ongoing basis, with any changes to each service user's agreement agreed in writing.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

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

The registered provider/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 provider 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 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 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 provider 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 Care Standards for Nursing Homes (April 2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions 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 finance.team@rqia.org.uk 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 26 August 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>Response by registered provider detailing the actions taken: This reconciliation of money and valuables is now countersigned by the Home Manager and the administrator on a weekly basis and records kept.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 18 November 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>Response by registered provider detailing the actions taken: The inventory going forward will now be reviewed every 4 months and signed off. All non clothing items will be recorded on separate inventory</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2016</p>	<p>The registered provider should ensure that arrangements in the home are explored which would ensure that service users have access to money at all times.</p> <p>Response by registered provider detailing the actions taken: Out of office hours a float will be left with the nurse in charge of the building and a receipt book to record any amounts required and given to any resident.</p>
<p>Recommendation 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p>	<p>The registered provider should ensure that changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by registered provider detailing the actions taken:</p> <ul style="list-style-type: none"> • . This is in progress of being completed. Letters sent out to the NOK/ Fin representative that will contain any fee increase will be added to the resident financial file.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews