

# Finance Inspection Report 6 June 2016



## Rose Martha Court

**Type of Service: Nursing Home**  
**Address: 30 Westbourne Avenue, Ballymena, BT43 5LW**  
**Tel No: 02825648165**  
**Inspector: Briega Ferris**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rose Martha Court took place on 6 June 2016 from 10:15 hours 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?**

Controls in place to safeguard service users' money and valuables were generally found to be operating effectively. One recommendation has been made in relation to updating the home's policy and procedure on safeguarding service users' money and valuables.

### **Is care effective?**

Systems were found to be in place to record the receipt of money belonging to service users and how this was used to purchase goods and services on their behalf. However, four recommendations have been made; these relate to ensuring that all relevant service users have a written personal monies authorisation in place, that the records of service users' property held in their rooms is reviewed and kept up to date, carrying out a reconciliation of money and valuables at least quarterly and introducing a detailed written record of the safe contents which should be checked by two staff at least quarterly, with the record signed and dated by both persons.

### **Is care compassionate?**

Compassionate practice was evidenced; however, one recommendation was made in relation to implementing contingency arrangements so that service users have access to their money at all times.

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

Governance and oversight arrangements were found to be in development by management. A governance framework had been established however this had not been implemented for finance at the time of inspection. One requirement was made in relation to providing up to date written agreements to all service users; two recommendations were made in relation to training for administrative staff and providing notice to service users or their representatives of any changes to their individual agreements.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (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 Rose Martha Court, which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Martin Kelly, home 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 Rose Martha Court.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Runwood Homes Ltd/ Mr Nadarajah (Logan) Logeswaran	<b>Registered manager:</b> See box below
<b>Person in charge of the home at the time of inspection:</b> Mr Martin Kelly	<b>Date manager registered:</b> Mr Hugh Martin Kelly – application received, registration pending.
<b>Categories of care:</b> NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI, RC-DE, RC-I	<b>Number of registered places:</b> 100

### 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 issue.

During the inspection, the inspector met with Mr Martin Kelly, the home manager and the home's administrator. 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 Service User Guide
- Six service users' financial records
- Two signed service user agreements
- A sample of income/lodgements and expenditure records
- A sample of records detailing hairdressing services facilitated in the home
- Extracts from four service users' care plans
- Finance policy QD082 - "Finance Policy incorporating residents' personal accounts homes petty cash and amenity fund"
- Four records of service users' property/furniture and personal possessions

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 24 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The pharmacy inspector was contacted prior to this inspection and confirmed that there were no matters to be followed up, as there were no requirements or recommendations made at that inspection.

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

There has been no previous RQIA finance inspection of the home.

### 4.3 Is care safe?

The home administrator stated that she had worked in the home for a number of months and explained the training which she received when she joined the home. Her training included one to one training with an administrative colleague from another nursing home and online training. Evidence was reviewed which confirmed that the home administrator had received training on the Protection of Vulnerable Adults and she was able to detail the procedures to follow should she suspect that a service user was being financially abused. The administrator also advised that she was aware of how to receive and deal with a complaint; however she stated that she had not received any complaints since joining the home.

The home's written finance policy (QD082 - "Finance Policy incorporating residents' personal accounts homes petty cash and amenity fund") was readily available and a copy was provided to the inspector. Within this policy, there were references to UK legislation and the next date for review was detailed as 31/01/15. We highlighted that the policy should be updated to reflect up to date Northern Ireland legislation and DHSSPS Minimum Standards.

A recommendation was made in respect of this finding.

During discussion, the manager Mr Kelly 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 to it.

#### Areas for improvement

One area for improvement was identified during the inspection, this related to updating the home's finance policy - QD082 - "Finance Policy incorporating residents' personal accounts homes petty cash and amenity fund".

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

The manager showed the inspector extracts from four service users' care plans which detailed the individual arrangements in place to support those service users. The manager and administrator were also able to describe individual arrangements for identified service users.

However, a review of a sample of finance records evidenced that not all service users had a written personal monies authorisation in place, permitting the home to make purchases of goods and services on behalf of the service user. The inspector noted that these should be in place for all service users for whom money is lodged for safekeeping with the home to make such purchases.

A recommendation was made in respect of this finding.

Discussion identified that the home did not operate a transport scheme; service users were supported to access other means of transport appropriate to meet their individual needs and requirements.

A sample of the records of service users' furniture and personal possessions in their rooms was reviewed and the inspector noted significant inconsistency in the methods used to record these items. For the four service users selected, these methods included recording items on a blank piece of paper, using the back of a page with "Welcome to Rose Martha Court" printed on it and a computerised method from which a printout was provided to the inspector. None of the four records had been signed or dated and there was no evidence that they had been updated over time.

A recommendation was made for the home to update the records of service users' property for each of the current service users in the home and to ensure that the record keeping controls outlined in the recommendation are adhered to for both current and future service users.

The administrator described the day to day arrangements for recording income and expenditure on behalf of service users. A sample of records were reviewed which evidenced that a standard financial ledger format was in use to capture each entry; entries were routinely signed by two people. Written evidence was also available which detailed that a reconciliation of monies held on behalf of service users had been most recently carried out in October 2015. The inspector stressed that reconciliations should be carried out at least quarterly.

A recommendation was made in respect of this finding.

As part of the inspection, a sample of receipts for expenditure including toiletries and hairdressing were reviewed. The inspector traced a number of entries for expenditure and was able to locate the relevant receipt or treatment record in the case of hairdressing services.

The inspector viewed the contents of the safe place in the home. Discussions established that there was no written record of the safe contents nor were the manager or administrator able to clearly advise of its contents; it was acknowledged however that there were items of value within the safe which belonged to service users. The inspector noted her concern at this and stated that there should be a detailed written record of the safe contents which should be checked by two staff at least quarterly, with the record signed and dated by both persons.

A recommendation was made in respect of this finding.

The manager stated that no representative of the registered person was acting as nominated appointee for any of the current residents, following the inspection; this was confirmed by the organisation's head office.

### Areas for improvement

Four areas for improvement were identified during the inspection. These related to: ensuring that personal monies authorisations are in place for all relevant service users; updating the records of service users' property; carrying out and recording reconciliations of service users' money and valuables held at least quarterly and introducing a detailed written record of the safe contents which should be checked by two staff at least quarterly, with the record signed and dated by both persons.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>4</b>
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#### 4.5 Is care compassionate?

The inspector discussed the day to day arrangements in place in the home to support service users. The manager and administrator described examples of how they engaged with the family members of identified service users to ensure that service users were effectively supported to manage their money.

The home administrator explained how she would meet with a new service user or their representative and explain how their money would be held safely in the home (if they chose to deposit money for safekeeping). She also stated that she would show a service user the written template used to record income and expenditure ("resident's personal money sheet"). Discussions established that the home could receive money from relatives outside of normal office hours and the arrangements for this were described to the inspector.

The manager and administrator noted that in their experience, no service user had asked for their money from the safe place outside of normal office hours. The inspector noted that finance policy QD082 referenced that there should be an emergency float of cash available for this purpose; however this was not mentioned by either members of staff spoken with and was not physically evidenced on the day. It was therefore recommended that the contingency arrangement as detailed in the home's finance policy be implemented.

A recommendation was made in respect of this finding.

#### Areas for improvement

One area for improvement was identified during the inspection, which related to implementing contingency arrangements for service users to access their money outside of normal office hours.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.6 Is the service well led?

As noted above, the home had a written finance policy and procedure to guide practice in safeguarding service users' money and valuables. The policy was out of date and made referred to UK legislation; a recommendation has been made earlier in this report accordingly.

During the course of the day, the inspector observed the administrator and receptionist counting service users' money at the reception desk. The inspector requested that they cease this task and the cash was secured. The inspector stressed that cash must not be counted in an unsecure location.

The inspector related her concern to the manager regarding what she had observed and highlighted the lack of insight by staff to the very obvious risk in counting money in an unsecure location in future.

On counting the cash, the balance did not agree to the written cash balance (there was a difference of ninety seven pence). The inspector noted that these findings evidenced two things: firstly, a weakness in basic controls regarding reconciliation of monies and secondly, shortcomings in governance arrangements which should highlight these weaknesses.

The inspector suggested refresher training for administrative staff in respect of robust controls which should be place to safeguard money and valuables.

A recommendation was made in respect of this finding.

Discussion with the manager and administrator established that they had both taken up their posts within the last year. The manager noted that it was taking a period of time to stabilise the home and acknowledged that matters in respect of for instance, recruitment, had taken priority. The manager noted that from June 2016, the home would be utilising a “governance framework”, to embed appropriate governance arrangements.

He also accepted that the scope of the duties for the administrator was proving very challenging and that he had requested further administrative support. The inspector noted that input from more experienced colleagues would be useful at this pressurised time, in order to effectively support staff.

As part of the inspection, six service users’ records were selected for review. The review of these records evidenced that four service users did not have a written agreement with the home; the remaining two service users had an agreement signed in 2013, therefore the agreements did not reflect current fee levels.

The inspector discussed this with the manager and noted that it was a statutory requirement for each service user to be provided with a written agreement on admission to the home and that any current service user who did not have a written agreement must be provided with one.

A requirement was made in respect of this finding.

In addition, any service user who had a written agreement detailing incorrect or out of date information should be provided with an updated agreement for signing; the process of updating service user agreements should be ongoing.

A recommendation was made in respect of this finding.

### **Areas for improvement**

Three areas for improvement were identified during the inspection, these related to: training for administrative staff; providing an individual written agreement to each service user and ensuring that service user agreements are kept up to date on an ongoing basis.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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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 Mr Martin Kelly, 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 taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 5 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 August 2016</p>	<p>The registered person must ensure that any service user currently accommodated in the home that does not have an individual written agreement is provided with one. A full copy of the signed agreement should be retained on the service user's file.</p> <p>Where a HSC trust-managed service user does not have an identified person to act as their representative, the service user's individual agreement should be shared with their HSC trust care manager.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Agreements have all been sent to be signed by NOK</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 35.21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 July 2016</p>	<p>The registered person should ensure that Finance Policy QD 082 is updated and that appropriate references are made to legislation and guidance applicable to Northern Ireland.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Finance policy now up to date</p>
<p><b>Recommendation 2</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> 06 August 2016</p>	<p>The registered person should ensure that written authorisation is obtained from each service user or their representative to spend the service user's personal monies on identified goods and services. The written authorisation must be retained on the service user's records and updated as required.</p>
	<p><b>Response by registered person detailing the actions taken:</b> Written authorisation is obtained from each service user/NOK to keep personal monies</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 August 2016</p>	<p>The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record should be reconciled at least quarterly. The record must be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>
	<p><b>Response by registered person detailing the actions taken:</b> All residents have separate inventory records</p>

<p><b>Recommendation 4</b></p> <p>Ref: Standard 14.25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016 and at least quarterly thereafter</p>	<p>The registered person should ensure that a reconciliation of money and valuables held on behalf of service users is carried out at least quarterly.</p> <p><b>Response by registered person detailing the actions taken:</b> Registered manager and Administrator record reconciliation of monies and valuables every 3 months</p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 14.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2016 and at least quarterly thereafter</p>	<p>The registered person should ensure that there are accurate and up to date records maintained of valuables handed over by the service user for safekeeping. The record should be signed and dated by the service user and the member of staff on receipt and return of the items.</p> <p>A reconciliation of valuables should be carried out and signed and dated by two people at least quarterly.</p> <p><b>Response by registered person detailing the actions taken:</b> All records of monies and valuables are recorded by two signatures</p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 14.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 June 2016</p>	<p>The registered person should ensure that in line with the home's finance policy, the home implement contingency arrangements outside of normal office hours in order that service users' money is freely available to them at all times.</p> <p><b>Response by registered person detailing the actions taken:</b> there are contingency plans in place for residents to access money out of normal working hours</p>
<p><b>Recommendation 7</b></p> <p>Ref: Standard 13.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 July 2016</p>	<p>The registered person should ensure that administrative staff are provided with up to date/refresher training in respect of measures to safeguard service users' money and valuables. If the training is to be provided internally i.e. by another employee of the organisation, the training content should be developed in conjunction with management to ensure that the scope of the training is appropriate and the learning from it is measurable.</p> <p><b>Response by registered person detailing the actions taken:</b> Regional Administrator is providing training and support</p>
<p><b>Recommendation 8</b></p> <p>Ref: Standard 2.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 August 2016</p>	<p>The registered person should ensure that the service user or their representative is provided with written notice of all changes to the individual agreement, and these are agreed in writing. Where the service user is unable to sign or chooses not to, this is recorded.</p> <p><b>Response by registered person detailing the actions taken:</b> Service Users and NOK are informed of all changes</p>



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