

Unannounced Finance Inspection Report 04 July & 10 July 2017



Oriel House

Type of Service: Residential
Address: 30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 9448 8161
Inspector: Joseph McRandle

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 residential care home with 8 beds that provides care for residents living with Mental disorder excluding learning disability and dementia, physical disability other than sensory impairment and old age not falling within any other category.

3.0 Service details

Organisation/Registered Provider: Oriel House Responsible Individual(s): Mrs Margaret Teresa Thompson Mr Gary Thompson	Registered Manager: Josephine Linton (Acting)
Person in charge at the time of inspection: Josephine Linton	Date manager registered: Josephine Linton - application received - "registration pending".
Categories of care: Residential care (RC) I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia PH - Physical disability other than sensory impairment	Number of registered places: 8

4.0 Inspection summary

An unannounced inspection took place on 4 July 2017 from 09:45 to 12:15 and 10 July 2017 11:15 to 14:00.

During the inspection on 04 July 2017 certain records relating to the inspection could not be accessed. The manager stated that records were located within the home. The manager made a request for time to locate the records as the responsible person was unavailable at the time of the inspection. RQIA agreed with the request and the inspection was postponed until 10 July 2017.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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.

Evidence of good practice was found in relation to: providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place and staff receiving training in adult safeguarding, updating records of residents' personal possessions, informing residents or their representatives of increases in the weekly fee, providing support for residents to undertake journeys outside of the home and retaining records of fees paid by, or on behalf of, residents.

Areas requiring improvement were identified in relation to: updating the financial policies and procedures with the procedure for paying the hairdresser and podiatrist, the invoices raised for residents' fees, updating the residents' guide, updating residents' agreements to show current fee, the signing of residents' agreements and updating residents' agreements with provision informing residents of policy of paying hairdresser and podiatrist directly.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Josephine Linton, manager and Mrs Margaret Thompson, responsible person, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 22 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous care inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the manager and the responsible person.

The following records were examined during the inspection:

- Three residents' finance files
- Two residents' individual written agreements
- The residents' guide
- A sample of records of fees received
- A sample of invoices for residents' fees
- Financial policies and procedures
- Inventory records for one resident.

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 22 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was not due for return at the time of issuing this report. The QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Discussion with staff confirmed that it was policy at the home for residents to manage their own finances. No monies or valuables were held on behalf of residents at the time of the inspection.

A safe place was provided at the home if residents required monies or valuables to be held for safekeeping. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access.

Discussion with the manager confirmed that all staff had received training in relation to the safeguarding of vulnerable adults. As in line with good practice records showed that members of staff had signed statements confirming that they had read and understood the vulnerable adult safeguarding policy. The manager was able to demonstrate knowledge of their specific role and responsibilities for any concerns raised in relation to residents' finances.

Discussion with staff confirmed that there were no finance related restrictive practices in place for any resident.

Areas of good practice

There were examples of good practice found in relation to providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place and staff receiving training in adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of records and discussion with staff confirmed that no member of staff at the home acted as an appointee for any resident, i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual.

Discussion with staff also confirmed that no member of staff acted as an agent for any resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

Records confirmed that residents or their representatives were informed in advance of any increase in fees as in line with The Residential Care Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that no bank accounts were managed on behalf of any resident.

Discussion with the manager confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Review of records for one resident showed that the records were updated with items acquired and disposed of after admission for which staff had been made aware of. Discussions also confirmed that all items of furniture located within residents' rooms were provided by the home.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies did not reflect all of the practices currently operated at the home e.g. the procedure for paying the hairdresser and podiatrist for services provided to residents. This was identified as an area for improvement.

The procedure for paying the hairdresser and podiatrist is discussed under section 6.7 of this report.

Areas of good practice

There were examples of good practice found in relation to: updating records of residents' personal possessions and informing residents or their representatives of increases in the weekly fee.

Areas for improvement

One area for improvement was identified during the inspection. This related to updating the financial policies and procedures with the procedure for paying the hairdresser and podiatrist.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The home did not provide a transport scheme at the time of the inspection. Discussion with the manager confirmed that alternative arrangements were in place to support residents wishing to undertake journeys; this included the use of taxis which were paid for by the residents or their representatives.

Discussion with the manager confirmed that arrangements were in place to offer support for residents managing their own monies.

Areas of good practice

There were examples of good practice found in relation to providing support for residents to undertake journeys outside of the home.

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 service users in order to deliver safe, effective and compassionate care.

Review of records confirmed that copies of payment remittances from Health and Social Care Trusts showing the weekly fee for each care managed resident were retained at the home. The remittances also showed the amount of fees paid by the Trusts on behalf of residents and the amount paid by care managed residents directly to the home. Records were also available showing the amount received from private residents for their fee.

A weekly third party contribution was paid on behalf of care managed residents. Discussion with the responsible person confirmed that the additional amount was not for any additional

services provided to residents but the difference between the tariff for Oriel House and the regional rate paid by the Health and Social care Trusts.

Review of records showed that residents (or their representatives) were invoiced for their contribution towards their fee; records confirmed that residents' representatives were invoiced for the third party contribution. Records of payments made by, or on behalf of, three residents confirmed that the amounts received agreed to the contribution owed by each resident. It was noticed that the invoices were not consistently raised on headed paper or showed the date the invoice was raised. This was identified as an area for improvement.

Discussion with the manager and responsible person confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts, including the third party contribution.

A residents' guide was in place at the time of the inspection. The guide did not include the details of the services provided to residents as part of their weekly fee. This was identified as an area for improvement.

The guide included a written agreement which was issued to residents on admission to the home. Review of three residents' files evidenced that individual written agreements were in place for two of the residents. The two agreements reviewed were not in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011) as they did not show the current weekly fee paid by, or on behalf of, residents. One agreement did not show the amount of the additional third party contribution paid on behalf of the resident. This was identified as an area for improvement.

The agreements reviewed were signed by the resident or their representative and a representative from the home. It was noticed that for one of the agreements, the relationship between the person signing the agreement and the resident could not be established. This was identified as an area for improvement.

Discussion with the manager and responsible person confirmed that it was policy at the home for the hairdresser and podiatrist to be paid directly by the resident or their representative. Discussions also confirmed that no purchases were undertaken on behalf of residents by members of staff. The inspector was informed by the manager and responsible person that residents or their representatives purchased essential items e.g. toiletries when required. There was no provision within the residents' agreements informing residents or their representatives of the home's policy of not paying for services or undertaking purchases on behalf of residents, prior to signing the agreement. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice in relation to retaining records of the fees received on behalf of residents.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to: the invoices raised for residents' fees, updating the residents' guide, updating residents' agreements to show current fee, the signing of residents' agreements, update residents' agreements with provision informing residents of policy for paying hairdresser and podiatrist.

	Regulations	Standards
Total number of areas for improvement	0	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Josephine Linton, manager and Mrs Margaret Thompson, responsible person, 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 11 August 2017	<p>The registered person shall ensure that the financial policies and procedures are updated to include all of the financial procedures operated at the home e.g. the procedure for paying the hairdresser and podiatrist for services provided to residents.</p> <p>A record should be retained showing that staff have read and understood the revised policies and procedures.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Standard 20.10 has been met and all financial policies have been reviewed and updated and ready for inspection. A record is available containing staff signatures that they understand and have read the policies.</p>
Area for improvement 2 Ref: Standard 20.14 Stated: First time To be completed by: 11 August 2017	<p>The registered person shall implement a system to ensure that invoices raised for residents' fees are provided on headed paper and the invoice includes the date the invoice was raised.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Standard 20.14 has been met and is now ready for inspection.</p>
Area for improvement 3 Ref: Standard 3.2 Stated: First time To be completed by: 18 August 2017	<p>The registered person shall update the residents' guide to include the services provided to residents as part of their weekly fee.</p> <p>The revised guide should be issued to residents or their representatives.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Standard 3.2 is currently being updated and will be ready for inspection in one week.</p>
Area for improvement 4 Ref: Standard 4.2 Stated: First time To be completed by: 25 August 2017	<p>The registered person shall update the residents' written agreements in order to be in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011.</p> <p>The agreements should show the current amount paid by the Health and Social Care Trust and the current contribution paid by residents. The agreements should also show the amount of the additional third party contribution paid on behalf of residents.</p>

	Ref: 6.7
	Response by registered person detailing the actions taken: Standard 4.2 is currently being applied to residents written agreements and will be ready for inspection in one week.
Area for improvement 5 Ref: Standard 4.4 Stated: First time To be completed by: 25 August 2017	The registered person shall ensure that the residents' agreements identify the relationship between the person signing the agreement and the resident. Ref: 6.7
	Response by registered person detailing the actions taken: Standard 4.4, ref: 6.7 has been completed and is ready for inspection.
Area for improvement 6 Ref: Standard 4.2 Stated: First time To be completed by: 25 August 2017	The registered person shall update the residents' agreements with a provision informing residents or their representatives of the policy relating to paying the hairdresser and podiatrist and the purchase of essential items e.g., toiletries, prior to signing the agreements. Ref: 6.7
	Response by registered person detailing the actions taken: Standard 4.2 is currently being applied to residents written agreements and will be ready for inspection in one week.

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



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