

Announced Finance Inspection Report 19 July 2017



Gnangara

Type of Service: Residential

Address: 163 Sligo Road, Drumawill, Enniskillen, BT74 7JZ

Tel No: 028 6632 5134

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 15 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual(s): Mrs Fiona McAnespie	Registered Manager: Ms Margaret Irwin - registration pending
Person in charge at the time of inspection: Ms Margaret Irwin	Date manager registered: Registration pending
Categories of care: RC - Residential care DE - Dementia	Number of registered places: 15

4.0 Inspection summary

An announced inspection took place on 19 July 2017 from 10:45 to 14:15. Less than one hours' notice was given prior to the inspection.

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, members of staff involved in managing residents' finances having adult safeguarding training, updating residents' records of personal possessions, recording the reconciliations of residents' monies, the financial policies and procedures operated at the home, completing consent forms for members of staff to purchase goods and services on behalf of residents, facilitating journeys on behalf of residents, offering support to residents for managing their own monies, retaining records of fees charged to residents, records of the amounts received for fees, written agreements in place for residents, retention of receipts from purchases, records from hairdressing and podiatry treatments and records of monies deposited on behalf of residents.

Areas requiring improvement were identified in relation to: issuing new written agreements to existing residents, agreements to show the current fee including the amount of third party contributions paid on behalf of residents, obtaining confirmation from the Western Health and Social Care Trust (WHSCT) that they are in agreement with the recent increase to the third party contribution paid on behalf of residents, review provision included in new agreements and retain copies of receipts issued to individuals depositing monies on behalf of residents outside of office hours.

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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms Margaret Irwin, 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.

4.2 Action/enforcement taken following the most recent inspection dated 19 June 2017

The most recent inspection was an unannounced Medicines Management inspection undertaken on 19 June 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

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 medicines management 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 home's administration officer.

The following records were examined during the inspection:

- Four residents' finance files
- Four residents' individual written agreements
- Sample of monies held on behalf of three residents
- A sample of records of reconciliations of monies held on behalf of residents
- Three residents' consent forms for members of staff to make purchases on behalf of residents
- Three residents' additional services consent forms
- The residents' guide
- Records of safe contents
- A sample of records showing payment of fees by residents
- A sample of records showing payments for hairdressing and podiatry services
- A sample of records showing purchases undertaken on behalf of residents
- A sample of records showing monies deposited at the home on behalf of residents
- Financial policies and procedures
- Signatory list of staff authorised to make purchases on behalf of residents
- One record of resident's personal property.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 June 2017

The most recent inspection of the home was an unannounced Medicines Management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next Medicines Management 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.

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. A sample of monies held on behalf of three residents were counted, the amount retained agreed to the balance recorded at the home.

No valuables were held on behalf of residents at the time of the inspection. A safe contents book was in place and up to date at the time of the inspection.

Discussion with the manager confirmed that members of staff involved in managing residents finances had received training in relation to the safeguarding of vulnerable adults. The manager was able to demonstrate knowledge of their specific role and responsibilities in relation to 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 members of staff involved in managing residents' finances having adult safeguarding training.

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 the manager 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 the manager 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.

Discussion with staff and review of records confirmed that monies held on behalf of residents were reconciled on a monthly basis. As in line with good practice the records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Discussion with staff confirmed that no bank accounts were managed on behalf of any resident. Staff also confirmed that the home did not operate a residents' comfort fund.

Discussion with the manager and review of records confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Discussions with staff also confirmed that all items of furniture located within residents' rooms were provided by the home.

Comprehensive policies and procedures for the management and control of residents' finances were in place at the time of the inspection. A review of the policies confirmed that the practices undertaken by staff on behalf of residents were reflected within the policies.

Areas of good practice

There were examples of good practice found in relation to: updating residents' records of personal possessions, recording the reconciliations of residents' monies and the financial policies and procedures operated at the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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. Discussions 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.

The manager was commended on the good practice of consent forms being in place for members of staff to purchase goods and services on behalf of residents. Two types of consent forms were completed on behalf of residents, one for the payment of additional services e.g. hairdressing and another for the purchase of essential items e.g. toiletries. A review of three residents’ files showed that both forms were retained within all three files. The forms included the price list for the hairdresser, the type of treatment provided to the resident by the hairdresser and a list of the items members of staff were authorised to purchase on behalf of residents. The consent forms were signed by the residents’ representatives and a representative from the home.

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

Areas of good practice

There were examples of good practice found in relation to: completing consent forms for members of staff to purchase goods and services on behalf of residents, facilitating journeys on behalf of residents and offering support to residents for managing their own monies.

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 the health and social care trust 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 trust on behalf of residents and the contribution paid by residents towards their fee. Records were also available showing the weekly fee charged to private residents.

Review of records of payments made by, or on behalf of, three residents confirmed that the amounts received agreed to the contribution owed by each resident.

A residents' guide was in place at the time of the inspection. The guide included the details of the services provided to residents as part of their weekly fee and a list of additional services charged separately to residents e.g. hairdressing.

The resident's guide included a written agreement which was issued to residents on admission to the home. Review of four residents' files (two of which were private residents) evidenced that individual written agreements were in place for all four residents. It was noticed that one of the agreements was in a different format from the other three agreements. Discussion with the manager confirmed that the resident was recently admitted to the home and the agreement reflected the terms and conditions of the new registered provider (Radius).

Two of the agreements reviewed did not show the current weekly fee paid by, or on behalf of, the residents. One of the agreements was not signed by the resident or their representative and a representative from the home. An area for improvement was identified for existing residents to be issued with agreements detailing the terms and conditions of the new registered provider. The agreements should show the current fee paid by, or on behalf of, residents and should be signed by the resident or their representative and a representative from the home.

Review of records confirmed that a weekly third party contribution (top up) was paid on behalf of care managed residents. Records showed the additional contribution was paid directly to the home by the third party. Discussion with staff confirmed that the third party contribution was not for any additional services provided to residents but the difference between the tariff for Gngangara and the regional rate paid by the Health and Social Care Trusts.

One of the agreements reviewed did not show the amount of the additional third party contribution paid on behalf of the resident. As previously stated within this report an area for improvement has been listed for residents agreements to be updated to show the current fee paid by, or on behalf of, residents.

Review of records and discussion with the manager confirmed that the third party contribution was increased for residents admitted to the home on or after 01 April 2017. There was evidence during the inspection that Radius Housing had contacted the WHSCT in July 2017 to inform them that the third party contribution had been increased. There was no evidence to confirm that the increase had been agreed with the WHSCT as the contracting party.

The inspector discussed the findings with the manager and subsequently with a care services manager from Radius via telephone. The inspector advised that as in line with the Department of Health's circular "CARE MANAGEMENT, PROVISION OF SERVICES AND CHARGING GUIDANCE", any increase in third party contributions must be agreed with the Health and Social Care Trusts prior to being applied. An area for improvement was listed within the QIP of this report for the registered person to contact the WHSCT to obtain confirmation that they are in agreement with the increase to the third party contribution.

It was noticed that the new agreement recently implemented by the registered provider included a provision which stated that:

"The weekly charge Which is levied in accordance with current DHSSPS guidelines, however, should the resident be assessed as requiring a higher level of care to that normally

provided by the association in the scheme, a higher weekly charge may be applied..... The association may apply directly for an increase in fees to the care manager within the Health and Social Care Trust, if applicable, or advise the resident directly of the increase amount and applicable date.”

The inspector discussed this finding with the manager advising that the wording of the provision suggested that residents may incur an additional increase in their fee without the agreement of the Health and Social Care Trust. This was identified as an area for improvement.

RQIA are currently in discussions with the WHSCT in relation to the increase in the third party contribution and the above provision.

Review of records and discussion with staff confirmed that individual transaction sheets were maintained for each resident. The sheets were used to record the details of transactions undertaken on behalf of residents including purchases of items and payments for additional services e.g. hairdressing. The transaction sheets were also used to record monies deposited at the home on behalf of residents.

Two records of payments to the hairdresser and one to the podiatrist were reviewed. Receipts were available from all three transactions. It was noticed that, as in line with good practice, the hairdresser and podiatrist had signed the records, along with two members of staff, to confirm that the service took place and that the hairdresser and podiatrist had received payment. Good practice was also observed in relation to the audit process as a number was recorded on the receipts and the corresponding number was recorded against the entries in the residents' transaction sheets.

Two records of monies deposited at the home on behalf of two residents were reviewed. The amounts deposited were recorded in the residents' transaction sheets. Two signatures were recorded against each of the transactions. As in line with good practice the person depositing the monies was one of the signatures recorded. Discussion with staff confirmed that when monies were deposited outside of office hours two members of staff signed the records and the person depositing the monies was issued with a receipt. It was noticed that a copy of the receipt was not retained at the home. This was identified as an area for improvement.

Review of records showed that as in line with good practice a list of signatures of staff authorised to make purchases or payments on behalf of residents was maintained at the home

Areas of good practice

There were examples of good practice in relation to, retaining records of fees charged to residents, records of the amount of fees received, written agreements in place for residents, retention of receipts from purchases, records from hairdressing and podiatry treatments and records of monies deposited on behalf of residents.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: issuing new written agreements to existing residents, the agreements should show the current fee charged to residents including the amount of the third party contribution paid on behalf of residents, obtaining confirmation from the WHSCT that they are in agreement with the recent increase to the third party contribution, review provision included in new agreements and retain

copies of receipts issued to individuals depositing monies on behalf of residents outside of office hours.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Margaret Irwin, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care 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 The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 5. (3)</p> <p>Stated: First time</p> <p>To be completed by: 25 August 2017</p>	<p>The registered person shall ensure that residents are charged in line with Department of Health's guidelines on the care and assessment process by obtaining confirmation from the WHSCT that they are in agreement with the recent increase to the third party contribution paid on behalf of residents.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: A meeting has been scheduled with the WHSCT Contracts Manager to achieve formal agreement for the £1 increase in the Top up charge.</p>

Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.

<p>Area for improvement 1</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 08 September 2017</p>	<p>The registered person shall issue residents with agreements which reflect the terms and conditions of the new registered provider. The agreements should show the current fee paid by, or on behalf of, residents (including the current amount of the third party contribution).</p> <p>The agreements should be signed by the resident or their representative and a representative from the home.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Communication has been sent to all residents by Radius Housing to confirm this.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall confirm that any increase in fees for care managed residents will not be applied without the agreement of the relevant Health and Social Care Trust.</p> <p>The provision included in the new written agreements should be revised to reflect the above.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Point noted and addressed.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2017</p>	<p>The registered person shall implement a system to ensure that a copy of the receipt, issued to individuals when depositing monies on behalf of residents after office hours, is retained at the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Actioned</p>
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7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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