

Unannounced Finance Inspection Report 23 May 2017



Creamery House

Type of Service: Residential Care Home
Address: 38 Main Street, Kesh, BT93 1TE
Tel No: 02868632176
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Creamery House took place on 23 May 2017 from 11:10 to 15:30 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?

A safe place was available in the home to enable residents' deposit money and valuables for safekeeping; staff members were familiar with controls in place to safeguard residents' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure residents' money and valuables were safeguarded were found to be in place; however one area for improvement was identified during the inspection. This related to ensuring that the receipt of confirmation of the appointee details from the Social Security Agency is followed up and when received, is held on file for each of the relevant residents.

Is care compassionate?

Discussion with staff members evidenced an empathic attitude to ensuring residents' money and valuables were appropriately safeguarded; no areas for improvement were identified.

Is the service well led?

Governance and oversight arrangements were found to be in place; however one area for improvement was identified during the inspection. This related to ensuring that the home provides to each resident, an individual written agreement detailing the terms and conditions of their stay in the home and including as a minimum, the content of standard 4.2 of the (DHSSPS) Residential Care Home's Minimum Standards, (updated August 2011).

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the quality improvement plan (QIP) within this report were shared with Lynette McHugh, 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 finance inspection of the home.

2.0 Service details

Registered organisation/registered person: Western HSC Trust/Elaine Way CBE	Registered manager: Lynette McHugh
Person in charge of the home at the time of inspection: Mary McCullagh (senior support worker)	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 11

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 residents' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues; the previous inspector to visit the home was also contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with two members of support staff, the registered manager was not on duty on the day of inspection. The inspector was introduced to all five residents and had a discussion with one resident. The resident expressed their contentment with their experience living in the home and with the staff who provided support to them.

The following records were examined during the inspection:

- “Creamery House The ABC To Your New Home (Residents Guide)”
- The Western Health and Social Care Trust – cash handling procedures, revised October 2015
- Written policies including:
 - “Creamery House safeguarding and protecting residents money and valuables”, updated January 2017.
 - “Mantlin Court & Creamery House Terms and Conditions of Mobility Allowance”, updated January 2017
- The safe register
- Three records of residents’ personal property (in their rooms)
- A sample of residents’ income and expenditure records
- A sample of residents’ bank statements
- “Management of Residents personal and other allowances including mobility component” documents for each resident
- “Licence Agreement” documents for three residents

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 January 2017

The most recent inspection of the home was an unannounced care inspection; the returned Quality Improvement Plan was approved by the inspector and will be validated at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, there has been no previous finance inspection of the home.

4.3 Is care safe?

The senior support worker confirmed that all staff in the home received mandatory adult safeguarding training; she confirmed that the home did not have an administrator. Both support workers spoken with on the day were familiar with the controls in place in the home to safeguard residents’ money and valuables; and both could clearly describe these.

During discussion, the senior support worker 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 resident.

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

The home had a written safe register to record items held for safekeeping in the safe place. There is further commentary in respect of the safe register in section 4.5 of this report.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Initial discussions indicated that no representative of the home was acting as nominated appointee for any resident. However, a review of a number of residents' records held identified that a representative of the Western HSC trust was in fact acting as nominated appointee for all five residents. Each resident had a "Management of Residents Personal and other allowance including mobility component" document which detailed who the appointee was and this document had been signed by the resident, their social worker and (in all but one case) their representative. Official Social Security Agency confirmation of the appointee details and from what date the person was appointed to act was not held on the files reviewed. Staff advised that there were no other records in the home which had not been made available to the inspector.

Following the inspection, confirmation was sought from the registered manager that the official confirmation was in place identifying the appointee and the date from which they were appointed to act in each resident's case. RQIA was informed by the registered manager that official confirmation was not in place; however she confirmed that the relevant confirmations had been requested from the Social Security Agency.

A recommendation was made to ensure that the receipt of this information from the Social Security Agency is followed up and when received, is held on file for each of the relevant residents.

Records of income and expenditure were available, which confirmed the amount and timing of income for each resident and of the withdrawal of monies in respect of care and accommodation costs, transport and of sums required for personal day to day expenditure. Entries followed a basic financial ledger format and were routinely signed by two people. Receipts were available in respect of withdrawals from the bank and personal expenditure for each resident. It was noted that the cash held was reconciled and recorded against the ledgers at each staff handover ie: twice daily.

As noted in the previous section, the home had a written safe register. A review of the Western Health and Social Care Trust – cash handling procedures, identified that "...managers should, at least once every week, check the contents of the safe against the Safe Register and evidence this check by a signature and date in the Safe Register." A review of the most recent entries in the home's safe register identified that the safe contents had most recently been reconciled and signed and dated by two people in March 2016.

Following the inspection, the registered manager informed RQIA that four registers were kept in the safe and she confirmed that the most up to date register (which was not provided for review on the day of inspection) detailed that the most recent safe check was carried out on 18th May 2017.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see the property records for the residents.

A review of the files identified that each resident had a "Residents inventory" document. It was noted that entries regarding additions and disposals to the records had been signed and there was evidence that the records had been kept up to date.

Discussion established that the home had a comfort fund for donations, however it was reported by staff that this was managed centrally by the WHSCT finance department; no records were maintained at the home in respect of the fund.

As noted above, the home provided a transport service to residents for which there was a charge payable. A written policy and procedure was in place to detail how the scheme was administered. The policy had most recently been reviewed by the registered manager in January 2017. Agreement to the current arrangement for charging residents was outlined in each resident's "Management of Residents Personal and other allowance including mobility component" document which had been signed by each resident and their HSC trust social worker and in all but one case, by the resident's representative.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that the receipt of confirmation of the appointee details from the Social Security Agency is followed up and when received, is held on file for each of the relevant residents.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Day to day to day arrangements in place to support residents were discussed with both support workers. Staff described specific examples of how the home supported a number of residents with their money. Discussion established that arrangements to safeguard a resident's money would be discussed with the resident or their representative prior to or at the time of the resident's admission to the home and options for the home to support each resident with their money would be discussed and agreed. Staff described the sensitivities around these discussions with empathy and emphasised that residents' personal needs and preferences were prioritised when making arrangements to support them with managing their money.

Discussion with the senior support worker identified that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. This included ongoing verbal feedback, and care review meetings; she emphasised that the home operated an "open-door" policy. The inspector met with one resident who spoke of their contentment living in the home and was very complimentary about staff who supported them.

Arrangements for residents to access money outside of normal office hours were discussed with the registered manager. The senior support worker explained that the senior support worker on duty on each shift had access to the safe place; therefore, residents had access to their monies at all times.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Staff referred to the WHSCT standing financial procedures as the primary reference documents regarding how money and valuables belonging to residents was recorded on their behalf. A policy entitled “Creamery House safeguarding and protecting residents money and valuables” was also available; this had been reviewed by the registered manager in January 2017. As noted above, support staff were familiar with the home’s arrangements to safeguard residents’ monies on their behalf.

The home’s resident guide included a range of useful information for a prospective resident. Information included staffing details in the home and general arrangements regarding fees payable, measures in place to support a resident to manage their money and some basic information regarding recording valuables on admission and the provision of a transport service.

Individual resident agreements were discussed with the senior support worker. Each resident’s records were made available and a sample of three files was chosen in order to review individual agreements in place between the home and each resident or their representative.

The agreements which were provided for review were “Licence agreements” between Helm Housing as the provider, the Western HSC Trust as agent and the resident as “licensee”. A review of these documents identified that they did not constitute an individual agreement as detailed within the Residential Care Homes Regulations (Northern Ireland) 2005 and specifically, standard four of the (DHSSPS) Residential Care Home’s Minimum Standards, (updated August 2011).

In addition, it was not clear why there was such a difference in the dates that the “Licence agreement” documents had been updated. Two of the three agreements were dated November 2016 and reflected the weekly fee for residence in the home at that time, while one of the agreements had been updated in May 2017 and reflected the up to date weekly rate.

These findings were shared with the registered manager and it was noted that each of the five residents must have a written individual agreement with the home which reflects the up to date weekly fee for their stay in the home, the person(s) by whom the fees are payable and methods of payment. As noted above, records were reviewed which identified that a representative of the Western HSC trust was acting as nominated appointee for each of the five residents. The appointee details must be included in each resident’s agreement, including what records are to be kept in respect of this appointment. Any (other) individual financial arrangements must also be reflected in each resident’s agreement with the home.

A requirement was made to ensure that the home provides to each resident, an individual written agreement detailing the terms and conditions of their stay in the home and including as a minimum, the content of standard 4.2 of the (DHSSPS) Residential Care Home’s Minimum Standards, (updated August 2011).

It was highlighted that, each resident's written agreement with the home should be updated to reflect any changes to fees payable or any other matter as detailed in the agreement. Changes to the agreement should be agreed in writing with the resident or their representative.

Discussion was held regarding written personal monies authorisations between the resident/their representative and the home. These documents are in place to provide the home with authority to use the residents' personal monies to purchase goods and services on their behalf. A review of the five residents' files evidenced that they each had a "Management of Residents Personal and other allowance including mobility component" document in place. As noted in section 4.4, these documents detailed that a representative of the Western HSC trust was acting as nominated appointee for each of the residents. The document also detailed the basic arrangements which were in place regarding each resident's bank account, the payment of transport costs and payment of the resident's contribution to the Western HSC trust as part of the total weekly fee payable for residency in the home.

In each case, the documents had been signed by the resident, a representative of the home, the resident's social worker and four out of the five documents had also been signed by the residents' representatives.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that the home provides to each resident, an individual written agreement detailing the terms and conditions of their stay in the home and including as a minimum, the content of standard 4.2 of the (DHSSPS) Residential Care Home's Minimum Standards, (updated August 2011).

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were shared with Lynette McHugh, 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 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.

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 Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards (updated August 2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be 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

Statutory requirements

Requirement 1

Ref: Regulation 5 (1)

Stated: First time

To be completed by:
7 July 2017

The registered provider must ensure that each resident is provided with a written agreement which specifies the fees payable by or in respect of the resident for the provision of accommodation and personal care. The written agreement must detail the method of payment of the fees and the person(s) by whom the fees are payable.

(The content of each resident's individual agreement must be consistent with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards).

Response by registered provider detailing the actions taken:

A resident agreement has been developed for each resident which details the weekly tariff, the residents individual contribution and to whom the contribution is to be paid.

Recommendations

Recommendation 1

Ref: Standard 15.10

Stated: First time

To be completed by:
23 July 2017

The registered provider should ensure that the receipt of confirmation of the appointee details from the Social Security Agency is followed up and when received, is held on file for each of the relevant residents.

Response by registered provider detailing the actions taken:

Confirmation of appointee details is in place and held in each resident file.



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