

**Unannounced Finance Inspection
of
Culmore Manor Care Centre**

30 October 2015

1. Summary of Inspection

An unannounced finance inspection took place on 30 October 2015 from 10.15 to 14.15. A poster detailing that the inspection was taking place that day was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there are some areas identified for improvement, which are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

On the day of inspection, we met with the registered manager; the administrator was not in the home. No relatives or visitors chose to meet with us during the inspection.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

The details of the QIP within this report were discussed with Mr Ciaran Burke, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larchwood Care Homes (NI) Ltd/Ciaran Henry Sheehan	Registered Manager: Mr Ciaran Burke
Person in Charge of the Home at the Time of Inspection: Mr Ciaran Burke	Date Manager Registered: 28 December 2012
Categories of Care: NH-PH, NH-I	Number of Registered Places: 56
Number of Patients Accommodated on the Day of Inspection: 55	Weekly Tariff at Time of Inspection: £593.00 - £637.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Inspection Theme: Patients' finances and property are appropriately managed and safeguarded

Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Statement 2

Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4

Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were reviewed:

- The patient guide
- The home's policy on:
 - Residents' Rights - Handling their Money and Valuables
 - Handling Residents' Personal Property
 - Safeguarding Vulnerable Adults
 - Comfort Fund Administration
- Five patient files
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Written confirmation that the home's administrator had received training in the Protection of Vulnerable Adults record
- A sample of Income and expenditure records including comfort fund records

- Five patients' personal allowance contracts
- A sample of hairdressing treatment records
- Four records of patients furniture and personal possessions

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection on 13 August 2015; the completed Quality Improvement Plan was returned and approved by the care inspector. We were not required to follow up on any matters arising from the previous inspection.

5.2 Review of Requirements and Recommendations from the last Finance Inspection

There has been no previous RQIA inspection of the service.

5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Is Care Safe?

The home has a patient guide which includes a section on "financial arrangements and fees". We noted that the guide made reference to general arrangements for the payment of fees and the services which are included and excluded from the weekly fee. Reference is also made to the arrangements for safely storing any valuables within the home.

We selected a sample of five files in order to review the written agreements in place with individual patients. On reviewing the files, we noted that all five patients had a signed agreement on their file. One file sampled did not reflect the most recent change in fee rates payable for the patient; however, there was evidence on the remaining four files reviewed that agreements had been updated to reflect changes in fees, and previous "fee amendment schedules" had been retained on file to evidence this.

We noted that in all five agreements sampled, the fees payment section read that the patient's contribution was payable by "Direct Debit/Cheque/Transfer from SSA funds received by us as corporate appointee"; in each case the payment details had not been selected from the list of options above. It was therefore unclear from the agreements as to what the exact payments were in each case; we noted that the home should ensure that payment arrangements are clear in individual patients' agreements. Where applicable, any financial arrangement, such as corporate Appointeeship (discussed later in the report) must be detailed in the patients' agreement along with the records to be kept.

It is further recommended that (if not already completed) the registered person arranges to compare the content of the home's standard agreement with minimum standard 2.2 of the Care Standards for Nursing Homes (2015) to ensure that all of the required elements of the agreement are included.

A recommendation has been made in respect of these findings.

Confirmation was received that the home's administrator had received training in the Protection of Vulnerable Adults.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; confirmation was obtained that the home is receipt of the personal monies for 17 patients; for three of these patients, it was confirmed that a representative of the home is acting as nominated Appointee. These matters are discussed further in Statement 2 of this report.

We noted that there are a number of policies and procedures in place addressing how the home seeks to safeguard patients' money and valuables deposited for safekeeping with the home.

Is Care Compassionate?

A review of a sample of patients' files evidenced that over time, patients or their representatives had been informed in writing of changes to the fees payable.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there was one area identified for improvement, this related to detail within individual written agreements with patients.

Number of Requirements	0	Number Recommendations:	1
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5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

A review of the records identified that copies of the HSC trusts' payment remittances are available detailing the weekly fee for patients in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or in part, directly to the home; (for all other patients, the home is paid directly by the relevant HSC trust.) A review of a sample of charges established that the correct amounts were being charged by the home.

As noted above, the home is in direct receipt of the personal allowance monies for 17 patients, in addition, discussions established that patients' representatives deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing, newspapers, etc.).

A review of the records identified that the home provides a receipt to anyone depositing money. We reviewed a sample of receipts and noted that receipts are routinely signed by two people, good practice was observed. A pooled bank account is managed to hold patients' money and we noted that the bank account is named appropriately in favour of the patients jointly. Regular reconciliations of the money in the account were evidenced.

We discussed how patient expenditure was recorded on behalf of patients and we were provided with the personal allowance records for patients for whom the home holds money.

We reviewed a sample of records and evidenced that monies held on behalf of patients were reconciled on a weekly basis and were signed and dated by two people.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or a purchase receipt.

We reviewed the records for hairdressing treatments facilitated within the home. We noted that a template was in use to capture all of the required details including the name of the patient, the treatment provided, the cost of the treatment and the signature of both the hairdresser and a member of staff to verify that the patient had received the treatment and incurred the associated cost; good practice was observed.

Discussions established that the home operates a fund for the benefit of the patients in the home; this is referred to in the home as the comfort fund. We noted that a bank account was in place for the administration of the fund, which was named in favour of the patients in the home. A written policy and procedure is also in place addressing the administration of the comfort fund. We evidenced regular reconciliations of the comfort fund monies which were signed and dated by two people, good practice was observed.

Is Care Effective?

A review of the patients' bank account evidenced that the personal monies of an identified number of patients is received directly into the account. On the day of inspection, it was not clear whether there were formal Appointee arrangements in place between the home and any patient. Subsequent correspondence with the home established that a representative of the home is acting as nominated Appointee for three patients. We reviewed the finance files for two of these patients during the inspection, however we were unable to locate any formal documentation to evidence that an Appointeeship arrangement was in place with the home. We noted that the home must seek written confirmation of the details of the Appointee from the Social Security Agency, and that that the name of the Appointee and the records to be kept in respect of the Appointment must be detailed within the relevant patients' agreements with the home.

A requirement has been made in respect of this finding.

As noted above, discussions established that patients' representatives deposit money with the home for safekeeping. A review of a sample of patients' records established that personal allowance authorisations to provide the home with the necessary written authorisation to purchase goods and services on behalf of each patient were in place.

Is Care Compassionate?

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the patients had any known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there was one area identified for improvement.

Number of Requirements	1	Number Recommendations:	0
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5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Is Care Safe?

A safe place exists within the home to enable patients to deposit cash or valuables; we were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the contents of the safe place and established that on the day of inspection, cash balances for a number of patients were deposited for safekeeping by the home; there were also a number of non-cash valuables deposited for safekeeping.

A safe contents record is retained in the home, a review of which identified that the record is routinely reconciled on a monthly basis, with the most recent reconciliation recorded on 26 October 2015.

Is Care Effective?

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for four patients. We were advised that the property records were contained within the patients' care files and the registered manager provided us with the four files for review.

On reviewing the four files, we noted the following: only three patients had a "property list" document on their file; of the three property lists which were on file, one was blank, the remaining two records contained one item each, one of which was a "Television colour", the make, model or size of this item was not recorded. The "property list" document detailed space for two people to sign and date the records; however the two records which contained items were neither signed nor dated.

We highlighted that any additions or disposals from patients' property records must be signed and dated by two people. We also noted that the Care Standards for Nursing Homes (2015) require that these records are updated at least quarterly.

A requirement has been made in respect of this finding.

Is Care Compassionate?

As noted above, there are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know

about the safe storage arrangements; discussions with the registered manager established that the access to a safe place to store valuables is made clear to patients and their representatives.

We asked about arrangements for patients to access their money from the safe place in the home outside of office hours. The registered manager explained that at the present time, the needs of patients were such that access to their money during office hours was currently sufficient to meet their needs.

Areas for Improvement

Overall, the financial arrangements were found to be delivering safe, effective and compassionate care; however there was one area identified for improvement; this related to improving the way in which patients' furniture and personal possessions are recorded.

Number of Requirements	1	Number Recommendations:	0
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5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

Is Care Safe?

On the day of inspection, the registered manager advised that the home did not operate a transport scheme for patients.

Is Care Effective?

As noted above, on the day of inspection, the home did not operate a transport scheme for patients, however we discussed options for patients to access other forms of transport and it was clear that arrangements exist in the home to support patients to access other means of transport such as private taxis for medical/hospital appointments.

Is Care Compassionate?

As above, we noted that the home has arrangements to support patients to access other means of transport. The registered manager advised that from time to time it is necessary for staff members to accompany patients to hospital in emergency situations. We queried whether there was any escort charge payable by the patient and the registered manager confirmed that there was no charge payable.

Areas for Improvement

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. No areas for improvement were noted in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Ciaran Burke, the registered 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: 22 (3)

Stated: First time

To be Completed by:
30 December 2015

The registered person is required to request written confirmation from the Social Security Agency of the name of the Appointee for the three patients identified by the home. A copy of the confirmation should be kept in each patient's file.

The name of the Appointee and the records to be kept in respect of the appointment should be implemented in the individual patients' agreements with the home.

Response by Registered Person(s) Detailing the Actions Taken:

Written confirmations (BF57) have been received. Copies are retained in relevant resident files.

Appointee name and records to be kept in respect of the appointment have been implemented within the agreements.

Requirement 2

Ref: Standard 19 (2)
Schedule 4 (10)

Stated: First time

To be Completed by:
30 January 2015

The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients.

The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home.

All inventory records should be updated on a regular basis. (Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly). Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.

Response by Registered Person(s) Detailing the Actions Taken:

The process of creating an up to date inventory has been implemented and is ongoing. Retrospective record of possessions also being compiled and this work is on schedule for completion by specified date.


Recommendations

Recommendation 1

Ref: Minimum
Standard 2.2

Stated: First time

It is recommended that the registered person ensure that the method of payment of each patient's fees is clearly detailed in the patient's individual agreements with the home. It is further recommended that (if not already completed) the registered person arrange to compare the content of the home's standard agreement with minimum standard 2.2 of the Care Standards for Nursing Homes (2015) to ensure that all of the required elements of the agreement are included.

To be Completed by: 31 March 2015	Response by Registered Person(s) Detailing the Actions Taken: Methods of payment of fees are detailed within individual agreements. The home's standard agreement content has been reviewed and revised to ensure compliance with the standard.		
Registered Manager Completing QIP	Ciaran Burke	Date Completed	17.12.15
Registered Person Approving QIP	Chris Walsh	Date Approved	17.12.15
RQIA Inspector Assessing Response		Date Approved	17/12/15

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