



The **Regulation** and
Quality Improvement
Authority

Brooklands
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**Unannounced Finance Inspection
of
Brooklands (1176)**

27 August 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced finance inspection took place on 27 August 2015 from 10:00 to 14:00. 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, effectiveness 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 and the administrator; no relatives or visitors chose to meet with us during the inspection. We would like to thank those who participated in the inspection for their co-operation.

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	5	3

The details of the QIP within this report were discussed with Mrs Christine Donnell, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Brooklands Healthcare Ltd/Therese Elizabeth Conway	Registered Manager: Christine Donnell
Person in Charge of the Home at the Time of Inspection: Mrs Christine Donnell	Date Manager Registered: 1 April 2005
Categories of Care: NH-PH, NH-I	Number of Registered Places: 45
Number of Patients Accommodated on the Day of Inspection: 43	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 Mrs Christine Donnell, the registered manager and the home's administrator
- Examination of records
- 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 examined during the inspection:

- The patient guide
- Four patient agreements
- The home's "Resident's Property" policy
- Confirmation of Protection of Vulnerable Adults training for the home administrator
- Copy invoices raised for care fees
- Two personal allowance expenditure authorisations
- Income/lodgements and expenditure records, including comfort fund records

- Hairdressing treatment receipts/records
- The safe record detailing items deposited for safekeeping with the home
- Four records of patients' inventory/property in their rooms

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 2 June 2015; the returned quality improvement plan was approved by the care inspector.

5.2 Review of Requirements and Recommendations from Previous Finance Inspection

There has been no previous finance inspection of the home.

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, a copy of which was provided to us for review during the inspection. We noted that the guide included information for patients on the additional services facilitated within the home and the general arrangement for the payment of fees.

We noted that the home have a standard written agreement, an individual copy of which is provided to each admitted patient. We asked to see a sample of the agreements in place with four identified patients in the home. We were provided with all of the available agreements and noted that only three of the four agreements required was in place. Of those agreements which were in place, all three reflected the fees rates which were in place at the time of the patients' admission to the home (2007 and 2008). We noted that the available agreements did not clearly detail the persons by whom the fees were payable and the methods of payment.

We highlighted that Standard 2.2 of the Care Standards for Nursing Homes (April 2015), details all of the components which must be included in each patient's individual agreement with the home. We noted that the home must compare the current standard agreement with Standard 2.2 of the Care Standards for Nursing Homes to ensure that all of the elements are included; an updated agreement with the current fees and relevant financial arrangements must be provided to each patient in the home.

We also clarified that in order to comply with Regulation 5 (1) of the Nursing Care Homes Regulations (Northern Ireland) 2005; a patient's agreement must clearly state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

Patients' agreements with the home must be updated with new fee rates and any amended financial arrangements as these change over time; changes to each patient's agreement must be agreed in writing with the patient or their representative.

A requirement has been made in respect of these findings.

Is Care Effective?

Discussions established that there were a number of financial arrangements in place regarding identified patients, which had been agreed with the patient's HSC trust care manager. We reviewed the files for these patients and noted that written agreement was in place in respect of these arrangements, good practice was observed.

We noted that the home has a policy and procedure, "Residents' Property", detailing arrangements in place to safeguard money and valuables belonging to patients. We obtained confirmation that the home's administrator had received training in the Protection of Vulnerable Adults.

Is Care Compassionate?

We noted that the home's patient guide states "You will be given notice of any changes by the WHSCT (Western Health and Social Care Trust) four weeks in advance."

We note that the commission trust may separately contact patients in writing to advise of changes in fees payable to the home; however The Nursing Home Regulations (Northern Ireland) require that the registered person notifies the patient at least 28 days in advance of any increase in the fees or any variation in the method of payment of the fees and the person by whom the fees are payable. As noted above, the change in fees and any relevant financial arrangements must be reflected in the patient's agreement and agreed in writing with the patient or their representative.

Evidence on inspection established that all patients or their representatives had not been previously notified of any changes in fees payable over time.

A requirement has been made in respect of this finding.

Areas for Improvement

Overall on the day of inspection, financial arrangements were found to be contributing to safe, effective and compassionate care. There were two areas identified for improvement, these related to the providing up to date agreements to patients which reflect Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and Standard 2.2 of the Care Standards for Nursing Homes (2015).

Number of Requirements	2	Number Recommendations:	0
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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 confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or 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 to patients or their representatives established that the correct amounts were being charged by the home.

The home is in direct receipt of the personal allowance monies for an identified number of patients in the home, this is further described below. Discussion with the registered manager and the administrator established that patients' representatives also 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, toiletries or other sundries). 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.

We discussed how patient expenditure was recorded on behalf of patients. We were provided with the records for all of the patients for whom the home hold personal money and therefore record income and expenditure on the patient's behalf.

We reviewed a sample of the records and noted that entries records on the ledger sheets were clear and routinely signed by two people. The date and details of each entry or withdrawal were recorded as well as the running balance. There was evidence of regular reconciliation of monies held; however we highlighted that reconciliations should always be recorded on a separate line for distinction.

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 services facilitated within the home. We noted that the hairdressing treatment receipts recorded the date, the name of the patient and the treatment provided and were signed by the hairdresser. We noted that records must also be signed by a representative of the home to verify that the patient has received the detailed treatment and incurred the associated cost.

A requirement has been made in respect of this finding.

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. Discussions established that a bank account is not operated for the fund.

We reviewed the records and noted that records were maintained of income and expenditure which were signed and dated until 1 May 2005, after which only one signature was recorded against each transaction. We noted that two signatures must be recorded at all times. In addition, we noted that the most recent reconciliation was recorded on 20 March 2015. As noted above, a record of reconciliations must be carried out and signed and dated by two people at least quarterly.

A requirement has been made in respect of these findings.

We queried whether there was any written policy and procedure in place addressing the administration of the comfort fund. Discussions revealed that a policy was not in place.

A recommendation has been made in respect of this finding.

Is Care Effective?

Discussions revealed that the organisation were in receipt of the Social Security Benefits for an identified number of patients. Monies are received directly from the Social Security Agency; no personal monies were being received from the HSC Trusts. We queried whether any representative of the organisation was acting as nominated Appointee for the identified patients.

Discussions with the registered manager and the home's administrator indicated that no one from the organisation was acting as nominated Appointee. We contacted the organisation's head office to obtain clarification on this matter. Correspondence following the inspection indicated that there were no Appointeeship arrangements in place for any of the patients in the home.

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 for only two of four files reviewed. We noted that these must be obtained for any patient who did not have one in place.

A requirement has been made in respect of this finding.

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 were four areas identified for improvement.

Number of Requirements	3	Number Recommendations:	1
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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 or their representatives to deposit cash or valuables. We reviewed the safe place within the home and were satisfied with the controls around the physical location of the safe place and the persons with access.

We noted that a safe record exists to record any additions or withdrawals of valuables from the safe place. A review of the record identified that the record is routinely reconciled and signed and dated by two people, however we noted that the most recent reconciliation was recorded on 3 April 2015; therefore as a minimum, the records should have been reconciled by 3 July 2015. We highlighted that reconciliations should be carried out at least quarterly.

A recommendation has been made in respect of this finding.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money; the registered manager advised that there were none.

We requested the inventory/property records for four patients and noted that each of the four sampled patients had a record of "furniture and personal possessions". We noted that there was an attempt to record the details of electrical items such as televisions; however we noted that some descriptions were not sufficiently detailed. We noted for instances entries such as "TV" and highlighted that make/model/description/size should be recorded for these items.

On reviewing the sample of entries, we noted that all of the entries were signed by one person. We noted that the Care Standards for Nursing Homes (April 2015) require that records of furniture and personal possessions are updated at least quarterly. We highlighted that all of the property records should be reconciled and that the reconciliations should be signed and dated by two people.

A recommendation has been made in respect of this finding.

Is Care Compassionate?

A safe place exists within the home to enable patients or their representatives to deposit cash or valuables should they wish to. We queried how patients know about the safe storage arrangements in the home; discussions established that these matters are normally discussed at the time of admission.

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. There were two areas identified for improvement, this related to the description of items recorded in patients' property records.

Number of Requirements	0	Number Recommendations:	2
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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?**

The home does not provide transport services to patients.

Is Care Effective?

As noted above, transport services are not provided by the home.

Is Care Compassionate?

There is no transport scheme in operation by the home.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care. There were no areas of improvement identified in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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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 Mrs Christine Donnell, 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 Home 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	
<p>Requirement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 8 October 2015</p>	<p>The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.</p> <p>Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet <u>Standard 2.2</u> of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.</p> <p>A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Individual patient agreements are being reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and will be issued to all representatives by 16th December 2015.</p>
<p>Requirement 2</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the next change</p>	<p>The registered person must provide at least 28 days' written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly. Where the patient or their representative is unable or chooses not to sign the agreement, this must be recorded.</p>

	<p>Response by Registered Person(s) Detailing the Actions Taken: Patients will be notified as soon as we are informed of the increase in fees.</p>
<p>Requirement 3 Ref: Regulation 19(2) Schedule 4 (9) Stated: First time To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that hairdressing treatment records are also signed by a member of staff at the home to verify that the treatment has been received and the patient has incurred the associated cost.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This requirement has been implemented – a staff member signs that the treatment has been carried out</p>
<p>Requirement 4 Ref: Regulation 19(2) Schedule 4 (9) Stated: First time To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that two signatures are recorded against each entry in the comfort fund records. (A reconciliation of comfort fund income and expenditure should be carried out, recorded, signed and dated by two people at least quarterly.)</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All transactions in the comfort fund records are signed by two people and reconciliation of comfort fund account is carried out quarterly.</p>
<p>Requirement 5 Ref: Regulation 19(2) Schedule 4 (3) Stated: First time To be Completed by: 8 October 2015</p>	<p>The registered person must ensure that for each patient for whom the home holds money and makes purchases of goods or services, a written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required.</p> <p>The registered person must ensure that where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document.</p> <p>Where the patient or their representative is unable or chooses not to sign the agreement, this must be recorded. Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care manager.</p>

	Response by Registered Person(s) Detailing the Actions Taken: Written authorisation has been requested from each patient / patient representative for whom the home holds money. We are still awaiting some outstanding authorisation forms.		
Recommendations			
Recommendation 1 Ref: Appendix 2 Stated: First time To be Completed by: 8 October 2015	It is recommended that the registered person arranges to introduce a policy and procedure on the administration of the home's comfort fund.		
	Response by Registered Person(s) Detailing the Actions Taken: Policy and procedure on the administration of the home's comfort fund has been reviewed and will be implemented by 30 th October 2015.		
Recommendation 2 Ref: Standard 14.25 Stated: First time To be Completed by: From the date of inspection	Recompilations of the safe place should be carried out, recorded, signed and dated by two people on at least a quarterly basis.		
	Response by Registered Person(s) Detailing the Actions Taken: This recommendation has been implemented from date of inspection.		
Recommendation 3 Ref: Standard 14.26 Stated: First time To be Completed by: 8 October 2015	A reconciliation of patients' inventories should be carried out and the inventory records signed and dated by two people.		
	Response by Registered Person(s) Detailing the Actions Taken: Patient's inventories have been updated and signed/dated by two people.		
Registered Manager Completing QIP	Christine Donnell	Date Completed	19.10.15
Registered Person Approving QIP	Therese Conway	Date Approved	21.10.15
RQIA Inspector Assessing Response		Date Approved	23/10/15