

Unannounced Finance Inspection Report

04 May 2018



Meadowbank

Type of Service: Nursing Home

Address: 11a Trench Road, Londonderry, BT47 2DT

Tel No: 028 7134 7281

Inspector: Briega Ferris

www.rqia.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 nursing home with 35 beds that provides care for patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Four Seasons Heath Care Responsible Individual(s): Maureen Claire Royston	Registered Manager: John Diamond
Person in charge at the time of inspection: Marcella Brennan (deputy manager)	Date manager registered: 09 May 2018
Categories of care: Nursing Home (NH) LD – Learning Disability LD (E) – Learning Disability – over 65 years	Number of registered places: 35

4.0 Inspection summary

An unannounced inspection took place on 04 May 2018 from 10.00 to 16.00 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 2015).

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.

There were examples of good practice found in relation to: the availability of a safe place to enable patients to deposit money or valuables for safekeeping; the availability of mechanisms to record income and expenditure on behalf of patients, the existence of deposit receipts and receipts for expenditure; a review of a sample of charges to patients or their representatives established that the correct amounts had been charged; an appropriately named bank account was in place to manage the comfort fund and a written policy and procedure was available to guide the administration of the fund; good practice was found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patients and their representatives; the service user guide and additional documents provided a range of information for a newly admitted patient; the home administrator was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and each patient who was sampled had a signed written agreement in place with the home, albeit that these needed to be reviewed and updated.

Areas requiring improvement were identified in relation to ensuring that: a reconciliation of patients' monies, bank accounts and valuables is carried out and signed and dated by two people at least quarterly; ensuring that the details of appointeeship (where FSHC are acting in the role of appointee) are clarified in writing with the Social Security Agency. (Where FSHC are acting as appointee for any patient, these details and the records to be kept should be clearly detailed in the patient's agreement with the home); ensuring that the home has a written policy and procedure addressing transport services (a copy of the policy should be easily accessible for the relevant staff members and a copy should be kept for reference, in the vehicle used to provide transport services to patients); ensuring that each patient has a up to date record of the

furniture and personal possessions which they have brought to their room; ensuring that personal property records are reconciled and signed and dated by two people at least quarterly; ensuring that any change to a patient's agreement including fees and financial arrangements are agreed in writing by the patient or their representative and ensuring that personal monies authorisation documents are in place for all relevant patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Marcella Brennan, deputy manager, as well as the home administrator and regional business support administrator, 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.

5.0 How we inspect

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 patients' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the deputy manager, the home administrator and the regional business support administrator.

The following records were examined during the inspection:

- The "Service user guide" and documents provided to each new patient
- A sample of income, expenditure and reconciliation (check) records
- A sample of bank statements in respect of the patients' bank account
- A sample of comfort fund records
- Written policies and procedures:
 - "Person in care – social and other cash floats" dated May 2016
 - "Maintenance of personal allowance records" dated May 2016
 - "Policy on raising confidential concerns (Whistleblowing)" dated May 2015
 - "Management of bank account and cash float" dated May 2016
 - "Events and person in care activity health and safety guidance" dated October 2016
 - "Excursion health and safety check-sheet" dated October 2016
- A sample of patients' personal property (in their rooms)
- A sample of patients' individual written agreements
- A sample of patients' "financial assessment" documentation
- A sample of hairdressing and private chiropody treatment records for services facilitated within the home

The findings of the inspection were provided to the deputy manager, the home administrator and the regional business support administrator at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified during the inspection.

6.2 Review of areas for improvement from the last finance inspection dated 13 December 2013

A finance inspection was carried out on 13 December 2013, the findings from which were not brought forward to the inspection on 04 May 2018.

6.3 Inspection findings

6.4 Is care safe?

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

The deputy manager confirmed that adult safeguarding training was mandatory for all staff in the home; the home administrator confirmed she had received this training in 2016.

Discussions with the deputy manager established 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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place. On the day of inspection, cash and valuables belonging to patients were deposited for safekeeping. A safe contents record was in place which detailed the items held in the safe place; however there was no evidence that this had been reconciled. Records of valuables deposited for safekeeping should be reconciled to the contents of the safe place at least quarterly. There is further discussion in respect of reconciling patients' money and valuables in section 6.5 of this report.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping.

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.

Initial discussions with the deputy manager and the home administrator identified that no representative of the home was acting as nominated appointee for any patient ie: managing a patient's social security benefits on the patient's behalf. However a review of a sample of records later in the inspection did not support this. Correspondence from FSHC (Four Seasons Health Care) detailed that the organisation was acting as appointee for several patients. In addition, a review of a sample of patient finance files evidenced official documentation identifying that FSHC (or a representative of FSHC) was acting in that capacity. The patients chosen as part of the sample were not the patients named on the FSHC correspondence.

There was no evidence presented on the files to identify that the appointeeship had been subsequently relinquished by FSHC. The arrangements regarding whether FSHC were acting as appointee for a number of the patients were therefore unclear.

It was noted that the home should contact the social security agency to request written confirmation as to which patients, if any, FSHC are acting as appointee. These details should be sought until received, at which point they should be held securely on the patients' files. Where FSHC are acting as appointee for a patient, these details and the records to be maintained should be clearly detailed in the patient's individual agreement with the home. (This is further discussed in section 6.7 below.)

This was identified as an area for improvement.

The home administrator reported that in a number of other cases, family members of patients deposited cash for personal expenditure on behalf of their relative. Discussion established that the person making a deposit received a receipt and receipts were in place to record these details; receipts were routinely signed by two people.

The home used "personal allowance account statements" to record income and expenditure on behalf of patients. Files were provided for review containing weekly cash, cheque and banking information in relation to patients' monies dating from October 2017 to April 2018. Weekly sheets had been processed by the home administrator during this time, however a review of the records for this period identified that the most recent reconciliation signed and dated by the home administrator and the home manager had been recorded in November 2017. It was highlighted that a subsequent reconciliation should have been performed and countersigned at the end of February 2018 at the latest. An assurance was provided that the records would be reviewed, reconciled and brought up to date by 11 May 2018.

As noted in section 6.4 above, records of valuables held in the safe place failed to evidence that a reconciliation of the contents of the safe place had been carried out and recorded as required.

Ensuring that records of patients' cash, deposits within the patients' bank account and valuables deposited for safekeeping in the home are reconciled and signed and dated by two people at least quarterly, was identified as an area for improvement.

Hairdressing and chiropody treatments were being facilitated within the home. The costs of the treatments agreed to a sample of charges recorded in the income and expenditure records. A sample of treatment receipts were reviewed, which detailed all of the required information. Of the sample of records reviewed, these had been signed by both the person delivering the treatment and by a member of staff to verify that the treatment had been delivered.

The inspector discussed how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The care records for three randomly sampled patients were provided and it was noted that each patient had a "schedule of personal effects template" on their file. There was evidence within the sample that the make, model and size of an electrical item belonging to one patient had been clearly recorded. However record keeping practices required improvement. Only one entry across all of the records had been signed and dated (by one person), and there was limited evidence that the records had been updated over time.

The inspector noted that records of personal property should be updated and reconciled and signed and dated by a staff member and countersigned by a senior member of staff on at least a quarterly basis.

This was identified as an area for improvement.

A review of a sample of charges to patients or their representatives for care and accommodation established that the correct amounts had been charged.

The home operated a patients' comfort fund and an appropriately named bank account was in place to manage the funds. A written policy and procedure was available to guide the administration of the fund.

The home provided transport to patients; the deputy manager and home administrator confirmed that there was no charge to the patients for use of the transport. A review of a sample of patients' income and expenditure records evidenced that no charges for transport had been processed for those patients.

The inspector requested to see a copy of the home's policy on the provision of transport services to patients; however this was not readily available. The home administrator searched the organisation's online library of policies and could not locate it. She later reported that she and the business support administrator had contacted a senior colleague; however this had failed to clarify where the transport policy was located.

This was discussed during feedback with the deputy manager and it was noted that it was very important to ensure that a policy addressing the provision of transport to patients in the home was either located or developed. This is to ensure that staff supporting patients are aware of the protocol when travelling outside of the home with patients, and to ensure that staff are familiar with for example, what steps to take in the event of a road traffic collision. A copy of the policy should also be held within the vehicle itself.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found in relation to the availability of mechanisms to record income and expenditure on behalf of patients, the existence of deposit receipts and receipts for expenditure; a review of a sample of charges to patients or their representatives for care and accommodation established that the correct amounts had been charged; an appropriately named bank account was in place to manage the comfort fund and a written policy and procedure was available to guide the administration of the fund.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to ensuring that: a reconciliation of patients' money, bank accounts and valuables is carried out and signed and dated by two people at least quarterly; ensuring that the details of appointeeship (where FSHC are acting in the role of appointee) are clarified in writing with the Social Security Agency. (Where FSHC are acting as appointee for any patient, these details and the records to be kept should be clearly detailed in the patient's agreement with the home); ensuring that the home has a written policy and procedure addressing transport services. A copy of the policy should be easily accessible for the relevant staff members and a copy should be kept for reference, in the vehicle used to provide transport services to patients and ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	4

6.6 Is care compassionate?

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

Day to day arrangements in place to support patients were discussed with the deputy manager and the home administrator. They described a range of examples of how the home supported patients with their money. Records were reviewed which evidenced multi-disciplinary involvement in ensuring arrangements were in place to support patients with end of life arrangements, including the purchase of funeral plans.

Discussion established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at the time of the patient's admission to the home.

Discussion with the deputy manager established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. This included ongoing verbal feedback and regular meetings. She noted that the home operated an "open-door" policy.

Arrangements for patients to access money outside of normal office hours were discussed with the home administrator. This established that there were arrangements in place to ensure that the individual needs and wishes of patients could be met in this regard.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patients and their representatives.

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 patients in order to deliver safe, effective and compassionate care.

The “Service user guide” and the additional documents provided to each new patient, included a range of useful information including for example, information regarding the provision of an agreement to each patient, general information in respect of fees and terms and conditions, additional services facilitated within the home for which there was a fee and the management of lost property within the home.

As noted in section 6.5 above, on the day, staff were unable to locate a copy of the home’s transport policy and an area for improvement has been identified in respect of this finding. However, a range of written policies and procedures were in place and were easily accessible. Policies were in place addressing areas of practice including those in relation to the management of patients’ personal allowances including cash and bank accounts, the management of the patients’ comfort fund (social fund) and whistleblowing. These policies had been reviewed within the last three years.

Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home’s whistleblowing procedures.

Individual patient agreements were discussed with the home administrator and a sample of patients’ agreements were requested for review. A review of the information established that each patient had a signed individual written agreement with the home. However, it was noted that the agreements reviewed were dated 2015 or 2016 and therefore reflected the terms and conditions at that point in time and did not reflect the most up to date fees and financial arrangements for those patients.

The regional business support administrator reported that updated patient agreements had not yet been shared with patients or their representatives as these were being reviewed at a senior level within the organisation. However, assurances were provided that this process would be completed by mid-June 2018 and therefore a date for compliance with this area for improvement was agreed in light of this assurance.

Each patient should be provided with an up to date written agreement which is kept up to date to reflect all changes. Any change to a patient's agreement should be agreed in writing by the patient or their representative.

This was identified as an area for improvement.

The home used documents entitled "Financial assessment" part 1, 2 and 3 to detail each patient's ability to manage their money (in the opinion of the home manager) the overall arrangements for the management of the patient's personal monies and the authority for the home to make purchases of any goods or services on behalf of monies deposited with or received by the home for safekeeping.

A review of a sample of patients' files identified that each of the three patients chosen as part of the sample had a signed version of parts 1, 2 and 3 on their files. However a review of the documents identified that a number of the documents had been signed some years ago e.g.: 2010 and 2011 and did not reflect the current arrangements for authorising charging for certain goods or services. For instance, as noted in section 6.5 above, discussion established that the home no longer charged patients for transport services. However the documents providing authority for the home to charge patients detailed that ... "only fuel charged when client uses minibus".

Therefore these documents required updating to reflect the current charging arrangements for patients.

The registered person should ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, there is detailed, up to date, written authority to do so.

This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found in respect of the information contained in the "Service user guide" and additional documents provided to a newly admitted patient; the home administrator was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures and each patient who was sampled had a signed written agreement in place with the home, albeit that these needed to be reviewed and updated.

Areas for improvement

Two areas for improvement were identified as part of the inspection. These related to ensuring that any change to a patient's agreement including fees and financial arrangements are agreed in writing by the patient or their representative and ensuring that personal monies authorisation documents are in place for all relevant patients.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marcella Brennan, deputy 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 nursing 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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 2015).

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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 14.25 Stated: First time To be completed by: 11 May 2018 and at least quarterly thereafter	<p>The registered person shall ensure that a reconciliation of patients' monies, valuables and any bank accounts managed on behalf of patients is carried out and recorded at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured that all quarterly reconciliations of residents monies, valuables, and bank accounts are recorded and double signed. This will be reviewed quarterly by Home Manager.</p>
Area for improvement 2 Ref: Standard 14.20, 14.21 Stated: First time To be completed by: 04 June 2018	<p>The registered person shall ensure that the details of appointeeship (where FSHC are acting in the role of appointee) are clarified in writing with the Social Security Agency. (Where FSHC are acting as appointee for any patient, these details and the records to be kept should be clearly detailed in the patient's agreement with the home).</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: FSHC currently is not appointee for any residents within Meadowbank.</p>
Area for improvement 3 Ref: Standard 14.26 Stated: First time To be completed by: 04 June 2018	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All inventory records have been reviewed, recorded, and countersigned by two staff since inspection. This will be reviewed quarterly by Home Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 15.2 & Appendix 2</p> <p>Stated: First time</p> <p>To be completed by: 04 June 2018</p>	<p>The registered person shall ensure that the home has a written policy and procedure addressing transport services. A copy of the policy should be easily accessible for the relevant staff members and a copy should be kept for reference, in the vehicle used to provide transport services to patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Current Transport policy has been shared through supervision and discussion with all relevant staff members. A copy is retained within the vehicle for reference purposes.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The 2018 Terms and conditions have been finalised and sent to Relatives for signing. This will be monitored and reviewed as returns are received . If the relative or resident is unwilling or unable to sign a record will be retained of this.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.7</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure that where the home manage the personal money of any patient or make any purchases of goods or services on behalf of a patient, that there is detailed written authority to do so.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The 2 residents identified during inspection, have now appropriate consent in place to identify authority to spend. This will be reviewed for all residents.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)