

# **Unannounced Finance Follow Up Inspection Report 25 February 2020**



## **Meadowbank**

**Type of Service: Nursing Home**  
**Address: 11a Trench Road, Londonderry, BT47 2DT**  
**Tel No: 02871347281**  
**Inspector: Joseph McRandle**

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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 provider 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 registered nursing home which provides care for up to 35 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual(s):</b> Maureen Claire Royston	<b>Registered Manager:</b> John Diamond
<b>Person in charge at the time of inspection:</b> John Diamond	<b>Date manager registered:</b> 9 May 2018
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 35

### 4.0 Inspection summary

An unannounced inspection took place on 25 February 2020 from 11.00 to 14.00 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 and care inspections and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: written authorisation in place for members of staff to undertake transactions on behalf of patients, retaining written authorisation in patients' files to act as an appointee or agent and reconciling patients' property at least quarterly.

One area for improvement identified at the last finance inspection in relation to updating patients' agreements has been stated for a second time.

One area for improvement identified at the last care inspection was not assessed and has been carried forward to be reviewed at a future care inspection.

The inspector saw that members of staff were available in the lounges and in the dining areas during lunchtime to provide assistance as required. The home's environment was clean, tidy, and comfortably warm throughout.

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.

The following areas were examined during the inspection:

- Controls surrounding the management of patients' monies and valuables
- Infection prevention control (IPC)

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
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with John Diamond, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 6 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 June 2019.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the home was reviewed. This included the previous care and finance inspection findings and any other written or verbal information received, for example, notifications.

During the inspection the inspector met with the registered manager and a number of staff.

The following records were examined during the inspection:

- two patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies and valuables
- a sample of statements from the patients' bank account
- a sample of records of the safe contents
- a sample of two patients' property records
- transport policy

Areas for improvement identified at the last finance and care inspections were reviewed and assessment of compliance recorded as met, partially met, not met, or carried forward to be reviewed at a future care inspection.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspections

Areas for improvement from the last finance inspection dated 4 May 2018		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.25  <b>Stated:</b> First time  <b>To be completed by:</b> 11 May 2018 and at least quarterly thereafter	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records confirmed that since the previous finance inspection in May 2018, reconciliations of patients' monies and valuables (including monies held in the bank account) were undertaken in line with the Care Standards for Nursing Homes (2015)  The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by the manager.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.20, 14.21  <b>Stated:</b> First time  <b>To be completed by:</b> 04 June 2018	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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of records confirmed that Four seasons Healthcare was the appointee for nine patients and an agent for a further six patients. A review of a sample of patients' finance files evidenced that the required documentation was retained within	

	the patients' files.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be completed by:</b> 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><b>Action taken as confirmed during the inspection:</b>  A review of two patients' property records evidenced that the records had been updated and reconciled in line with the Care Standards for Nursing Homes (2015)</p> <p>The records were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.</p>	<b>Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 15.2 & Appendix 2  <b>Stated:</b> First time  <b>To be completed by:</b> 04 June 2018	<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><b>Action taken as confirmed during the inspection:</b>  A review of the home's policies and procedures evidenced that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 2.8  <b>Stated:</b> First time  <b>To be completed by:</b> 15 June 2018	<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><b>Action taken as confirmed during the inspection:</b>  A review of two patients' files evidenced that signed written agreements were retained within both files. However, there was no evidence that the agreements reviewed had been updated to show the current fee.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<b>Not met</b>



<b>Area for improvement 6</b>  <b>Ref:</b> Standard 14.7  <b>Stated:</b> First time  <b>To be completed by:</b> 15 June 2018	The registered person shall ensure that where the home manage the personal money of any patient or make purchases of goods or services on behalf of a patient, that there is detailed written authority to do so.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' files evidenced that up to date copies of signed authorisation forms for staff to make purchases or pay for additional services on behalf of patients were retained.	

<b>Areas for improvement from the last Care inspection dated 6 June 2019</b>		
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required.	The registered person shall ensure that staff adhere to good infection prevention and control practice in relation to the wearing of jewellery and nail polish.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector observed members of staff during the inspection which evidenced that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required.	The registered person shall ensure that repositioning records reflect the prescribed care and that care plans relating to modified diets reflect the national changes for how food and fluids are described.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

## 6.2 Inspection findings

### Records of reconciliations of patients' monies and records of safe contents

A review of records confirmed that reconciliations (checks) between the monies held on behalf of patients and the records of monies held were undertaken on a monthly basis. Records confirmed that the last check of patients' monies was undertaken on 31 January 2020. Good practice was observed as the records of the reconciliations were signed by the home's administrator and countersigned by the manager.

A review of records also showed that a record of the contents held within the safe place was in place and up to date at the time of the inspection.

### Patients' written agreements and documentation detailing authorisation to spend patients' monies

A review of two patients' files evidenced that copies of signed authorisations for members of staff to undertake purchases or pay for additional services (e.g. hairdressing), on behalf of patients, were retained within both patients' files.

I review of the two files also confirmed that written agreements between the home and the patients were retained within the files. The agreements reviewed did not show the current weekly fee paid by, or on behalf of, the patients. This was identified as an area for improvement at the last finance inspection and has been stated for a second time.

### Patients' property records

A review of two patients' personal property records evidenced that since the last finance inspection the records were updated and checked in line with the Care Standards for Nursing Homes (2015). The records reviewed were signed and dated by two members of staff.

### Areas of good practice

There were examples of good practice found in relation to: maintaining up to date records of reconciliations (checks) of patients' monies and valuables, maintaining up to date records of signed authorisations for members of staff to undertake transactions on behalf of patients and maintaining up to date records of patients' personal property.

### Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with John Diamond, 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 Department of Health, Social Services and Public Safety (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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that repositioning records reflect the prescribed care and that care plans relating to modified diets reflect the national changes for how food and fluids are described.</p> <p>Ref: 6.1 and 6.4</p>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 2.8  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 April 2020	<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: 6.1 and 6.2</p>
	<b>Response by registered person detailing the actions taken:</b>

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



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