

# Unannounced Finance Inspection Report 15 February 2018



## Hilltop Respite Unit

**Type of Service: Nursing**  
**Address: Flat 1, South Tyrone Hospital, Carland Road,  
Dungannon, BT70 1HX**  
**Tel No: 028 8771 3565**  
**Inspector: Briega Ferris**

[www.rqia.org.uk](http://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 one bed which provides care on a respite basis for one patient with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health & Social Care Trust  <b>Responsible Individual(s):</b> Frances Rice	<b>Registered Manager:</b> Louise Donnelly
<b>Person in charge at the time of inspection:</b> Louise Donnelly	<b>Date manager registered:</b> Louise Donnelly - application received - "registration pending".
<b>Categories of care:</b> Nursing Care (NH) LD – Learning Disability	<b>Number of registered places:</b> 1 – NH-LD

### 4.0 Inspection summary

An unannounced inspection took place on 15 February 2018 from 09.40 to 11.45 hours.

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

Evidence of good practice was found in relation to relation to adult safeguarding training; the availability of a safe place in the home; in relation to listening to and taking account of patient views/wishes/preferences and the availability of written policies and procedures to guide record keeping and financial practices in the home.

No areas requiring improvement were identified during the inspection.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Louise Donnelly, manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 16 March 2016

No further actions were required to be taken following the most recent inspection on 16 March 2017.

## 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 no incidents had been reported. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues. The previous inspection report was also reviewed.

The following records were examined during the inspection:

- The patient guide and statement of purpose
- One patient's care file
- One patient's individual service level agreement
- One patient's personal expenditure authorisation form
- A sample of the patient's income and expenditure records
- Several records of one patient's personal property brought to the home
- Financial policies and procedures including:
  - "Procedure for the management of patients' personal allowance" updated June 2017
  - "Procedure for the safeguarding patients' property and action to be followed in the event of missing items" updated June 2017

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 inspection dated 16 March 2017

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

**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 manager confirmed that adult safeguarding training was mandatory for all staff. Records were reviewed which confirmed that nursing staff (who were permitted to access patient monies and make entries in the income and expenditure records) had received refresher adult safeguarding training in 2017.

Discussions established that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place in respect of patient monies and valuables.

A safe was available to hold patient monies, however as the named patient of the home was not using the service on the day of inspection, no money or valuables were on deposit.

**Areas of good practice**

There were examples of good practice found, adult safeguarding training was mandatory for all staff and a safe place was available in the home.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The arrangements in place for the home to receive the personal monies of the named patient who uses the service were discussed with the manager. She reported that the named patient brought a sum of money with them for the duration of each respite stay in the home which was used as the patient wished throughout their stay. The manager noted that any balance unspent was signed out with the patient when they were being discharged home. She confirmed that no monies were retained by the home for a future stay by the patient and no valuables were ever deposited for safekeeping.

A review of the patient’s care file identified that an admission checklist was completed each time the patient was admitted to the home. Detailed on the checklist was the balance of cash which the patient had brought with them to the home for expenditure, together with a note of any personal items of property; these entries had been signed and dated by two members of staff.

The patient’s file also contained a “Personal allowance expenditure” form which detailed a list of potential goods and services in a “tick-list” format to provide the home with permission to spend the patient’s personal monies on the selected goods and services.

Records were also available to detail the receipt of the patient’s money on each admission and how this had been spent during the course of each stay and the balance returned at each discharge. Each transaction had been signed and dated by two people and receipts were available to support the entries which had been made.

The manager confirmed that no services attracting an additional charge (e.g.: hairdressing) were delivered to the patient while they were using the service.

**Areas of good practice**

There were examples of good practice found: records were available to document the receipt and expenditure of personal monies belonging to one patient and evidence was in place to detail what this could be spent on; expenditure receipts were in place to support entries in the records.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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.**

As noted above, the arrangements for the home to support the patient with their money while using the service were discussed with the manager. Discussion established that the patient could make choices and decisions in respect of how they wished to spend their money and it was clear that the patients’ preferences were supported as appropriate.

**Areas of good practice**

There were examples of good practice identified for example, in relation to listening to and taking account of the choices and preferences of the patient using the service.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 patient guide included a range of information for a new patient and was written in an easy-read format. Written policies and procedures were easily accessible and addressed practices in the home including the management of patients’ monies and property.

Discussion with the manager established that the patient who used the service had a written “service level agreement” with the home setting out the rights and responsibilities of both parties to the agreement. The agreement had been signed by the patient’s representative in 2017.

The manager noted that respite fees were not paid to the home directly; this was arranged by the finance department in the HSC trust.

**Areas of good practice**

There were examples of good practice found, written policies and procedures were available and the patient using the service had an individual “service level agreement” with the home.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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