



The **Regulation** and
Quality Improvement
Authority

Harold McCauley House
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**Unannounced Finance Inspection
of
Harold McCauley House**

8 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced finance inspection took place on 8 October 2015 from 09:30 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.

We met with the registered manager and the finance manager; the administrator was not in the home on the day of inspection. 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	9	3

The details of the QIP within this report were discussed with Mrs Caroline Crawford, 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: Presbyterian Board of Social Witness/Linda May Wray	Registered Manager: Mrs Caroline Elizabeth Crawford
Person in Charge of the Home at the Time of Inspection: Mrs Caroline Elizabeth Crawford	Date Manager Registered: 1 April 2005
Categories of Care: NH-LD, NH-DE, NH-I	Number of Registered Places: 32
Number of Patients accommodated on the Day of Inspection: 30	Weekly Tariff at Time of Inspection: £593.00 - £627.00

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 and finance 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 during the inspection:

- The patient guide
- Admission policy and procedure document
- The home's policies on:
 - Amount of money held in the safe
 - Gifts, Loans and Wills
 - Residents Finances
 - Comfort Funds
- Five patient files
- Most recent HSC Trust payment remittances

- Confirmation of correct fees for care/accommodation charged to a sample of patients
- Income/lodgements and expenditure records including comfort fund records
- Hairdressing and Chiropody treatment receipts

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 29 June 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 this 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 and a written “form of application and contract” which we were advised, is provided to each patient on admission to the home.

We selected a sample of five files for review in order to view the written agreements in place with individual patients. On reviewing the files, we noted that four patients had a “form of application and contract” on their file; one patient did not have this document on file. The registered manager explained that the fifth patient had lived in the home for many years and this document may have been archived. We noted that the “form of application and contract” did not detail the fees payable in respect of the individual patients.

We highlighted 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.

We also clarified 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.

The finance manager advised that at present, these documents were being reviewed by head office to ensure they contained all of the necessary information.

We noted that the home must compare the current standard agreement with Standard 2.2 of the Care Standards for Nursing Homes (2015) to ensure that all of the elements are included and having done so, provide up to date agreements to each patient.

A requirement has been made in respect of these findings.

Written evidence was reviewed which confirmed 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; the registered manager advised that there was no direct involvement by the home in this regard, however a subsequent review of the records as part of the inspection identified that the home are receiving the personal monies and in one case, the social security benefits for one patient. These matters are further discussed in Statement 2 of this report.

We noted that the home has a policy and procedure in place addressing how the home seeks to safeguard money and valuables belonging to patients within the home.

Is Care Compassionate?

The findings above evidenced that all patients or their representatives had not been informed in writing of changes to the fees payable over time. We noted that every patient or their representative must be advised in writing of changes to the fees payable and that these changes must be agreed in writing with the patient or their representative, with the patients' individual agreement with the home updated accordingly.

A requirement has been made in respect of this finding.

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 two areas identified for improvement, these related to: providing individual written agreements to all patients which contains the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015); and providing written notification of an increase in the fees payable to each patient, with the changes agreed in the individual patient's agreement.

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 established that the correct amounts were being charged by the home.

The home is in direct receipt of the personal allowance monies for three identified patients in the home, this is further described below. Discussion with the registered manager 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, chiropody 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 the person receiving the money and the person depositing the money; we noted this as good practice.

However we identified that within the sample of receipts chosen for review, some signatures had been written too close to the edge of the book so that the signatures had been partially torn off when the receipt was pulled out of the book; signatures on receipts must be identifiable at all times.

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

We reviewed a sample of five cash books and noted that entries in the book were clear and routinely signed by two people. There was evidence that the monies held on behalf of patients were checked/reconciled on a regular basis with the checks 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.

On reviewing a sample of the records, we noted that a representative of the home had used a personal loyalty card when making some purchases on behalf of patients. We noted that this was not acceptable practice and highlighted the importance of reemphasising this with the relevant staff.

A requirement has been made in respect of this finding.

We reviewed the records for hairdressing and chiropody services facilitated within the home. We noted that the hairdresser and the chiropodist both left receipts for treatment with the home. We noted that the treatment receipts were signed by the hairdresser/chiropodist; however they were not signed by a member of staff to verify that the patient had received the 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 as the comfort fund. We noted that there was a bank account in place for the administration of the fund. On reviewing a sample of bank statements, we noted that the name on the account did not clearly identify the monies as belonging to the patients in the home. We noted that the name on the bank account should be changed to reflect that the monies did not belong to the provider.

A recommendation has been made in respect of this finding.

We noted that a clear record was maintained of the income and expenditure for the comfort fund with receipts maintained to evidence same. We also noted that the home have a written policy and procedure to guide practice regarding the operation of the comfort fund.

The finance manager provided written evidence that quarterly accounts prepared for management which included an analysis of the comfort fund monies. We noted however, there should be written evidence that the comfort fund records had been reconciled. We highlighted to the registered manager that these records must be signed and dated by two people.

A requirement has been made in respect of this finding.

Is Care Effective?

We queried whether any representative of the home was acting as nominated Appointee for any patient. Initial discussions with the registered manager established that no representative of the home was acting as nominated appointee for any patient. During the inspection, we reviewed a sample of the provider's bank account statements relating to the home. The bank statements reflected that the social security benefits for one patient were being received directly to this bank account. We reviewed the payment remittance from the commissioning trust which identified that part of the patient's social security benefits were owed to the home by way of the patient's contribution to their care.

Later in the inspection, we met with the organisation's finance manager who confirmed the findings above. We were also provided with paperwork which evidenced that an identified amount of the patient's social security benefits (their personal allowance) was transferred to the patients' pooled bank account, which is managed at head office level. We reviewed the paperwork provided by the finance manager, however the identified amount of personal allowance for the patient did not agree to the amount identified in the commissioning trust payment remittance.

We noted that the home must clarify the true amount of personal allowance monies owed to the patient. Having done so, the home must review all available previous records of personal allowance transferred to the patients' bank account for this patient to ensure that the correct amounts have been transferred.

A requirement has been made in respect of this finding.

We also noted that this financial arrangement should be clearly detailed in the patient's individual agreement with the home.

We noted that it was not clear whether a representative of the home was acting as nominated Appointee for the patient (managing the patient's social security benefits). We noted that the home should request formal confirmation of the name of the Appointee from the Social Security Agency and that the written confirmation must be kept in the patient's file. If a representative of the home is acting as nominated Appointee, the patient's individual agreement must detail the name of the Appointee and the records to be kept in respect of the appointment.

A recommendation has been made in respect of this finding.

Discussions also established that the home receives money from family representatives which is deposited to pay for goods or services not covered by the weekly fee. 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 not in place with all of the patients for whom the home hold money.

A requirement has been made in respect of this finding.

In addition, we noted that there the written personal monies authorisations contained a general statement in respect of managing the patient's personal money. We noted that best practice would be for the home to have a specific authorisation in place from patients or their representatives. We noted that a possible method may be to provide a list of the potential items or services which the home have the authority to spend the patient's money on and for the patient or their representative to tick to determine their agreement.

A recommendation 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	5	Number Recommendations:	3
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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 no non-cash valuables deposited for safekeeping.

We queried whether there was a safe record/register to detail the contents of the safe place; the safe record could not be located at the time of inspection. We noted that a safe record must be available to record the safe contents and that this record must be reconciled to the safe contents at least quarterly. Reconciliations must be signed and dated by two people.

A requirement has been made in respect of this finding.

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 five patients. We were advised that the property

records were contained within the patients' care files and we selected a sample of five care files for review. We noted that each patient's file contained an "inventory of residents clothing and valuables" form. We noted that the majority of items recorded on each form was clothing. Four records had been dated, one had not. We also identified significant inconsistency in the controls around signing the records; two records had been signed by one person, two had been signed by two people and one had been signed by three people. There was no evidence that the records had been updated.

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

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 there is good relationships with patients' families and that these matters are often discussed at admission.

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 were two areas identified for improvement; these related to introducing a safe record/register and improving the way in which patients' property is recorded.

Number of Requirements	2	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 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.

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 Mrs Caroline Crawford, 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: Regulation 5 (1)
(a) (b)

Stated: First time

To be Completed by:
19 November 2015

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.

Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet Standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.

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.

Where a 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.

Response by Registered Person(s) Detailing the Actions Taken:
Agreements have been renewed and updated letters sent to all residents/representatives to obtain agreement to current charges

Requirement 2

Ref: Regulation
5 (2) (a) (b)

Stated: First time

To be Completed by:
From the date of
inspection

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 to, or chooses not to sign the agreement, this must be recorded.

Response by Registered Person(s) Detailing the Actions Taken:
Agreement stipulates 22 days notice to be given and charges will be agreed in writing by resident/representative

<p>Requirement 3</p> <p>Ref: 14 (4)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of patients in the home.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: This is included in finance training given to staff</p>
<p>Requirement 4</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that the records of hairdressing and chiropody treatments facilitated in the home are also signed by a member of staff who can verify that the patient received the treatment and incurred the associated cost.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Requirement actioned</p>
<p>Requirement 5</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that reconciliations of the comfort fund records are countersigned by a second member of staff, at least quarterly.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Requirement implemented</p>
<p>Requirement 6</p> <p>Ref: Standard 19 (2) Schedule 4 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 3 November 2015</p>	<p>The registered person must ensure that the amounts received on behalf of the identified patient are clarified including the amount of personal allowance monies belonging to the patient.</p> <p>The records of personal allowances transferred to the patients' bank account in favour of this patient must be reviewed to ensure that the correct amounts have been transferred. If an amount of money is owed to the patient, a transfer of this amount must be made as soon as possible.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Requirement implemented</p>

<p>Requirement 7</p> <p>Ref: Standard 19 (2) Schedule 4 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 19 November 2015</p>	<p>The registered person must ensure that 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. 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. Where the patient or their representative is unable to, 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> <p>Response by Registered Person(s)Detailing the Actions Taken: Note of items on which personal monies can be spent are included in the agreement. See Recommendation 3</p>
<p>Requirement 8</p> <p>Ref: Standard 18 (L)</p> <p>Stated: First time</p> <p>To be Completed by: 15 October 2015</p>	<p>The registered person is required to ensure that a written "safe book/register" is introduced to record any items held within the safe place. This should record anything held within the safe place including items deposited for safekeeping on behalf of patients.</p> <p>Should any item be deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the patient or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Requirement actioned</p>

<p>Requirement 9</p> <p>Ref: Standard 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 19 November 2015</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Requirement actioned</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Minimum Standard 35.21</p> <p>Stated: First time</p> <p>To be Completed by: 8 November 2015</p>	<p>It is recommended the bank account used to administer the comfort fund monies on behalf of patients is renamed to reflect that the monies belong to patients in the home and not to the organisation.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Actioned by Finance Manager</p>
<p>Recommendation 2</p> <p>Ref: Minimum Standard 14.4, 14.20</p> <p>Stated: First time</p> <p>To be Completed by: 19 November 2015</p>	<p>The registered person must request written confirmation from the Social Security Agency to clarify for the one patient identified during the inspection, whether a representative of the home is acting as nominated Appointee and if so, from what date. If a representative from the home is the patient's Appointee, these details and the records to be retained in respect of the appointment must be detailed in the individual patient's agreement with the home.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Confirmation has been requested</p>

Recommendation 3 Ref: Minimum Standard 14.6, 14.7 Stated: First time To be Completed by: 19 November 2015	It is recommended that the registered person reissued individual personal monies authorisations to patients which reflect specific authority to spend the personal allowance monies of patients on identified goods or services.		
	Response by Registered Person(s) Detailing the Actions Taken: Being reviewed		
Registered Manager Completing QIP	Caroline Crawford	Date Completed	12.11.15
Registered Person Approving QIP	Linda Wray	Date Approved	12.11.15
RQIA Inspector Assessing Response		Date Approved	15/11/2015

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