Unannounced Finance Inspection Report
18 January 2019

Weavers House Nursing Home

Type of Service: Nursing Home
Address: 40 Moneymore Road, Cookstown, BT80 8EH
Tel No: 028 8676 7684
Inspector: Briege Ferris

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 18 beds that provides care for patients living with a dementia.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd **Responsible Individual(s):** Gavin O'Hare-Connolly	**Registered Manager:** See below
Person in charge at the time of inspection: The deputy manager	**Date manager registered:** Caron McCay - Acting
Categories of care: NH- Nursing Home DE – Dementia	**Number of registered places:** 18

4.0 Inspection summary

An unannounced inspection took place on 18 January 2019 from 10.45 to 14.30 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 existence of a bank account to manage comfort fund monies
- records of income and expenditure were available including supporting documents
- mechanisms were available to obtain feedback from patients and their representatives
- the home administrator confirmed she was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures, and
- there were mechanisms in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to:

- ensuring that each patient has a record of the furniture and personal possessions which they have brought to their rooms
- ensuring that the patients' comfort fund bank account, patients' cash and the safe contents are reconciled and signed and dated by two people at least quarterly
- ensuring that a standard financial ledger format is implemented for the comfort fund
- ensuring that treatment records are maintained in the manner set out in standard 14.13 of the Care Standards for Nursing Homes, 2015
- ensuring that each patient or their representative is provided with a written agreement setting out the terms and conditions of their stay in the home

- ensuring that each patient's agreement is updated to reflect any changes, with the update shared for signature by the patient or their representative
- ensuring that each patient is provided with a personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services

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	2	5

Details of the Quality Improvement Plan (QIP) were discussed with the deputy manager at the conclusion of the inspection. 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 home administrator and subsequently, the deputy manager. A poster was provided for display in a prominent position in the home detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the home administrator written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of comfort fund records, including bank statements
- A sample of written financial policies and procedures
- A sample of patients' personal property (in their rooms)
- The service user guide
- A sample of patients' individual written agreements
- A sample of treatment records for services facilitated within the home for which there is an additional charge to patients

The findings of the inspection were shared with the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 06 January 2014

A finance inspection of the home was carried out on 06 January 2014; the findings were not brought forward to the inspection on 18 January 2019.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients 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 including administrative staff; the home administrator had participated in this training in February 2018.

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 and the persons with access. On the day of inspection, cash was being held for patients along with several other items. Records were in place detailing the deposit or withdrawal of any items to and from the safe place; these were consistently signed by two people. However there was no record of any reconciliation of the safe contents, this is required on a quarterly basis. There is further discussion regarding the reconciliation of monies 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 and the home administrator participating in adult safeguarding training.

Areas for improvement

No areas for improvement were identified as part of 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.

Discussion with the home administrator established that no person associated with the home was acting as appointee for any patient. Monies for patients' personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by family members. Double-signed receipts were in place to record the deposit of cash.

Records of income and expenditure were available for patients, including supporting documents e.g.: a lodgement receipt. The sample of records reviewed identified that only hairdressing and chiropody treatment charges were paid for from monies deposited for expenditure. A sample of transactions was selected and the corresponding treatment records were in place to support the entries.

The home administrator confirmed that the home operated a comfort fund and a policy and procedure was in place to administer the fund. A separate bank account, which was appropriately named, was also in place. A review of the records identified that these were not maintained using a standard financial ledger format, entries in the book used to record transactions were not signed.

Ensuring that the comfort fund records are maintained using a standard financial ledger format was identified as an area for improvement.

As noted in section 6.4 of this report, records of income and expenditure were available detailing that reconciliations, signed by two members of staff were available in the home. A record of a check which had been performed by a member of management was dated October 2018. However, it was noted that the most recent record of reconciliation available in the home signed by two people was dated August 2018. The comfort fund records had been reconciled and signed and dated by two people in January 2019, however while entries on the comfort fund bank statement had been ticked, there was no evidence that the bank account was reconciled on a quarterly basis. As noted in section 6.4 above, there was no evidence that the safe contents had been reconciled at least quarterly.

An area for improvement was identified to ensure that records of patients' monies including the comfort fund monies and the comfort fund bank account are reconciled and signed and dated by two people at least quarterly.

Hairdressing and chiropody treatments were facilitated within the home and a sample of these treatment records was reviewed. Chiropody treatment records were maintained using a template provided by the administrator and these were routinely signed by the chiropodist and on occasion, by the home administrator. The home administrator confirmed her signature on the records were to verify that the chiropodist had been paid.

The inspector highlighted that the records should also be countersigned by a member of staff who can verify that the person received the treatment detailed on the record.

The hairdressing treatment records were recorded on plain paper and evidenced inconsistency in the record keeping. The required information such as the treatment delivered, the relevant cost and two signatures were inconsistently recorded. Advice was provided to the home administrator in respect of considering implementing a template to capture the required information for each visit by the hairdresser.

An area for improvement was identified to ensure that treatment records are maintained in the manner as set out within standard 14.13 of the Care Standards for Nursing Homes (2015).

The inspector discussed with the home administrator how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The home administrator provided a file of property records which detailed items held for patients. However, a review of the records identified that none of the three patients' whose names had been chosen at random had a record of property in the file.

The inspector highlighted that each patient should have a record maintained on their behalf detailing the furniture and personal possessions which they have brought to their rooms and that these should be kept up to date and this was identified as an area for improvement.

The home administrator confirmed that the home did not operate a transport scheme or manage a bank account to hold patients' personal monies.

Areas of good practice

There were examples of good practice found in relation to the existence of a comfort fund bank account, the existence of income and expenditure records and supporting documents.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to: ensuring that each patient has a record of the furniture and personal possessions which they have brought to their rooms; ensuring that the patients' comfort fund bank account, patients' cash and the safe contents are reconciled and signed and dated by two people at least quarterly; ensuring that a standard financial ledger format is implemented for the comfort fund and ensuring that treatment records are maintained in the manner set out in standard 14.13 of the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of areas for improvement	1	3

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.

Discussion with the home administrator 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. She noted that day to day ongoing verbal feedback was the key mechanism for engaging with patients and families, alongside relatives' meetings and an annual feedback questionnaire.

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 provided a range of information for new patients including what services are covered for the weekly fee, the arrangements for safeguarding money and valuables in the home and a list of those services attracting an additional charge, including the costs.

A range of written policies and procedures were in place to guide financial practices in the home and policies were also in place addressing complaints management and whistleblowing. Discussion with the home administrator established that she was aware of the home's policy on complaints management and whistleblowing.

A sample of three patients' files was selected and a review of these identified that two of the three patients had a signed written agreement on their files; one patient did not have an agreement in place. This was discussed with the home administrator who noted that the agreement had not been returned to the home by the family. However the file did not reflect this information and there was no evidence of when the agreement had been provided. An area for improvement was identified to ensure that there is evidence that each patient or their

representative has been provided with a written agreement which sets out the terms and conditions of their stay in the home.

A review of the existing agreements in place with the remaining two patients identified that these had been signed in 2013 and 2017 respectively. There was no evidence that the agreements had been updated over time to reflect any changes such as the annual uplift in fees.

An area for improvement was identified to ensure that each patient or their representative is advised of any changes to their original written agreement, with the change agreed in writing by the patient or their representative.

The sample of three patients' files was reviewed to identify whether they contained a personal monies authorisation detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services. None of the files reviewed contained this authorisation and therefore an area for improvement was identified in respect of this finding.

The inspector discussed with the deputy manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The deputy manager confirmed that staff participated in mandatory training in respect of this matter.

Areas of good practice

There were examples of good practice found: the home administrator confirmed that she was familiar with the home complaint's process and process for escalating any concerns under the home's whistleblowing procedures. The home's service user guide contained a range of information for a new patient; there were arrangements in place to ensure patients experienced equality of opportunity.

Areas for improvement

Three areas for improvement were identified as part of the inspection in relation to: ensuring that each patient or their representative is provided with a written agreement setting out the terms and conditions of their stay in the home; ensuring that each patient's agreement is updated to reflect any changes with the update shared for signature by the patient or their representative and ensuring that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.

	Regulations	Standards
Total number of areas for improvement	1	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 the deputy manager of the home, at the conclusion of the inspection. 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 5 (1) (a) (b) **Stated:** First time **To be completed by:** 18 February 2019	The registered person shall ensure that each patient is provided with a written agreement setting out the terms and conditions of their residency in the home. Ref: 6.7
	Response by registered person detailing the actions taken: Written agreements are being issued to patients and next of kin. The home is awaiting return of such.
Area for improvement 2 **Ref:** Regulation 19 (2) Schedule 4 (10) **Stated:** First time **To be completed by:** 18 February 2019	The registered person shall ensure that a record is made of the furniture and personal possessions which each patient has brought to their rooms. Ref: 6.5
	Response by registered person detailing the actions taken: Staff have listed patient's personal furniture and possessions. This is kept on file for inspection.
Action required to ensure compliance with the Care Standards for Nursing Homes (2015)	
Area for improvement 1 **Ref**: Standard 14.13 **Stated:** First time **To be completed by:** 01 February 2019	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient. Ref: 6.5
	Response by registered person detailing the actions taken: Two signatures are now recorded on each transaction.
Area for improvement 2 **Ref**: Standard 14.12 **Stated:** First time **To be completed by:** 31 January 2019	The registered person shall ensure a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: Two signatures are now recorded on reconciliation of such accounts.

Area for improvement 3 **Ref**: Standard 14.10 **Stated:** First time **To be completed by:** 01 February 2019	The registered person shall ensure that a standard financial ledger format is used to record comfort fund transactions. Ref: 6.5
	Response by registered person detailing the actions taken: A financial ledger is now insitu to record and reconcile resident's comfort fund.
Area for improvement 4 **Ref**: Standard 2.8 **Stated:** First time **To be completed by:** 01 February 2019	The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative. Ref: 6.7
	Response by registered person detailing the actions taken: Current fees are included within the patient agreement. Should such change, residents and their next of kin will be notified of such.
Area for improvement 5 **Ref**: Standard 14.6, 14.7 **Stated:** First time **To be completed by:** 01 February 2019	The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services Ref: 6.7
	Response by registered person detailing the actions taken: Authorisation signatures have been obtained from either residents or their next of kin.

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

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