



The Regulation and
Quality Improvement
Authority

Parkview House
RQIA ID: 1197
Parkview Road
Castleberg
BT81 7XH

Inspector: Briega Ferris
Inspection ID: IN023266

Tel: 02881679192
Email: da.mcallister@apexhousing.org

**Announced Finance Inspection
of
Parkview House**

23 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

Summary of Inspection

An announced finance inspection took place on 23 July 2015 from 09:35 to 15:35. 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, we found care to be compassionate; the safety and effectiveness of care were found to be good, 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.

On the day of inspection, we met with the registered manager and the administrator; 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.

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	1

The details of the QIP within this report were discussed with Mrs Davina McAllister, 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: Apex Housing Association/Gerald Kelly	Registered Manager: Mrs Davina McAllister
Person in Charge of the Home at the Time of Inspection: Mrs Davina McAllister	Date Manager Registered: June 1998
Categories of Care: NH-LD(E), NH-I, NH-PH	Number of Registered Places: 15
Number of Patients accommodated on the day of Inspection: 13	Weekly Tariff at Time of Inspection: £593.00 - £613.00

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 administrator
- 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
- The home's "Safeguarding Service Users' Finances" policy
- The home's "Comforts Funds" policy
- The home's current standard agreement with patients "nursing care agreement"
- Five patient agreements
- Most recent Western HSC Trust payment remittance
- Confirmation of correct fees charged to patients for care/accommodation
- Personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing treatment receipts
- Records of items deposited for safekeeping with the home

- Four records of patients' personal property/inventory
- The administrator's completion of Protection of Vulnerable Adults Training record

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection on 4 June 2015; the returned Quality Improvement Plan was approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last Finance Inspection

There has been no previous RQIA finance 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 "residents" guide, a copy of which was provided to us for review during the inspection. We noted that the guide included information for patients on the general terms and conditions of residency, and an appendix detailing financial information. The appendix detailed that patients were encouraged to personalise their rooms should they wish and outlined the current weekly charges payable for care and accommodation in the home.

We noted that the home has a standard written agreement, known as a "nursing care agreement", an individual copy of which is provided to each newly admitted patient. We asked to see both a copy of an up to date agreement and a sample of agreements which are already in place with patients in the home.

Discussion with the registered manager and the administrator established that the agreements in place with the current patients in the home had recently been updated to reflect the increase in the weekly charges payable (based on regional increases in care fees). We reviewed a file containing the agreements which had been prepared with the updated information. The home's administrator advised us that the updated agreements were being signed by family members as they visited the home and that staff had been made aware to remind family members to review and sign the agreement. We noted that at the time of inspection, two agreements had been signed.

We reviewed the two signed agreements as well as three others which had been prepared with the respective updated information. On reviewing all five agreements, we noted that while the correct fees had been detailed, the agreements did not adequately detail the persons by whom the fees were payable and the methods of payment.

We requested to see an up to date agreement, the type of which would be provided to a newly admitted patient. On comparing the home's standard form of agreement with patients to Standard 2.2 of the Care Standards for Nursing Homes (April 2015), we noted that a significant number of components were absent from the home's agreement and that updated agreements must be provided to each patient which contain all of the necessary components as set out in

Standard 2.2. We discussed this with the registered manager, highlighting a number of the key areas which were not detailed within the home's standard agreement.

We clarified that in order to comply with Regulation 5 (1) of the Nursing 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.

A requirement has been made in respect of these findings.

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 involvement by the home in this regard and that families are highly involved in supporting patients in the home.

We noted that the home has a policy and procedure in place addressing patients' money and detailing the controls in place to safeguard money and valuables belonging to patients.

We noted that there was written confirmation in place identifying that the home's administrator had received training in the protection of vulnerable adults.

Is Care Compassionate?

We obtained confirmation that written notification of increases in fees in response to changes in regional fee rates were provided to patients or their representatives.

Discussions with the registered manager established that on the day of inspection, the home was not supporting any individual patient to manage their money.

Areas for Improvement

Overall on the day of inspection, we found care to be effective and compassionate. The safety of care was found to be good, however there was one area identified for improvement; this related to providing individual written agreements to all patients which reflect the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015).

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

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 records identified that copies of the HSC trust payment remittances were available confirming the weekly fee for each patient in the home. There was an identified number of patients in the home who contribute to their weekly care fees in full or part, directly to the home. For all other patients, the home was 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 not directly in receipt of any personal allowance monies belonging to patients in the home. However, discussion with the registered manager and the administrator established that patients' representatives 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, toiletries or other sundries).

A review of records identified that the home provides a receipt to anyone depositing money. We reviewed a sample of receipts and noted that receipts were routinely signed by the person receiving the money, and that the name of the other person depositing the money was written on the receipt by the person receiving the money. We noted that the person depositing the money must sign their name on this part of the receipt. We also highlighted that where a patient's representative is unwilling or unable to sign a receipt, two members of staff must sign the receipt.

A requirement has been made in respect of this finding.

We discussed how expenditure was recorded on behalf of patients. We were provided with all of the current "recording books" for those patients for whom the home hold cash deposited for safekeeping by the patient or their representative. We reviewed four of the recording books and noted that entries within the books were clear and routinely signed by two people. The date and details of each entry or withdrawal were recorded as well as the running balance. There was evidence of regular reconciliations of monies held, which were clearly recorded on the books as "checked". Good practice was observed.

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 hairdressing receipt.

Discussion with the registered manager established that a number of patients in the home use their own hairdresser; arrangements for payment are made between the hairdresser and individual patients/families. The home also uses a hairdresser who is available to everyone in the home. Within the recording books, we noted that receipts for treatments by this hairdresser were attached to the books for reference. We noted that the receipts recorded the name of the patient, the date of the treatment, the treatment received and the cost. These records were signed by the hairdresser.

We noted that these receipts must also be signed by a representative of the home who can verify that the patient received the service detailed and incurred the associated cost.

A requirement has been made in respect of this finding.

We provided guidance on how best to capture treatments by the hairdresser or anyone providing services to patients in the home by using a template, which would avoid doubling up on the recording process.

Discussions established that the home operates a fund for the benefit of the patients in the home, which is referred to as the "comfort fund". The registered manager explained that money is normally raised from staff fundraising and from donations to the home from relatives of previous patients or the wider community. We noted that records relating to income and expenditure for the fund were maintained and that entries were routinely double signed.

Reconciliations of the comfort fund monies had been recorded, signed and dated by two people, good practice was observed.

We noted that a bank account was in place for the administration of the fund and that the account was named appropriately.

We reviewed a sample of records for expenditure undertaken from the fund and were able to trace the selected entries to other records to substantiate the transactions. We noted that a television had been purchased for a lounge in the home in June 2014. Discussion with the registered manager established that this television replaced a set which had been donated to the home. We noted that within the records of expenditure, there were two entries detailing the cost of repairs to the television. We discussed this with the registered manager and the administrator and noted that repairs and maintenance were normally paid for by the home. We noted that the home must review the appropriateness of funding the repairs to the television from the balance of comfort fund monies.

A requirement has been made in respect of this finding.

We noted that the home had a detailed policy and procedure addressing the comfort fund; on reviewing the policy we noted reference to the types of expenditure which the comfort fund could potentially be used for. This included "alternative hoists, comfortable/ specialised chairs". We discussed this with the registered manager and noted the importance of ensuring that items of equipment required to meet a patient's needs (such as the above) are paid for by the home or the commissioning HSC trust. We noted the responsibilities of the home under its contract with the HSC trust(s) and the relevant statutory references in the Nursing Homes Regulations (Northern Ireland) 2005. We requested that the home review the content of its policy in this regard.

A recommendation has been made in respect of this finding.

Is Care Effective?

The registered manager confirmed that no representative of the home was acting as nominated appointee for any patient. The registered manager also confirmed that the home did not operate a bank account for the patients jointly nor were any bank accounts operated for individual patients. As noted above, discussions established that the home receives money from family representatives. A review of a sample of patients' records established that personal allowance authorisations were in place to provide the home with the necessary written authorisation to purchase goods and services on behalf of each patient.

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, we found care to be effective and compassionate. The safety of care was found to be good, however there were three areas identified for improvement;

these were in relation to the signing of receipts for money deposited for safekeeping, hairdressing treatment records and the appropriateness of two items of expenditure paid from the patients' comfort fund.

Number of Requirements	3	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

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?

We noted that there were two safe places within the home to enable patients to deposit cash or valuables. We viewed both of these and we were satisfied with the controls around the physical location of the safe places and the persons with access.

We viewed the contents of the safe places and established that on the day of inspection, cash balances for a number of patients and one non-cash item had been deposited for safekeeping.

We noted that the safe contents were recorded in a book which detailed the regular reconciliation of items held for safekeeping in the safe places in the home. Reconciliations were signed and dated by two people, good practice was observed.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money. The registered manager explained how the home engages with HSC trust representatives on an ongoing basis; however we noted that there were no specific agreed arrangements in place to support any patient at present.

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for four patients.

We were advised that the property records were contained within the patients' care files and we were provided with the four care files for review. We noted that each patient's file contained a record of property. We noted that there was inconsistency between the records, for instance two different property templates were in use, a "property form" and a "residents personal belongings list". We noted that the latter was a more detailed template with categories of items listed from completion.

We noted that there was evidence that records had been updated and that a number of entries had been signed by two staff, however other entries were only signed by one member of staff. We also noted that there should be an effort to record more detail on some items such as electrical equipment. Within the records there were references to "TV"; the size, make/model must be recorded to improve the detail of the record.

We discussed these findings with the registered manager and explained that additions or disposals of furniture and personal possessions brought into each patient's room must be signed and dated by two people and that these records must be updated at least quarterly. We noted that a retrospective record for each patient in the home must be made.

A requirement has been made in respect of this finding.

Is Care Compassionate?

As noted above, there were 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; the registered manager explained that these matters are discussed on admission and patients and their representatives are advised of where valuables are stored and who has access to the safe place.

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 the nurse in charge has access to the safe place at all times so that patients can access their money; we noted this as compassionate practice.

Areas for Improvement

Overall, we found care to be safe and compassionate; the effectiveness of care was found to be good, however there was one area identified for improvement; this was in relation to how patients' property was recorded.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

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 private transport and organised transport for outings or 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, we found care to be safe, effective and compassionate. No areas for improvement were noted in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

6.0 Additional Areas Examined

There were no additional areas examined as part of the inspection.

7.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Davina McAllister, 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.

7.1 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.

7.2 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.

7.3 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

<p>Requirement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 23 September 2015</p>	<p>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.</p> <p>Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet <u>Standard 2.2</u> of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.</p> <p>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.</p> <p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Apex have reviewed and updated the individual agreements in line with Regulation 5 Standard 2.2 of the Nursing Homes Regulations</p>
<p>Requirement 2</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 receipt provided by the home recording cash handed over for safekeeping is signed by both the person lodging the cash and by a representative of the home.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This procedure has now been implemented.</p>

<p>Requirement 3</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 treatment records for hairdressing services facilitated within the home (by the identified hairdresser) are also signed by a representative of the home to verify that the patient received the treatment they are being charged for.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: This procedure has now been implemented.</p>
<p>Requirement 4</p> <p>Ref: Regulation 19(2) Schedule 4 (9) & Minimum Standard 14:29</p> <p>Stated: First time</p> <p>To be Completed by: 6 August 2015</p>	<p>The registered person must review the appropriateness of having charged the cost of the two repairs to the TV from the comfort fund and not from the home's own money.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: This matter has been considered and the cost of the repairs (£60) has been reimbursed by Apex to Parkview's Comfort Fund.</p>
<p>Requirement 5</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 23 September 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. 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).</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of recording..</p> <p>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> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Apex have reviewed the form to record personal possessions, and recociliation of these records will be recorded quarterly.</p>

Recommendations			
Recommendation 1 Ref: Minimum Standard 14.29 Stated: First time To be Completed by: 16 September 2015	It is recommended that the home review its comfort fund policy specifically regarding the reference to purchasing items of equipment from the fund such as hoists or specialised chairs.		
	Response by Registered Person(s) Detailing the Actions Taken: The purpose of the scheme's Comfort Fund is to provide additional activities and equipment to enhance the residents' quality of life and living environment. Apex provides all equipment necessary to care for the residents. However, if the residents wish to purchase additional equipment such as hoists / chairs with a particular specification then it is considered appropriate that they should continue to be permitted to do so from the Comfort Fund.		
Registered Manager Completing QIP	Davina McAllister	Date Completed	10-9-15
Registered Person Approving QIP	Muriel Sands	Date Approved	10-9-15
RQIA Inspector Assessing Response		Date Approved	19/09/15

Please complete in full and returned to finance.team@rqia.org.uk from the authorised email address