



The Regulation and
Quality Improvement
Authority

Gortacharn
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**Unannounced Finance Inspection
of
Gortacharn**

18 November 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

1. Summary of Inspection

An unannounced finance inspection took place on 18 November 2015 from 10:15 to 15:15. 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 responsible person, Mrs Robena Trimble, the acting manager, Ms Jill Trimble 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. (The home accommodates persons requiring residential and nursing care; for the purposes of this report, the term "patient" shall be used throughout).

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	0	10

The details of the QIP within this report were discussed with Ms Jill Trimble, the acting home manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Gortacharn/Mrs Robena Heather Trimble and Mr Richard James Trimble	Registered Manager: Ms Jill Trimble (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Jill Trimble	Date Manager Registered: 23 March 2012 (Acting)
Categories of Care: RC-LD(E), NH-LD, RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 55
Number of Patients Accommodated on the Day of Inspection: 49	Weekly Tariff at Time of Inspection: £470.00 – 637.00

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 Mrs Robena Trimble, the responsible person, Ms Jill Trimble, the acting home manager and the home's 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; no financial-related incidents were noted.

The following records were reviewed during the inspection:

- The patient guide
- The home's standard written agreement with patients
- Five patient files
- The home's "Policy on Safeguarding Patients' Money and Valuables"
- The most recent HSC Trust payment remittances
- Confirmation of correct fees for care/accommodation charged to a sample of patients
- A sample of income/lodgements and expenditure records
- A sample of treatment receipts for hairdressing and chiropody

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 2 July 2015; we liaised with the care inspector and there were no matters which we were required follow up on.

5.2 Review of Requirements and Recommendations from the last Finance Inspection

A previous RQIA finance inspection of the service was carried out in 2008, the quality improvement plan from which was reviewed by RQIA. No matters arising from the 2008 inspection were brought forward as part of this inspection.

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, which we were advised is provided to each patient on admission to the home. We noted that the guide detailed that patients were welcome to bring items to personalise their rooms and that the fees could be paid through the home's office during the stated office hours. Details are also provided on how records are kept of all financial transactions and that safe storage arrangements are available within each patient's room.

We selected a sample of five files in order to review the written agreements in place with individual patients. On reviewing the files, we noted that all five patients had a signed agreement in place with the home; however only one of the agreements detailed the correct weekly fee and appropriate breakdown of the payment arrangements. It was noted that this patient had been admitted to the home the previous week, for the remaining four patients, the agreements detailed the weekly fee which was payable at the time the sampled patients were admitted to the home.

We discussed this with the acting home manager and noted that the Care Standards for Nursing Homes (April 2015), require that each patient's individual agreement with the home is updated to reflect any increases in the charges payable.

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

A recommendation 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; discussions established that the home was involved in supporting an identified number of patients; this is further discussed in Statement Two of the report.

We noted that the home has a satisfactory policy and procedure in place addressing how the home seeks to safeguard money and valuables belonging to patients in 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. Discussion with the home administrator established that only those patients privately funding their place in the home had been informed in writing of any changes to the fees payable. We noted that every patient or their representative must be advised in writing of changes to the fees payable (irrespective of how the patient's place is being funded) and that these changes must be agreed in writing with the patient or their representative, and the patients' individual agreements with the home updated accordingly.

A recommendation 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 up to date agreements to all patients (which meet the requirements of the Care Standards for Nursing Homes (2015)); and ensuring that written notice of all changes to the agreement is provided to each patient or their representative, with the changes agreed in the individual patient's agreement.

Number of Requirements	0	Number Recommendations:	2
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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 are an identified number of patients who contribute their weekly care fees in full or in 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 to patients established that the correct amounts were being charged by the home.

The home is in direct receipt of the personal monies for an identified number of patients, these arrangements are further described below. Discussion with the administrator 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 they are routinely signed by the person receiving the money. We highlighted that best practice was for both parties to sign the receipt detailing any money lodged.

A recommendation has been made in respect of this finding.

We discussed how patients' income and expenditure was recorded and were provided with the "patients' personal allowance book". We noted that the book detailed the income and expenditure in respect of any patient for whom the home held the patient's personal money in the safe place.

We reviewed a sample of the records contained in the book and noted that routinely, only withdrawals of cash were signed, not the entries for lodgements. We discussed this during feedback and noted that every transaction recorded, whether a lodgement or a withdrawal, must be signed and dated by two people.

A recommendation has been made in respect of this finding.

A review of the records evidenced that a weekly check was carried out by the home administrator and a monthly check by the acting home manager. We noted that the checks were signed by the home administrator or the acting home manager; we did not evidence reconciliations signed by two people. We highlighted that a reconciliation signed and dated by two people must be carried out on at least a quarterly basis.

A recommendation has been made in respect of this finding.

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.

We reviewed the records for hairdressing and chiropody services facilitated within the home and noted that the hairdresser and the chiropodist issued receipts for treatments provided to patients. Chiropody receipts routinely detailed the name of the chiropodist, the date, the names of the patients treated and the individual cost of treatment. The hairdressing treatment records detailed the date, the name of the patient, the cost of the individual treatments and the total cost of treatments provided on that day. Neither the chiropody nor the hairdressing treatment records were signed by the person providing the treatment or a member of staff to verify that the patient had received the treatment and incurred the associated cost.

A recommendation has been made in respect of this finding.

Is Care Effective?

Discussions with the home administrator established that a bank account was managed by the home which is used exclusively to receive payments of social security benefits and personal allowance monies on behalf of patients.

On the day of inspection, we reviewed a sample of the bank statements for the account and noted that the administrator retained a clear record of the monies received on behalf of each patient and that an effective system was in place to ensure that the portion of each patient's social security benefits which were owed to the home by way of the patients' contribution was transferred over to the home, with the balance of monies belonging to the patient recorded in their individual personal allowance records. We noted that a weekly review of the bank account transactions was carried out by the home's administrator; with the transfers of personal allowance monies also being carried out weekly; good practice was observed.

On reviewing the records for one patient, we noted that the amount of the patient's personal contribution to their care from their social security benefits (as detailed in the HSC trust payment remittance) did not leave the patient with the basic personal allowance of £24.90 per week.

We reviewed the patient's finance file which evidenced a written authorisation signed by the patient and their HSC trust care manager to provide the home with authority to secure the amount detailed in the HSC trust payment remittance from the monies received directly to the bank account referred to above.

We discussed this with the acting manager and the home administrator and highlighted that the Care Standards for Nursing Homes (April 2015) make clear that patients' personal allowances are not to be added to any payments for board or lodgings. We also noted that charges to patients must be made in accordance with the current DHSSPS charging guidelines. In particular we highlighted that paragraph Section 5.0001 of the DHSSPS Charging for Residential Accommodation Guide (2012) states: "The personal expenses allowance (PEA) is intended to enable Trust supported residents to have money each week to spend as they wish. Trusts are reminded that PEA should not be spent on services that have been assessed and contracted for by the Trust."

We noted that the registered manager should contract the HSC trust to seek guidance on this matter so as to ensure that the patient receives their full personal allowance. We noted that RQIA would also be contacting the HSC trust in respect of this matter.

Following the inspection we were informed that the HSC trust had been contacted in respect of this matter and that payment of the identified amount by the patient had ceased and that the patient had been receiving their full personal allowance from an identified date. We were also informed that an alternative payment arrangement was being pursued in conjunction with the HSC trust and the patient's representative.

We noted that the period for which the patient was not in receipt of their full personal allowance remained an issue and that the registered person should advocate for the patient in regard to the repayment of the identified sum of money paid by the patient from their personal allowance money during the time that the previous payment arrangement was in place.

A recommendation has been made in respect of this finding.

We queried whether a representative of the home was acting as nominated appointee for any patient; discussions established that a representative of the home is acting as nominated Appointee for one patient. Official documentation from the Social Security Agency confirming the appointment was held on file for the identified patient. Again, we noted that the details of the Appointee and the records to be kept must be detailed in the patient's written agreement with the home.

A recommendation has been made in respect of this finding.

As noted above, the home receives money from family representatives which is deposited to pay for goods or services not covered by the weekly fee. We queried whether there was any written authorisation in place with patients or their representatives to spend the patients' monies on particular goods or services. The home administrator provided a document entitled "Patient/resident agreement cash deposits by relative/representative". We noted that the document required the signature of the patient's representative in order to agree to the home

spending the patient's money on hairdressing, chiropody or other services (requiring the representative to specify).

We reviewed a sample of five patient's files but we could not evidence this document on any of the five files. We also noted that in discussion, the home administrator had confirmed that the authorisation would only be used for patients for whom money is deposited by representatives, not patients for whom the home receives the monies directly to the bank account, as described above.

We highlighted that a written personal allowance document to provide the home with the necessary written authorisation to purchase goods and services on behalf of each patient must be provided to each patient or their representative, irrespective of how the home receives the patient's money.

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 acting home 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 seven areas identified for improvement. These related to: countersigning receipts for money deposited with the home; countersigning every transaction in patients' cash records; carrying out a countersigned reconciliation of patients' money at least quarterly; having treatment records signed by both the person providing the treatment and a member of staff; contacting the HSC trust regarding the personal allowance for one identified patient; ensuring that Appointeeship details are reflected in the individual agreement of one identified patient and obtaining written authorisations from patients or their representatives for the home to spend the patients' monies on identified goods and services.

Number of Requirements	0	Number Recommendations:	7
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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. The administrator advised that the safe place is reserved exclusively for patients' cash or valuables.

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. A sample of patients' cash balances were counted and these agreed to the records held by the home.

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 four patients. The acting home manager provided the selected records. We noted that each patient's file contained a "Record of Resident Belongings" form and that the majority of items recorded for each patient were clothing.

We noted that two of the records had been signed and dated by two people, while the remaining two records had only been signed by one person. There was evidence that one of the four records had been updated, however the additional record had not been signed or dated. In discussions, the acting home manager described how newly admitted patients would have their property recorded on the home's computerised care system, and that the paper records only existed for patients who had lived in the home for some time.

We queried whether it was the acting manager's expectation that patients' property records would be kept up to date and she noted that this was not the case, the details would just be recorded on admission.

During the inspection feedback we highlighted that the Care Standards for Nursing Homes (2015) require that a patient's' property record is maintained throughout their stay in the home and that property records are reconciled and signed and dated by two people at least quarterly.

A recommendation has therefore 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 asked about arrangements for patients to access their money from the safe place in the home outside of office hours. The home administrator 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 but that arrangements would be kept under review.

Areas for Improvement

Overall, the financial arrangements were found to be delivering safe, effective and compassionate care; however there was one area identified for improvement; this related to improving the way in which patients' property is recorded.

Number of Requirements	0	Number Recommendations:	1
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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 booking private taxis to take patients to 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

No areas for improvement were identified 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 Ms Jill Trimble, the acting home 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Minimum Standard 2.8</p> <p>Stated: First time</p> <p>To be Completed by: 15 January 2016</p>	<p>Updated individual agreements should be provided to each patient with the changes to the agreements agreed in writing by the patient or their representative. Each patient's individual agreement should be updated to reflect any increase in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Each patient's individual agreement has been updated with the current charges. Any changes to the agreement have been agreed in writing by the patient or their representative. A record has been kept of all representatives who have been unable to or chose not to sign the revised agreement.</p>
<p>Recommendation 2</p> <p>Ref: Minimum Standard 2.8</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the next change</p>	<p>Any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All patient agreements are updated to reflect any changes and signatures obtained. A record is kept of all representatives who are unable to or choose not to sign the revised agreements.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>Receipts detailing the deposit of money on behalf of a patient are signed and dated by the patient or their representative and a member of staff. Where the patient is unable to sign, or chooses not to, this is recorded.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All receipts detailing the deposit of money on behalf of a patient are signed and dated by both the staff member and patient or their representative. A record is kept of all representatives who are unable to or choose not to sign the revised agreements.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be Completed by:</p>	<p>A standard financial ledger format is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date, a description of the entry, whether the entry is a lodgement or a withdrawal, the amount, the running balance of the patient's cash held and the signatures of two persons able to verify the entry on the ledger.</p>

From the date of inspection	<p>Response by Registered Person(s) Detailing the Actions Taken: A standard financial ledger format is used to clearly detail all transactions for patients. Each transaction is signed by two people to verify the entry on the ledger.</p>
<p>Recommendation 5 Ref: Standard 14.25 Stated: First time To be Completed by: From the date of inspection</p>	<p>Reconciliation of money and valuables held and accounts managed on behalf of patients is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Reconcilliations are carried out on a monthly basis by the Administrative Officer and Manager. All money and valubles held and accounts managed on behalf of patients are reconcilled.</p>
<p>Recommendation 6 Ref: Standard 14.13 Stated: First time To be Completed by: From the date of inspection</p>	<p>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 and the associated cost to each patient.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All services facilitated within the home are signed for by the person providing the service and the staff member who witnesses this.</p>
<p>Recommendation 7 Ref: Standard 2.9 Stated: First time To be Completed by: 2 December 2015</p>	<p>The registered person should continue to liaise with the HSC trust to ensure that an alternative payment arrangement is introduced for the amount owed to the home by the patient identified during the inspection.</p> <p>In conduction with the HSC trust and the patient's representative, the registered person should pursue a repayment of the identified sum of money paid by the patient under the previous arrangement, so as to make good the amount of personal allowance the patient should have enjoyed during that period.</p> <p>RQIA should be advised in writing of the progress in securing a repayment of the identified sum to the patient.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: An alternative payment arrangement has been set up to pay the Nursing Home. The patient has been fully re-imbursed for the sum paid from his Personal Allowance. RQIA have been informed of the progress made in securing a repayment of the identified sum to the patient.</p>
<p>Recommendation 8 Ref: Standard 14.20 Stated: First time To be Completed by: 18 December 2015</p>	<p>The registered person should ensure that the details of the patient's Appointee and the records to be retained in respect of the appointment are detailed in the individual patient's agreement with the home.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Each individual patient's agreement with the home includes details of the patient's appointee and the records to be retained.</p>

Recommendation 9 Ref: Standard 14.6, 14.7 Stated: First time To be Completed by: 30 December 2015	Written authorisation is obtained from each patient or their representative to spend the patient's monies on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is unable to, or chooses not to sign the authorisation, this must be recorded. Where a patient is managed by a HSC trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC trust care manager.		
	Response by Registered Person(s) Detailing the Actions Taken: Written authorisation is obtained on pre-agreed expenditure for each patient.		
Recommendation 10 Ref: Standard 14.26 Stated: First time To be Completed by: 30 December 2015	An inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.		
	Response by Registered Person(s) Detailing the Actions Taken: An updated inventory has been carried out by two senior staff members for every patient in the home. This will be updated on a quarterly basis.		
Registered Manager Completing QIP	Miss Jill Trimble	Date Completed	13/01/2016
Registered Person Approving QIP	Mrs Robena Trimble	Date Approved	13/01/2016
RQIA Inspector Assessing Response		Date Approved	15/01/16

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