

Unannounced Finance Inspection Report 03 July 2017



Drumclay Care Home

Type of Service: Nursing Home
Address: 15 Drumclay Road, Enniskillen, BT74 6NG
Tel no: 028 6632 7255
Inspector: Briege Ferris

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home with 52 beds that provides care for older people, those with a physical disability (other than sensory impairment), those with a learning disability or those living with dementia.

3.0 Service details

| | |
|--|---|
| Registered organisation/registered person: EBAY Limited /Mr Patrick Anthony McAvoy | Registered manager: Olivia Connolly |
| Person in charge of the home at the time of inspection: Joan Armstrong (nurse in charge) | Date manager registered: Olivia Connolly - application received - "registration pending". |
| Categories of care: Nursing Care I - Old age not falling within any other category DE - Dementia LD - Learning Disability PH- Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years | Number of registered places: 52 comprising: A maximum of 30 patients in categories NH-I, NH-PH, NH-PH(E) and a maximum of 22 patients in category NH-DE. Category RC-I restricted to 4 identified individuals and category NH-LD restricted to 2 identified individuals. |

4.0 Inspection summary

An unannounced inspection took place on 03 July 2017 from 10.15 to 16.20.

This inspection was underpinned by Nursing Homes Regulations (Northern Ireland) 2005 and the 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.

Evidence of good practice was found for example, a safe place in the home was available and staff members were familiar with controls in place to safeguard service users' money and valuables; the home had a range of methods in place to encourage feedback from families or their representatives and evidence that staff spoken with understood the home's protocols regarding management of complaints and whistleblowing.

Areas requiring improvement were identified in relation to the appointee details for an identified service user; records of monetary transactions recorded on behalf of service users; performing quarterly reconciliations of money or valuables; dating policies and procedures being used by staff and evidence that up to date agreements have been shared with service users or their representatives.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 4 |

Details of the Quality Improvement Plan (QIP) were discussed with Joan Armstrong, the nurse in charge, and Bronwyn Toner, a director of the company which owns the home, as part of the inspection process. 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 residents' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues; the care inspector was contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection the inspector met with three members of staff, the home administrator, the nurse in charge, and a director of the company which owns the home.

The following records were examined during the inspection:

- A copy of the "Drumclay Care Home Service User Guide" booklet
- Four service users' finance files
- Four service users' signed individual written agreements
- A sample of "personal allowance" records for service users (income and expenditure)
- The safe record
- Financial policies and procedures including those addressing safeguarding service users' monies and valuables; recording furniture and personal belongings; records management and handling complaints
- Three records of service users' personal property (in their rooms)

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 March 2017

The most recent inspection of the home was an unannounced pharmacy inspection; no Quality Improvement Plan was issued following this inspection.

6.2 Review of areas for improvement from the last finance inspection dated 31 March 2007

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users and clients from the care, treatment and support that is intended to help them.

The inspector met with the home administrator who was able to clearly describe the home's controls in place to safeguard service users' money and valuables. She confirmed that she had most recently completed adult safeguarding training in March 2017.

Discussions with the nurse in charge confirmed 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 service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to service users was deposited for safekeeping; valuables were also being held.

A safe record was available detailing the contents of the safe, this had most recently been reconciled and signed and dated by two people on 23 February 2017. There is further discussion on reconciling money and valuables in section 6.5 of this report.

Areas of good practice

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons. Staff members spoken to were familiar with controls in place to safeguard service users' money and valuables.

Areas for improvement

No areas for improvement were identified during 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.

Discussions with the home administrator established that a representative of the home was acting as nominated appointee for two service users (ie: managing and receiving their social security benefits) and as agent (only receiving the social security benefits) for a third service user.

Later in the inspection, Bronwyn Toner, (a director of the company which owns the home) confirmed that at the time the home was bought from the previous owners (March 2017) she had applied to be appointee for the two service users referred to above.

A review of the two service users' files failed to identify any copy of documents completed in respect of the application to be appointee for the two service users, nor any related covering correspondence. One service user's file had a form BF57 which identified that Four Seasons Health Care (the previous owners of the home) was acting as nominated corporate appointee for one service user; the second service user did not have any appointee documents on their file whatsoever.

This was identified as an area for improvement.

As noted above, discussions established that the home was in direct receipt of the social security benefits for three identified service users. The home administrator confirmed that no other personal monies belonging to service users were received directly by the home.

Discussions established that there were two simultaneous systems operating in the home to manage personal monies for service users. It was reported that the home had inherited the former arrangements in place for the service users who lived in the home at the time of the change in ownership. Discussions established that monies were being held in a pooled bank account for service users, however it was not the home owner's intention to manage any monies for any new service users admitted to the home.

The administrator advised that a balance of service users' cash was held in the home which had been drawn down from the balance held in bank account managed by the new owners. The administrator advised that there had been only a few transactions from the float of money since the takeover of the home. A hairdressing treatment receipt was provided as an example of one such transaction. The receipt detailed the name of the service user, the date of the treatment and the description, the cost and the signatures of two people, as is required by the Care Standards.

A sample of the income and expenditure records maintained for service users entitled "Personal Allowance" records were provided and these were reviewed post-inspection. It was noted that and the records detailed the majority of the information required on such documents, however the template did not have space for each transaction to be signed by two people. Feedback on this matter was provided to the registered manager post- inspection.

It was noted that a standard financial ledger format should be used to clearly and accurately detail transactions for residents. 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 withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.

This was identified as an area for improvement.

During the inspection, discussion was held regarding the reconciliations of money and valuables deposited for safekeeping by service users. The inspector was advised by the home administrator that the last reconciliation had been carried out at the time of the change in ownership. The last signed reconciliation was reviewed and this was noted to be dated 23 February 2017; a further reconciliation would therefore have been due at the latest, on 23 May 2017.

This was identified as an area for improvement.

The registered person should ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and be countersigned by a senior member of staff.

Contact was made with the head office of the organisation to obtain further detail on banking arrangements for service users and for the service users' comfort fund. A representative from the organisation contacted RQIA and confirmed that service users' personal monies were retained in a separate bank account not associated with the running of the business and that the account was named "EBBAY LTD Drumclay Resident Account".

The arrangements for the transfer of the personal monies received by the home which belong to service users (ie: once any contribution to their care is paid) was also requested following the inspection; however this information was not provided to RQIA in advance of the issue of the draft inspection report. This matter will therefore be examined in a future finance inspection of the home.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see the completed property records for three randomly sampled service users. The administrator provided a file entitled "Record of Residents Belongings" which she noted held each service user's record. A review of the file identified that it did not contain the record for one of the service users. The inspector checked the list of service user names against the records held in the file and identified that the one record not in the file was the only record not in place. The administrator returned to advised that she had completed the record with a colleague and this was added into the file.

The home administrator advised that the home had a comfort fund, and that the balance of monies held had been transferred to the new owners for safekeeping on the service users'

behalf at the time of change in ownership of the home. As noted above, following the inspection, the organisation’s head office was contacted in order to clarify arrangements to safeguard these funds.

A representative from the organisation contacted RQIA and confirmed that a comfort fund bank account had been opened and monies transferred from the previous owners of the home; it was reported that the account was named “EBBAY LTD Drumclay Comforts Fund”.

During the inspection, the nurse in charge confirmed that the home did not provide transport to service users.

Areas of good practice

There were examples of good practice found in respect of the controls in place to safeguard service users’ monies and to record items of furniture and personal property belonging to service users.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that the receipt of written confirmation of the appointee details for the service user identified during the inspection is pursued. Once received, the confirmation must be held on the service user’s file; ensuring that a standard financial ledger format is used to clearly and accurately detail transactions for residents, each transaction should be signed by two people; and ensuring that a reconciliation of money or valuables deposited for safekeeping is carried out recorded and signed and dated by two people at least quarterly.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 2 |

6.6 Is care compassionate?

Service users and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The arrangements to support service users with their money on day to day basis were discussed with the nurse in charge and the home administrator. Staff described how discussions regarding the arrangements to store money safely in the home or pay fees would be discussed with the service user or their representative around the time a service user would be admitted to the home.

Discussion established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue including ongoing day-to-day feedback, relative and service user meetings and care management reviews.

Arrangements for service users to access money outside of normal office hours were discussed with the nurse in charge; this established that there was a contingency arrangement in place to ensure that this could be facilitated.

Areas of good practice

There were examples of good practice identified in relation to listening to and taking account of the views of residents.

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 service users in order to deliver safe, effective and compassionate care.

The home’s policies and procedures were requested and the administrator provided these for review. A folder entitled “finance guidance” was reviewed and this was noted to contain a range of reference material as well as financial policies and procedures, including: “Complaints policy”; “Policy on the management of records”; and “Policy on Recording Furniture and Personal belongings”. However, none of these policies were dated.

The nurse in charge and a director of the owning company noted that the signed and dated copies of the policies and procedures were held within a locked filing unit, to which there was no access on the day of inspection, as it was reported that the manager, who was not on duty that day, had the key.

It was highlighted that any copies of policies to which staff are referring should be copies of the dated versions, so as to ensure staff are referring to the correct, up to date versions of the documents.

This was identified as an area for improvement.

Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home’s whistleblowing procedures. The nurse in charge confirmed that no complaints had been received regarding the home’s management of service users’ monies or valuables.

A copy of the “Drumclay Care Home Service User Guide” booklet was provided to the inspector. On closer inspection, each page of the document had “Drumclay Service User Agreement” printed along the top margin.

This booklet contained a broad range of general information concerning residency in the home. It was noted that the booklet contained two paragraphs relating to the management of service users’ personal monies by the home. The first paragraph stated *“At Drumclay we offer a limited facility for personal patient monies. It is only accommodated in exceptional circumstances and any funds lodged should be kept to a minimum.”*

The second paragraph stated “*At Drumclay Care Homewe do not offer a facility for patients personal monies. This is only accommodated in exceptional circumstances.*” These two paragraphs were noted as contradictory and confusing for a service user or their representative. It was noted that the document should be reviewed and the home’s arrangements should be clearly and consistently detailed.

Following the inspection, advice was provided to the registered manager in this regard.

A copy of an up to date agreement as would be provided to a new service user was requested for review. An initial review of this document post-inspection identified that did it not in fact relate to Drumclay but to another home owned by EBBAY Limited. This was therefore not reviewed as part of the inspection.

Discussion was held regarding the individual written agreements in place with service users and a sample of four service user files were selected for review. Each service user had an agreement signed by the service user themselves or by their representative, however these did not reflect the up to date terms and conditions e.g.: the current fees payable. The four service user files included an “amendment to terms and conditions of admission and residence” form; however these predated the current fees for 2017/2018.

This was discussed with the nurse and charge and with a director of the company which owns the home and it was noted that there should be clear evidence that it has given notice of all changes to the agreement to the service user or their representative (or in the case of trust-managed service users, the trust).

This was highlighted as an area for improvement.

Areas of good practice

There were examples of good practice found in respect of staff understanding the protocols regarding management of complaints and whistleblowing and the existence of an information booklet providing a range of information for prospective service users and their representatives.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that any copies of the policies to which staff are referring are copies of the dated versions, and ensuring that there is evidence that any changes to the individual agreement for each service user are agreed in writing by the service user or their representative. The individual agreement should be updated to reflect any increases in charges payable.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 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 Joan Armstrong, the nurse in charge and to Bronwyn Toner, a director of the company which owns the home, as part of the inspection process. Additional feedback was provided to the registered manager post-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 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 to RQIA offices for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

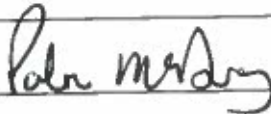
Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland (2005))

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Regulation 22 (3)</p> <p>Stated: First time</p> <p>To be completed by: 03 August 2017</p> | <p>The registered person shall ensure that the receipt of written confirmation of the appointee details for the service user identified during the inspection is pursued. Once received, the confirmation must be held on the service user's file.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: Written details from each appointee is now captured and held on each service user's file.</p> |

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

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|--|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2017</p> | <p>The registered person shall ensure that a standard financial ledger format should be used to clearly and accurately detail transactions for residents. 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 withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: The Financial ledger has been amended to clearly and accurately reflect each service users transactions; on an appropriate format that captures all entries noted above. Two signatures now verify the necessary entries on the ledger.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 07 July 2017</p> | <p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents 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>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: Reconciliations which are completed by the administrator and are checked on a quarterly basis by the registered manager.</p> |

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|---|--|
| <p>Area for improvement 3</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 07 September 2017</p> | <p>The registered person shall ensure that where any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>An up to date agreement (or agreement document) should be shared for signature with each or the current service users in the home or their representative or HSC trust representative as appropriate.</p> <p>Ref: 6.7</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 36</p> <p>Stated: First time</p> <p>To be completed by: 03 August 2017</p> | <p>Response by registered person detailing the actions taken: The registered person has ensured that any changes to the Service Users Agreement will be agreed by the resident /trust / representative or otherwise; if refused this information is now recorded. The updated agreement has been issued and signed by each representative/ service user.</p> <p>The registered person shall ensure any copies of the policies to which staff are referring, are copies of the dated versions, so as to ensure that staff are referring to the correct, up to date versions of the documents.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The registered person has ensured that all finance policies have been dated and reflect the latest version.</p> |

| | | | |
|--|--|-----------------------|---------|
| Name of registered manager/person completing the QIP | | | |
| Signature of registered manager/person completing the QIP | | Date completed | 26.9.17 |
| Name of registered provider approving the QIP | Patrick McAvoy | | |
| Signature of registered provider approving the QIP |  | Date approved | 26.9.17 |
| Name of RQIA inspector assessing response | Breige Ferris | | |
| Signature of RQIA inspector assessing response | | Date approved | |

Please ensure this document is completed in full and returned to RQIA's Office



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews