



The Regulation and
Quality Improvement
Authority

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**Unannounced Finance Inspection
of
Gillbrooke**

4 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced finance inspection took place on 4 November 2015 from 09:45 to 14:55. 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.

On the day of inspection, we met with the nurse in charge and the home administrator; no relatives or visitors chose to meet with us. The acting home manager was not in the home on the day of inspection; feedback was provided by telephone on 6 November 2015. We would like to thank those who participated in the inspection for their co-operation.

The home provides both residential and nursing care; however for the purposes of this report, the term "patient" will 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.

Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	0

The details of the QIP within this report were discussed with Mrs Hazel Latimer, 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: Robert Alan Gilmore	Registered Manager: Hazel Latimer (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Hilary Palmer, Nurse in Charge	Date Manager Registered: 1 February 2014 (Acting)
Categories of Care: NH-I, RC-I, NH-PH	Number of Registered Places: 25
Number of Patients Accommodated on the Day of Inspection: 18	Weekly Tariff at Time of Inspection: £470.00 - £593.00

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 home administrator and the nurse in charge
- 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 Statement of Purpose
- The home's policy on "Management of Service Users' Money, Valuables and Financial Affairs"
- The home's policy on "Management of Residents Comfort Fund"
- Four patient agreements
- Protection of Vulnerable Adults Training record for the home's administrator
- Most recent HSC trust payment remittances
- Fees charged to a sample of patients for care/accommodation
- A sample of income and expenditure records for patients
- A sample of comfort fund records
- A sample of hairdressing and chiropody treatment records
- The home's "Safe book register for personal allowance and residents comforts fund"
- Four records of patients' property in their rooms

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 21 July 2015; we were not required to follow up on any matters arising from the previous inspection.

5.2 Review of Requirements and Recommendations from the Last Finance Inspection

There has been no previous RQIA inspection of the service.

5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Is Care Safe?

The home has a statement of purpose and a written agreement with each patient, an individual copy of which is provided to each newly admitted patient.

We selected a sample of four files to review the written agreements in place between the home and individual patients. On reviewing the files, we noted that all four patients had a signed agreement on their file. However, only two of the four agreements reflected the correct fee details, the remaining two agreements reflected the fee rates applicable at the time the respective patients had been admitted to the home.

We also noted that the standard agreement included a clause that "...care managed clients will be charged the balance between Trust tariff and Trust contribution". We highlighted that a general statement such as this did not provide the specific fee details in respect to the individual patients. We noted that in order to comply with Regulation 5 (1) of the Nursing Care Homes Regulations (Northern Ireland) 2005; a patient's agreement must clearly state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

A requirement has been made in respect of this finding.

In our feedback, we highlighted that Standard 2.2 of the Care Standards for Nursing Homes (April 2015), details all of the components which must be included in a patient's individual agreement with the home. We noted that before providing up to date agreements to the patients, a comparison should be made between the home's existing patient agreement and Standard 2.2 of the Care Standards for Nursing Homes (2015), to ensure that all of the required elements are included.

Written evidence was reviewed which confirmed that the home's administrator had received training in the Protection of Vulnerable Adults.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; the home administrator advised that there was no direct involvement by the home in this regard. The home has a policy and procedure in place, the "Management of Service Users' Money, Valuables and Financial Affairs", which addresses how the home seeks to safeguard money and valuables belonging to patients.

Is Care Compassionate?

A review of the records and discussion with the home's administrator evidenced that only those patients funding their place privately had been informed in writing of the changes to the fees payable over time. We highlighted that every patient or their representative must be advised in writing of changes to the fees payable irrespective of how their place is being funded. We also noted that any change to a patient's agreement must be agreed in writing with the patient or their representative, with the patient's individual agreement with the home updated accordingly.

A requirement has been made in respect of this finding.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for improvement. These related to: providing individual written agreements to all patients which reflect the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meet the Care Standards for Nursing Homes (2015); and to providing written notification of an increase in the fees payable to each patient, with the changes agreed in the individual patient's agreement.

Number of Requirements	2	Number Recommendations:	0
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5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

A review of the records identified that copies of the HSC trusts' payment remittances are available confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or part, directly to the home. For all other patients, the home is paid directly by the relevant HSC trust. A review of a sample of charges established that the correct amounts were being charged by the home.

The home administrator advised that the home is not in direct receipt of the personal allowance monies for any patient, nor is any representative of the home acting as nominated Appointee for any patient (i.e. managing their social security benefits).

Discussion established that for the majority of patients in the home, the cost of additional goods and services not covered by the weekly fee, (such as hairdressing), is initially met by the home and subsequently invoiced to family representatives. For a small number of patients, money is deposited with the home (by family members) for safekeeping, in order to pay for these additional goods or services.

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 and the person depositing the money; often the receipts also included a third signature as a witness, good practice was observed.

We discussed how patient expenditure was recorded on behalf of patients; we noted that records were made on "personal income and expenditure sheets". We noted that there was a substantial level of detail on these records and that they were meticulously maintained, we commended the home administrator in this regard. Reconciliations of the records were clear and routinely carried out by two people on a monthly basis; good practice was observed.

We noted that sheets were maintained for all of the patients whom the home engages in financial transactions, not only those patients for whom the home holds money. We highlighted the significant administrative task of maintaining the records in this fashion, however we noted that this was the home administrator's preferred method.

On reviewing the records we identified that each transaction recorded was routinely only signed by the home administrator, we highlighted that standard practice was for two people to sign every entry in the records and that the home must begin to introduce this control.

In discussions, we noted that the home operates a facility for toiletries to be provided by the home, the cost of which is subsequently billed to family representatives on approximately, a monthly basis. The administrator confirmed that the cost of items charged to patients is the cost at which the home buys the items and no element of profit is included in the prices. We noted that the home operates a book into which staff who identify that a particular patient requires an item, write the details and sign their name against the entry.

As above, we highlighted that any entry in the records which relates to a patient's money or valuables should be signed by two people.

A requirement has been made in respect of these finding.

We sampled a number of transactions from the "personal income and expenditure sheets" 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 treatment record.

We also reviewed the records for hairdressing and chiropody services facilitated within the home. On the day of inspection, two hairdressers routinely provided services to patients in the home. As such, two different books were maintained to record treatments provided. We noted that the records left by one hairdresser contained the necessary details including the signature of the hairdresser and the signature of a member of care staff to verify that the patient had received the treatment. However, the second hairdressing record was routinely signed only by the hairdresser.

In addition, we noted that the chiropody treatment records were routinely not signed by either the chiropodist or a representative of the home.

We noted that all of the treatment records must consistently be signed by the person providing the treatment and by a member of staff who can verify that the patient has received the treatment and incurred the associated cost.

A requirement has been made in respect of this finding.

Discussions established that the home operates a fund for the benefit of the patients in the home; this is referred to as the comfort fund. We noted that there was a bank account in place for the administration of the fund, which was named appropriately.

We noted that records of income and expenditure were maintained for the comfort fund with lodgement and expenditure receipts retained to substantiate this. We noted that the record of income and expenditure recorded the date, the details, whether the entry was a lodgement or a withdrawal and the current cash and bank balance. We noted that signatures were not recorded on the ledger. Again we highlighted that standard practice was for two signatures to be recorded against every entry. A requirement has been made earlier in the report in this regard.

Monthly bank and cash reconciliations for the comfort fund were evidenced. The home also has a written policy and procedure to guide practice regarding the operation of the comfort fund.

We reviewed a sample of the comfort fund records and noted that receipts were available for the transactions sampled. We noted a high level of detail recorded on each receipt which were routinely signed by three parties, good practice was observed.

In discussions with the home administrator and the nurse in charge, we noted that there was a query relating to paying for entertainment/musicians from the comfort fund. We noted that while the home is expected to provide a schedule of activities for the patients from its own resources, many registered providers pay for *additional* entertainment from the patients' comfort fund.

We reviewed the records of reconciliations of the comfort fund monies and noted that cash and bank reconciliations were routinely carried out monthly and signed and dated by two people, good practice was observed.

Is Care Effective?

As noted above, for the majority of patients in the home, the cost of additional goods and services covered by the weekly fee, such as hairdressing is initially met by the home and subsequently invoiced to family representatives. For a small number of patients, money is deposited by family representatives for safekeeping by the home in order to pay for these additional goods or services.

A review of a sample of patients' records established that "management of personal purchases permission" documents to provide the home with the necessary written authorisation to purchase goods and services on behalf of a patient were in place for each of the patients sampled.

Is Care Compassionate?

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the administrator advised that none of the patients had any known assessed needs or restrictions. We also discussed access to patients' money outside of normal office hours. The administrator advised that at present, the majority of patients did not have any money lodged with the home; however for the remaining patients, their needs were such that there were no identified issues in respect of requiring access to money outside of the office hours.

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 ensuring that treatment records are signed by the person providing the treatment and by a representative of the home and to ensuring that financial records relating to patients are signed and dated by two people.

Number of Requirements	2	Number Recommendations:	0
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5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Is Care Safe?

A safe place exists within the home to enable patients to deposit cash or valuables; we were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the contents of the safe place and established that on the day of inspection, cash belonging to a number of patients was deposited for safekeeping by the home, there were no non-cash valuables deposited.

We noted that the home has a "safe book register for personal allowance and residents comforts fund" in place; we noted that the home administrator counts the balance of cash held day and that the safe book was reconciled to the safe contents at least fortnightly; reconciliations were signed and dated by two people, good practice was observed.

Is Care Effective?

We enquired how patients' property within their rooms was recorded and requested to see the completed property records for a sample of four patients. We were provided with the "personal property record" for all four patients; the "personal property record" consisted of a two page template which headings for completion. There was some inconsistency in the extent of detail recorded for items on the records and we noted that none of the four records were signed; one record out of the four was dated.

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

A requirement has been made in respect of this finding.

Is Care Compassionate?

As detailed above, there are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; the administrator described how she would explain the arrangements in the home with family. Discussion with the home administrator evidenced a

caring and compassionate attitude to reassuring patients and their families about arrangements to safeguard money deposited in the home. The administrator noted that she would tell a patient: "If there's anything you're worried about (your money), just tell the girls you want to speak to the girl in the office." We noted this as compassionate practice.

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 the way in which patients' property (in their rooms) is recorded.

Number of Requirements	1	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 provide transport services to patients.

Is Care Effective?

As noted above, the home does not operate a transport service.

Is Care Compassionate?

The home administrator that family representatives routinely provide transport for patients to leave the home, a transport service is not operated by the home.

Areas for Improvement

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. No areas for improvement were noted in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 Additional Areas Examined

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

6. Quality Improvement Plan

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

Statutory Requirements

Requirement 1

Ref: Regulation 5 (1)
(a) (b)

Stated: First time

To be Completed by:
2 December 2015

The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.

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

A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.

Response by Registered Person(s) Detailing the Actions Taken:

Amended agreements are specific to each resident detailing financial arrangements and reviewed to meet Standard 2.2 of the Care Standards for Nursing Homes (2015).

A copy of the amended signed agreement is held in the patients records.

If a patient or representative chooses not to sign the agreement this is recorded.

Care Managers are involved where there is no representative for trust managed patients.

Requirement 2

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

Stated: First time


To be Completed by:
From the date of the
next change

The registered person must provide at least 28 days' written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable.

The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly.

Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

	<p>Response by Registered Person(s)Detailing the Actions Taken: Patients and their representatives will be informed of any increase/charges in fees when we receive this information from the Trusts. Any changes to the agreement will be agreed in writing by the patient or their representative and agreement updated. If the patient or representative chooses not to sign the agreement this is recorded.</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 is required to ensure that transactions in the records relating to patients money or valuables (and for the patients' comfort fund) are always signed by two people.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Transactions relating to patients money or valuables and transactions relating to the Comforts Fund are signed by two people from the date of the inspection.</p>
<p>Requirement 4</p> <p>Ref: Standard 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 all treatment records are signed by the person providing the treatment and by a member of staff who can verify that the patient received the treatment.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: New forms put in place to ensure that all treatments are signed by the person providing the treatment and by a staff member.</p>
<p>Requirement 5</p> <p>Ref: Standard 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 2 December 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). Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: An up to date inventory has been carried out of all furniture and personal possessions belonging to residents. The Personal Property Form has been amended to take into account that records will be reviewed quarterly and that all records are signed by two members of staff. Electrical items are highlighted.</p>

Registered Manager Completing QIP	Hazel Latimer	Date Completed	26.11.15
Registered Person Approving QIP	Alan Gilmore	Date Approved	26.11.15
RQIA Inspector Assessing Response		Date Approved	27/11/2015

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