

**Unannounced Finance Inspection
of
Millcroft**

4 August 2015

1. Summary of Inspection

An unannounced finance inspection took place on 4 August 2015 from 10:10 to 16:40. 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 safety, effectiveness and compassion of care were found to be good, however there are some areas identified for improvement. Areas for improvement were identified and 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 administrators; 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.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	8	4

The details of the QIP within this report were discussed with Mrs Carmen Leonard, 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: Carewell Homes Ltd/Carol Kelly	Registered Manager: Mrs Carmen Leonard
Person in Charge of the Home at the Time of Inspection: Mrs Carmen Leonard	Date Manager Registered: 9 January 2012
Categories of Care: RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E)	Number of Registered Places: 92
Number of Patients Accommodated on the Day of Inspection: 69	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 registered manager and the administrators
- 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's guide
- The home's policy on patients money and valuables
- The home's current standard agreement with patients
- Four patient's finance files
- Three signed patient agreements
- Most recent HSC trust payment remittances
- Confirmation of correct fees charged to three patients for care/accommodation
- Personal allowance expenditure authorisations for three patients
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing treatment records
- The patients' inventory book

- One patient's personal property record in their care file

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 April 2015; the completed Quality Improvement Plan was returned and approved by the care 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 service user guide, a copy of which was provided to us for review during the inspection. We noted that the guide contained information on: signing an agreement with the home and details on how fees are calculated; the option of patients bringing items to the home to personalise each patient's room; and arrangements for the safe storage of any valuables.

The home provides an individual agreement to each newly admitted patient. We asked to see both a copy of an up to date agreement and agreements which are already in place with a sample of four patients in the home.

We reviewed the files for four patients and noted that three of the four patients had a signed agreement on their file, however the agreements were signed between 2008 and 2013 i.e.: at the time the patient had been admitted to the home. The agreements therefore reflected the weekly fee at that time. The remaining patient's file did not contain an agreement.

We noted that the agreements which were signed and on file reflected the weekly fee, but did not detail the person(s) paying the fee and the respective methods of payment. We noted that this was a statutory requirement and that these arrangements must be clearly detailed in each patient's agreement.

On reviewing the home's standard agreement which would be issued to newly admitted patients, we noted that it also did not contain all of the necessary components as required by The Care Standards for Nursing Homes (April 2015). We noted that the home's standard agreement must be reviewed to ensure compliance with the minimum standards and that having done so; each of the current patients in the home must be provided with an updated agreement.

A requirement has been made in respect of this finding.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; staff advised that there was no involvement by the home in this regard.

We noted that the home has a policy and procedure addressing arrangements in the home to safeguard money and valuables belonging to patients.

We queried whether the home's administrators had received formal training in the protection of vulnerable adults; one administrator advised that they had not. We noted that they must be enrolled in this training at the next opportunity.

A requirement has been made in respect of this finding.

Is Care Compassionate?

As a review of a sample of patient files established that agreements had not been updated with new fee rates over time, we did not obtain evidence that patients or their representatives had been provided with written notification of increases in fees in response to changes in regional fee rates. We noted that notification must be provided and agreement to same retained on each patient's file.

A requirement has been made in respect of this finding.

Areas for Improvement

On the day of inspection, the safety, effectiveness and compassionate of care were found to be good, however there were three areas identified for improvement. These related to providing individual written agreements to all patients that reflect the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015), notifying patients or their representatives in writing of any changes in fees and POVA training for the home's administrator.

Number of Requirements	3	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 the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each patient in the home. The home is in receipt of the Social Security Benefits for an identified number of patients. These are paid into the business bank account with the amount of monies owed to each patient (their personal allowance) transferred to each patient's cash balance held at the home on a weekly basis. The home's administrators maintain detailed records to substantiate the amounts and the timing of these transfers for each identified patient; good practice was observed.

A review of a sample of charges to patients contributing in full or in part to the cost of the weekly fee established that the correct amounts were being charged by the home to patients or their representatives.

A number of the patients' representatives deposit money with the home for safekeeping in order to pay for sundries which are normally additional goods and services not covered by the weekly fee (such as for hairdressing, toiletries, tobacco etc.).

Discussion with the home's administrators established that the home provide a receipt to any representative depositing money. A review of a sample of the receipts established that they were routinely signed by the person depositing the money. We noted that these receipts must also be signed by another person, ideally the person lodging the money. We noted that this as well as representing a standard control in respect of cash lodgements; this was an important safeguard for the member of staff receiving the money.

A requirement had been made in respect of this finding.

We discussed how expenditure was recorded on behalf of patients. We noted that each patient (for whom the home holds money) has a ledger card on which each instance of income or expenditure made on behalf of the patient is recorded and signed and dated by two people. We noted that the cards were very detailed and meticulously maintained, good practice was observed.

We sampled a number of transactions from a number of the ledger cards 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.

On reviewing the cards, there was no evidence that the balances of monies held on behalf of patients had been reconciled at least quarterly.

A requirement has been made in respect of this finding.

We noted that hairdressing treatments were recorded in a hairdressing book. The records maintained were clear and the treatment provided to each patient was detailed as well as the cost. We noted that while the hairdresser had signed the bottom of each day's treatment record, the record was not signed by a representative of the home. We noted the importance of this control in ensuring that a member of staff verifies that each patient has been treated as recorded and has incurred the relevant cost.

A requirement has been made in respect of this finding.

Administrative staff confirmed that the home did not operate a bank account for the patients jointly nor were any bank accounts operated for individual patients. Discussions revealed that one patient in the home has a personal bank account to which a member of administrative staff make lodgements of money received on behalf of the patient, when the balance of cash held in the home becomes excessive. There is a clear rationale for this arrangement and detailed records exist in respect of the amounts transferred to the patient's bank account. We noted that it would be prudent for the home to draft a note for the patient's file to detail why the arrangement is in place and the day to day arrangements in place at present, including the safeguards which the home has in place around this arrangement. We noted that the note should be shared with the patient's HSC trust representative.

A recommendation has been made in respect of this finding.

Discussions established that the home operates a comfort fund for the benefit of the patients in the home. We noted that records are maintained of any income and expenditure from the fund; each transaction is signed and dated by two people.

We noted that the home did not have a policy in place for the administration of the comfort fund and we recommended that one be introduced.

A recommendation has been made in respect of this finding.

Is Care Effective?

The home has a written form which is used to secure the agreement of the patient or their representative for the home to spend the patient's personal money deposited for safekeeping on items which the patient requires, normally toiletries, taxis, hairdressing etc. We reviewed the template and noted that it stated "personal allowances will be managed by staff in the home". We noted that this was very vague and did not adequately define the scope of what the patient's money could be spent on.

A review of a sample of four files established that personal monies authorisations were only on three of the four files. We noted that a written authorisation must be sought from each patient or their representative for whom the home engage in any financial transaction on a patient's behalf. We also noted that where a signed authorisation could not be obtained, written evidence of the efforts made by the staff in the home to obtain signed authorisations must be available in the relevant patient's files.

A requirement has been made in respect of this finding.

We also recommended that the home develop a new template which would be more specific. During the inspection, we noted that administrative staff in the home had already begun to action this.

A recommendation has been made in respect of this finding.

Administrative staff advised that no representative of the home was acting as nominated appointee for any patient. However we noted that there was Social Security correspondence on the file of one identified patient which was addressed to the nursing home, not the patient. We noted that this could potentially indicate that someone from the home was acting as nominated Appointee for the patient. We recommended that the home write to the Social Security agency and obtain written confirmation of the position.

A recommendation has been made in respect of this finding.

Is Care Compassionate?

We asked about arrangements for patients to access their money from the safe place in the home outside of office hours. Staff explained that the individual needs of the patients in the home were at present effectively met from access to money during normal working hours.

Areas for Improvement

Overall on the day of inspection, we found care to be compassionate. The safety and effectiveness of care were found to be good, however there were four areas identified for improvement. These related to countersigning receipts for money lodged for safekeeping,

reconciling money or valuables at least quarterly, countersigning records of hairdressing treatments and providing personal monies authorisations to patients.

Number of Requirements	4	Number Recommendations	4
-------------------------------	----------	-------------------------------	----------

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 and 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 balances for a number of patients and non-cash items had been deposited for safekeeping by the home.

We noted that there was a safe record in place detailing the contents of the safe place. We highlighted that a reconciliation of the safe contents must be carried out and signed and dated by two people at least quarterly. (A requirement has been made above that a reconciliation of all money and valuables held on behalf of patients in the home is carried out, recorded and signed and dated by two people).

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money. Staff noted that while there is ongoing engagement with HSC trust representatives, there were no specific agreed arrangements or restrictions 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 patients.

We were advised that the property records were contained within the "inventory book". We reviewed the book and noted that there were inconsistencies in the approach to recording items. Some entries in respect of jewellery were recorded as either "gold" or "yellow coloured"; some entries in the book were signed by two people, other entries were signed by just one person. We noted that additions to patient records were generally written on loose sheets and stapled to the individual patient's page in the book.

We discussed this with the registered manager who noted that the book in question was used for admissions and that other records were maintained in the patients' care files. The registered manager provided us with a record for review, we noted that while this record detailed for instance "Samsung TV" it was not dated, but had been signed by one person. We discussed how these records must be signed and dated by two people every time there is an addition or disposal from the person's property and that the records must be reconciled every quarter.

A requirement has 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 enquired as to how patients would know about the safe storage arrangements; staff noted explained that safe storage arrangements are discussed on admission. Discussions with staff established that there were no formal agreed restrictions in place in respect to any current patient in the home.

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 appropriately maintain records of patients' property.

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. Discussion established that administrative staff attempt to get best value for money for patients by negotiating with local taxi companies, we noted this as compassionate practice.

Is Care Compassionate?

As above, we noted that the home has arrangements to support patients to access other means of transport. Discussion established that administrative staff attempt to get best value for money for patients by negotiating with local taxi companies on prices, we noted this as compassionate practice.

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
-------------------------------	----------	-------------------------------	----------

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 Carmen Leonard, 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.

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

<p>Requirement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 4 November 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: Individual agreements detailing amended fees and financial arrangements have been devised and are currently being implemented.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 4 November 2015</p>	<p>The registered person must ensure that the home's administrator receives formal training in the Protection of Vulnerable Adults (POVA).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The administrator will complete POVA training in the next 2 weeks.</p>
<p>Requirement 3</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>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.</p> <p>The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative.</p> <p>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: Being implemented,
Requirement 4 Ref: 19 (2) Schedule 4 (9) Stated: First time To be Completed by: From the date of inspection	<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> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been implemented.</p>
Requirement 5 Ref: Regulation 19 (2) Schedule 4 (9) Stated: First time To be Completed by: From the date of inspection	<p>The registered person must ensure that written reconciliations of the monies/valuables held on behalf of patients in the home are performed, recorded, signed and dated by two persons at least quarterly.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been implemented.</p>
Requirement 6 Ref: Regulation 19(2) Schedule 4 (9) Stated: First time To be Completed by: From the date of inspection	<p>The registered person must ensure that the hairdressing records are also signed by a member of staff in the home who can verify that the patients have received the treatments recorded and legitimately incurred the associated cost.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been implemented.</p>
Requirement 7 Ref: Regulation 19(2) Schedule 4 (3) Stated: First time To be Completed by: 4 November 2015	<p>The registered person must ensure that personal monies authorisations are requested from each relevant patient or their representative to provide the home with authority to purchase specific goods and services from patients' monies.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been implemented.</p>

<p>Requirement 8</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 4 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 <u>at least quarterly</u>).</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</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> <p>Response by Registered Person(s)Detailing the Actions Taken: An inventory has been devised and is currently in the process of being implemented.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: 32.15</p> <p>Stated: First time</p> <p>To be Completed by: 4 August 2015</p>	<p>It is recommended that the registered person draft a note for the file of the patient identified during the inspection which details why the arrangement regarding the patient's personal bank account is in place and the day to day arrangements. The note should be shared with the patient's HSC trust representative.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: This has been completed.</p>
<p>Recommendation 2</p> <p>Ref: Appendix II</p> <p>Stated: First time</p> <p>To be Completed by: 4 November 2015</p>	<p>It is recommended that the registered person introduce a written policy and procedure for the patients' comfort fund. The policy and procedure should include reference to and inclusion of the patient and/or relative suggestions (if any) in the decision making process for expenditure from the comfort fund and what controls will exist around record keeping, reconciliation etc.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: A patients' comfort fund policy and proceudre has been devised.</p>

Recommendation 3 Ref: Standard 32.15 Stated: First time To be Completed by: 4 November 2015	It is recommended that the registered person amend the personal monies authorisation template which patients' representatives are asked to sign. The template should be amended to be more specific rather than providing the staff with general authority to manage the patient's personal monies.			
	Response by Registered Person(s)Detailing the Actions Taken: This has been amended.			
Recommendation 4 Ref: Minimum Standard 35.21 Stated: First time To be Completed by: 4 September 2015	It is recommended that the registered person request written confirmation from the Social Security Agency that no representative of the home is acting as Appointee for the individual patient identified during the inspection. Once received, the correspondence from the Social Security Agency must be retained in the patient's records. If the correspondence confirms that a representative of the home is acting as Appointee, the individual patient's agreement with the home must detail the name of Appointee, the date appointed (if this information is available) and the records which will be kept by the home in respect of the appointment.			
	Response by Registered Person(s)Detailing the Actions Taken: This is currently with the Social Security Agency and we are awaiting their reply.			
Registered manager Completing QIP	Carmen Leonard	Date Completed	14/09/15	
Registered Person Approving QIP	Carol Kelly	Date Approved	14/09/15	
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