

Unannounced Finance Inspection Report 2 February 2017



Carrickfergus Manor

Type of Service: Nursing Home

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Inspector: Brieg Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Carrickfergus Manor took place on 2 February 2017 from 10:20 to 15:50 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

A safe place in the home was available and staff members were familiar with controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure service users' money and valuables were safeguarded were found to be in place and operating effectively, however two areas for improvement were identified during the inspection. These related to ensuring that records of treatments provided to service users (for which there is an additional charge) are signed by a representative of the home and by the person providing the treatment. This is to clearly verify the treatment has been provided and the associated cost is due by each service user. The registered person should also ensure that records of property and personal possessions in each service user's room are brought up to date and are reconciled by two people at least quarterly.

Is care compassionate?

Discussion with staff members evidenced an empathic attitude to ensuring service users' money and valuables were appropriately safeguarded. No areas for improvement were identified.

Is the service well led?

Governance and oversight arrangements were found to be in place however four areas for improvement were identified during the inspection. These related: to ensuring that the registered provider ensures that written policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required) and the registered person ratifies any revision to (or the introduction of new) policies and procedures); ensuring that each service user is provided with an individual written agreement which sets out the terms and conditions of their residency in the home; ensuring that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative and ensuring that a clear, written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation should be retained on the service user's records and updated as required.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'service users' will be used to described those living in Carrickfergus Manor which provides both nursing and residential care.

1.1 Inspection outcome

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

Details of the quality improvement plan (QIP) within this report were discussed with Joanne Neville, registered manager, 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.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd/John Rafferty	Registered manager: Joanne Neville
Person in charge of the home at the time of inspection: Joanne Neville	Date manager registered: 17 December 2014
Categories of care: RC-I, RC-DE, NH-I, NH-PH, NH-PH(E)	Number of registered places: 36

3.0 Methods/processes

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 services users' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues; the previous inspector to visit the home was also contacted prior to the inspection.

During the inspection, the inspector met with Joanne Neville, the registered manager, both home administrators and the deputy manager. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's service user guide
- A sample of written policies
- Four service user finance files
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing, podiatry and aromatherapy services facilitated in the home
- A sample of records relating to the service users' comfort fund

- The record of safe contents – “Safe audit”
- Three service user agreements
- Four records of service users’ personal property (in their rooms)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 November 2016

The most recent inspection of the home was an unannounced whistleblowing care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Is care safe?

The home had a full time administrator and a newly appointed part-time administrator, both of whom were present during the inspection. Evidence was reviewed which confirmed that each had recently received training on the Protection of Vulnerable Adults (POVA). Staff spoken to were familiar with the controls in place to safeguard service users’ money and valuables in the home; and these could be clearly described to the inspector. Discussion established that further training opportunities were also available.

During discussion, the registered manager 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 and valuables belonging to a number of service users was lodged for safekeeping.

The home had a written record of items held for safekeeping on behalf of individual service users; it was noted that these had been reconciled monthly and were signed and dated by two people.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

Discussion with staff established that no representatives of the home were acting as nominated appointee for any service user in the room. The home was, however, in direct receipt of the personal monies for two identified service users from a HSC trust and a Solicitor respectively. The home did not operate a service users’ bank account and it was noted that cheques received on behalf of identified service users were cashed at the organisation’s head office and an arrangement made to transfer the cash to the home on behalf of the service users, without delay.

In the majority of cases, the home were in receipt of money from the family/friends of service users in order to pay for additional services facilitated within the home for which there was an additional charge, such as hairdressing, newspapers, aromatherapy, podiatry or other sundries.

A sample of the records of income and expenditure maintained on behalf of service users was reviewed and these were found to be clearly and neatly maintained. Detailed records made using a standard financial ledger format were evidenced; entries were routinely signed by two people.

A review of a sample of the records identified that over time, a monthly reconciliation of the money held on behalf of service users was recorded and signed and dated by two people. The inspector traced a sample of transactions recorded in the records and was able to locate the relevant documents; for example, a receipt for expenditure or a receipt for a lodgement which had been made.

As noted above, hairdressing, and other treatments were being facilitated within the home. Records were in place to evidence the service users treated on any given day and the cost of the respective treatments. A review of a sample of the hairdressing records evidenced that a template was in use to record treatments. The template included the majority of information which is required, however it was noted that the staff signature columns on the template (to verify the treatment was provided) had not been completed since approximately September 2016.

It was also noted that while the person who provided the treatment routinely signed the records, their signature was placed beside the "date paid" and "paid by" entries on the form. This was discussed with the home administrator who clarified that the person providing the treatment was signing to indicate they had been paid the amount detailed on the form. She noted that she would arrange to ensure that the wording on the form was amended to make clear that the signature of the person providing the treatment was to confirm that they had actually provided the treatment detailed on the form.

A recommendation was made in respect of this finding.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for four service users. Each service user had a written record of property in place however, documentation was not consistent. Three service users had two templates which staff had used, while two service users had only one template in place; all but one of the templates had been dated.

Within the records reviewed, there was evidence that staff had attempted to record detail to appropriately identify goods belonging to service users; for instance, the colour or patterns of items had been recorded. Other records reviewed evidence that such detail was missing from the description of items.

It was noted that there was no evidence that the property records had been reconciled at least quarterly. It was highlighted that Standard 14.26 of the Care Standards for Nursing Homes requires that each service user's record of personal property is kept up to date and is reconciled by two people at least quarterly.

A recommendation was made to ensure that each service users' record of property is brought up to date and is duly reconciled on this basis.

Discussion established that the home also administered a service users' comfort fund; a written policy and procedure was also in place to guide the administration of the fund.

During the inspection, the registered manager confirmed that the home did not provide transport to service users.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that records of treatments provided to service users (for which there is an additional charge) are signed by a representative of the home and by the person providing the treatment. This is to clearly verify the treatment has been provided and the associated cost is due by each service user. The registered person should also ensure that records of property and personal possessions in each service user's room are brought up to date and are reconciled by two people at least quarterly.

Number of requirements	0	Number of recommendations	2
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4.4 Is care compassionate?

Day to day to day arrangements in place to support service users were discussed with the registered manager and both administrators. Staff described specific examples of how the home supported a number of service users with their money. Discussion with the registered manager and the home administrator established that arrangements to safeguard a service users' money would generally be discussed with the service user or their representative at the time of the service user's admission to the home. Staff described the sensitivities around these discussions with empathy.

From a review of a sample of the finance records, there was evidence of engagement with other professional stakeholders. For example in order to ensure that identified service users had sufficient funds lodged with the home to ensure that they each had access to their money, if required.

Discussion with the registered manager identified that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue, including ongoing verbal feedback, relatives/service users' meetings and questionnaires.

Arrangements for service users to access money outside of normal office hours were discussed with the registered manager. The registered manager explained the contingency arrangement in place in the home to ensure that this could be facilitated if required.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The home had a range of written policies and procedures addressing matters relating to record keeping and safeguarding service users' money and valuables and these were easily accessible by staff on the day. A file specifically containing finance policies was provided for review, this included a number of policies which were beyond their three yearly review date.

The policy on "Retention and Disposal of Records" was due for review in September 2012 as was the "Resident's valuables policy".

A recommendation was made for the registered provider to ensure that written policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required) and the registered person should ratify any revision to (or the introduction of new) policies and procedures).

There was a clear organisational structure within the home; as noted earlier; discussion established that those involved in supporting service users with their money on a daily basis were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

Individual service user agreements were discussed and a sample of four service users' files was selected for review. Three of the four service users sampled had a signed, written agreement in place with the home. Two of these detailed the current individual fee arrangements for the respective service users; these service users had been admitted to the home in April and June 2016.

A third service user had a signed written agreement in place, however this detailed the fees and financial arrangements which were in place when the service user was admitted to the home and did not therefore, detail the current fee arrangements for this service user.

A recommendation was made for the registered person to ensure that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this should be recorded.

Discussion regarding a fourth identified service user established that a HSC trust was acting as nominated appointee for the service user. It was noted that this was a recent change in arrangements and that the service user's representative had been managing the service users' personal monies up to that point.

A review of the service user's file evidenced that they did not have a written agreement on their file. These findings were discussed and it was noted by the home administrator that there had been significant challenges in securing signatures on documents from the service user's representative; this challenge was acknowledged.

However, it was highlighted that there should be evidence on a service user's file, of the registered person's efforts to provide an up to date agreement for signature. A review of the identified service user's file failed to evidence these efforts.

A requirement was made to ensure that each service user is provided with an individual written agreement which sets out the terms and conditions of their residency in the home.

A review of the home's standard written agreement identified that clear and up to date details of the costs of any additional services facilitated within the home were contained within the agreement. Alongside these details, was a written authorisation form requesting that the service user or their representative sign to agree to the home's arrangements for securing any monies lodged and the controls regarding safekeeping and record keeping of income and expenditure.

Two of the four service users had a written signed personal monies authorisation in place. However, the service user who did not have a written agreement in place did not, therefore, have a written personal monies authorisation in place. For the service user whose agreement was out of date, it was noted that their agreement was an older version of the home agreement and did not contain the authorisation as detailed above. Therefore only two of the four service users sampled had a written personal monies authorisation in place providing the home with authority to spend their personal money on identified goods and services.

A recommendation was made to ensure that a clear, written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation should be retained on the service user's records and updated as required.

Areas for improvement

Four areas for improvement were identified during the inspection. These related: to ensuring that the registered provider ensures that written policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required) and the registered person ratifies any revision to (or the introduction of new) policies and procedures); ensuring that each service user is provided with an individual written agreement which sets out the terms and conditions of their residency in the home; ensuring that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative and ensuring that a clear, written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation should be retained on the service user's records and updated as required.

Number of requirements	1	Number of recommendations	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Neville, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **the web portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 5 (1) (a) (b) Stated: First time To be completed by: 2 March 2017	<p>The registered provider must provide to each patient, by not later than the date on which he becomes a patient, a statement specifying – (a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services (i) accommodation, including the provision of food, and (ii) nursing and except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.</p> <p>Response by registered provider detailing the actions taken: All residents are now given written documentation of the fees payable and the method of which payment of fees are to be paid.</p>
Recommendations	
Recommendation 1 Ref: Standard 14.13 Stated: First time To be completed by: 3 February 2017	<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 service user or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each service user.</p> <p>Response by registered provider detailing the actions taken: Staff or the service user are now requested to sign for the treatment which has been provided or as necessary a receipt is issued.</p>
Recommendation 2 Ref: Standard 14.26 Stated: First time To be completed by: 2 May 2017	<p>The registered provider should ensure that an inventory of property belonging to each service user 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.</p> <p>Response by registered provider detailing the actions taken: All residents shall have an inventory list of property and belongings and this will be updated every quarter. Staff been informed that this must always be signed by staff completing the inventory and countersigned by a senior member of staff.</p>
Recommendation 3 Ref: Standard 2.8 Stated: First time To be completed by: 3 February 2017	<p>The registered provider should ensure that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by registered provider detailing the actions taken: All changes in the written agreement will now be agreed in writing by the service user or their representative. Agreements will now be updated to reflect any changes in charges. If a service user or their representative</p>

	refuses to sign the agreement this will be recorded.
Recommendation 4 Ref: Standard 36.4 Stated: First time To be completed by: 2 March 2017	The registered provider should ensure that written policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required) and the registered person ratifies any revision to (or the introduction of new) policies and procedures).
	Response by registered provider detailing the actions taken: All policies and procedures will be reviewed every three years and more often if necessary. Any new policies will be introduced as necessary.
Recommendation 5 Ref: Standard 14.6, 14.7 Stated: First time To be completed by: 2 March 2017	The registered provider should ensure that a detailed written authorisation is obtained from each service user or their representative to spend the service user's money on identified goods and services to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.
	Response by registered provider detailing the actions taken: A written authorisation will be obtained from each service user or their representative as to what personal money can be spent on and what are the limits of expenditure. This will be updated as necessary and will be kept on service users records.



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