



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Finance Inspection  
of  
Apple Mews**

**25 August 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced finance inspection took place on 25 August 2015 from 09.30 to 14.20. 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 some 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 nurse in charge and the administrator; no relatives or visitors chose to meet with us during the inspection. We would like to thank those who participated in the inspection for their co-operation.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	7	0

The details of the QIP within this report were discussed with the nurse in charge, Catherine O'Connell as part the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Parkcare Homes No2 Ltd/Sarah Hughes	<b>Registered Manager:</b> Dawn Elizabeth Rhodie (Acting)
<b>Person in Charge of the Home at the Time of Inspection:</b> Catherine O'Connell (Nurse in Charge)	<b>Date Manager Registered:</b> 25 August 2015
<b>Categories of Care:</b> NH-LD, NH-LD(E)	<b>Number of Registered Places:</b> 30
<b>Number of Patients Accommodated on the Day of Inspection:</b> 30	<b>Weekly Tariff at Time of Inspection:</b> £1,641.00 to £2,806.00

### 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 standard and theme has been met:

#### 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 nurse in charge and the administrator
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were reviewed during the inspection:

- The residents guide
- The home's policy on:
  - "Patients Funds"
  - "Donations and Amenity Funds (Comforts Funds)"
  - "Safekeeping of Residents' Property"
  - "Transporting Residents"
- The home's current standard agreement with patients "named resident agreement"
- Three patient's files
- Two patients' individual agreements
- Two personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing and Therapy treatment records
- Safe contents record (unsigned and undated)

- Four records of patients' personal property/inventory
- Evidence of the administrator's completion of Protection of Vulnerable Adults Training

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from the Previous Inspection**

The previous inspection of the home was an unannounced pharmacy inspection on 13 May 2015; the completed Quality Improvement Plan was returned and approved by the pharmacy inspector.

### **5.2 Review of Requirements and Recommendations from the previous Finance Inspection**

There has been no previous finance inspection of the home.

### **5.3 Statement 1 - The home/agency 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 "Residents Guide", a copy of which was provided to us for review during the inspection. We noted that the guide included information for patients on the general terms and conditions of residency, and an appendix detailing general financial information. The guide also noted that patients were encouraged to personalise their rooms should they wish and detailed additional services facilitated in the home such as hairdressing and therapy.

We noted that the home have a standard written agreement, known as a "named resident agreement" an individual copy of which is provided to each newly admitted patient. We asked to see agreements which are already in place with a sample of four patients in the home.

We were provided with three agreements, the fourth patient sampled did not an agreement in place with the home. We discussed this with the home's administrator who explained that there were difficulties in getting documents signed by some family members. We accepted this, but noted that there must be written evidence on each relevant patient's file to confirm that the home have attempted to follow up on these matters. Copy documents sent for signature must be maintained along with the dates and details of follow up by the home.

We reviewed the three signed agreements and noted that they contained the fee details which would be have been applicable at the time the patient was admitted to the home. There was no evidence that notifications of increases in fees had been provided and agreements had not been updated to reflect the increases in fees over the time the respective patients had resided in the home.

We noted that up to date agreements must be provided to each patient in the home or their representative and that these must be kept up to date to reflect current fees and individual financial arrangements for patients. We noted that the updated Care Standards for Nursing Homes (April 2015) required a number of additional components be included in each patients agreement with the home. We also highlighted 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 these findings.

### **Is Care Effective?**

We queried whether there was any involvement by the home in supporting individual patients with their money; we noted from the discussion that the home receives the personal money of a number of patients directly from the HSC trust. In addition, we discussed a recently introduced financial arrangement for one patient, which had been agreed by the HSC trust. We requested to see the individual agreement of the patient in order to establish whether this arrangement was detailed in their individual agreement; the administrator informed us that the patient did not have an individual agreement. We noted this as an area requiring improvement.

We noted that the home has a number of policies and procedures in place addressing patients' money and detailing the controls in place to safeguard money and valuables belonging to patients.

We noted that there was written confirmation in place identifying that the home's administrator had received training in the protection of vulnerable adults.

### **Is Care Compassionate?**

The home's administrator confirmed that no updates to the patient's agreement had been provided to the patients or their representatives.

A requirement has been made in respect of this finding.

As noted above, the home is involved in supporting a number of patients in the home with their money. The home receives the personal money of a number of patients directly from the HSC trust(s) to the organisations head office. We did not obtain sufficient clarity around these arrangements. We noted that in order for the home to appropriately detail each patient's financial arrangements in the patient's individual written agreement, there had to be greater transparency around what was being received on behalf of each patient and there required to be better communication between the home and head office in order to obtain this information and update it when required.

### **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; this 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 the Care Standards for Nursing Homes (2015) and notifying patients or their representatives of any change to the agreements, obtaining written agreement to any such changes.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 trust payment remittances confirming the weekly fee for each patient in the home are received directly by the organisation's head office. The administrator advised that no invoicing is done for fees.

As noted above, the home is directly in receipt of the personal allowance monies (and potentially the DLA mobility monies) of a number of patients in the home. There was insufficient clarity at home level around these arrangements, as monies are received directly to the organisation's head office and monies directly lodged to a bank account managed by head office on behalf of patients. This matter is further referred to below.

We noted that records of income and expenditure are maintained on "personal allowance account statements" detailing transactions for individual patients. There are weekly transaction sheets; however we noted that these were routinely signed by only one person. We noted that a reconciliation of money and valuables deposited for safekeeping by the home must be carried out at least quarterly and signed and dated by two people.

A requirement has been made in respect of this finding.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or hairdressing or shop receipt. There are transfers of cash from the safe place in the home to each of the bungalows making up the nursing home. The administrator and the nurse in charge explained that at least once a month a member of staff meets with the home's administrator and the records for expenditure maintained by the staff in each bungalow are reviewed. At this point the float of money in the bungalow is replenished and the receipts for expenditure provided to the administrator for filing.

The administrator and the member of staff sign a receipt to evidence the transfer of money from the safe place to the member of staff who subsequently lodges it to the safe place in the bungalow. We reviewed the income and expenditure records maintained by staff in one bungalow and noted that entries in the records were routinely signed and dated by two people, good practice was observed. We highlighted however that a written record that these income and expenditure records have been reconciled by two people at least quarterly must be maintained. A requirement has already been made in respect of this finding.

A review of the records identified that a hairdresser and therapist visit the home to provide services to patients. Treatment records were reviewed a sample of which established that records were signed by either the hairdresser or the podiatrist, and a representative of the home to verify that the patient has received the service detailed and incurred the associated cost, good practice was observed.

Discussions established that the home operates a fund for the benefit of the patients in the home referred to in the home as the "comfort fund". A policy and procedure to guide practice in the administration of the fund was in place. The administrator explained that money is normally raised for the fund from staff fundraising and from donations to the home from relatives or the wider community. We noted that records relating to income and expenditure for the fund were

maintained and that a reconciliation of the comfort fund monies had been recorded, and signed by one person. As noted above we highlighted that a reconciliation of monies held on behalf of patients must be carried out and signed and dated by two people at least quarterly.

On the day of inspection, we noted that the home held a balance of cash in the safe place; there was no bank account currently being managed in respect of the comfort fund.

We reviewed a sample of records for expenditure undertaken from the fund and were able to trace the selected entries to other records to substantiate the transactions.

### **Is Care Effective?**

The administrator stated that no representative of the home was acting as nominated appointee for any patient. The administrator noted however that the organisation's head office receives the personal monies for a number of patients from the relevant HSC trusts on behalf of the individual patients. We noted that these monies may contain the personal allowances of the patients and potentially their DLA mobility component (where applicable). We noted that there was insufficient clarity at home level in respect of what was specifically being received on behalf of patient in the home. We highlighted that the home required transparency around these important financial arrangements, and that these details had to be included in each patient's individual written agreement with the home. We noted that this was an important area for improvement.

A requirement has been made in respect of this finding.

The administrator confirmed that the home organisation operated a bank account on behalf of all Priory Group patients into which the personal monies of patients was received directly (as outlined above). We noted that for an identified number of patients, the home receives money from family representatives in order to provide spending money for the patients. Receipts signed by two people are provided when these lodgements are made.

We reviewed of a sample of patients' records which established that personal allowance authorisations were currently included at the back of the individual patient agreement. Therefore, those patients who did not have a signed agreement in place with the home also did not have a signed person monies authorisation in place to provide the home with the necessary written authorisation to purchase goods and services on behalf of each patient.

A requirement has been made in respect of this finding.

### **Is Care Compassionate?**

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the administrator confirmed that none of the patients had any known assessed needs or restrictions. We also noted that the home had arrangements in place to ensure that patients have access to their money at all times.

### **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 three areas identified for improvement; these were in relation to two people reconciling records of money and valuables

at least quarterly, obtaining personal monies authorisations from patients or their representatives and obtaining clarity about the home obtaining clarity on the monies received by head office on behalf of patients in the home.

<b>Number of Requirements</b>	<b>3</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 viewed the safe place and we were satisfied with the controls around the physical location of the safe places and the persons with access.

We viewed the content of the safe place and established that on the day of inspection, cash balances for a number of patients as well as patient comfort fund monies were being held in the safe place. No non-cash items were deposited for safekeeping by the home on the day of inspection.

We noted that the home had a book to record the contents of the safe place. We reviewed the book and noted that the one entry detailed in the book recorded that there were cash boxes contained within the safe place; however, this entry had not been signed or dated.

A requirement was made in respect of this finding.

#### **Is Care Effective?**

We queried whether there were any general or specific arrangements in place to support patients with their money. The administrator explained how the home engages with HSC trust representatives on an ongoing basis, however noted that there were no specific agreed arrangements 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 completed property records for four patients. We met with the nurse in charge who provided the property records for review.

On reviewing the property records, we noted that each patient had an "inventory of resident's property". Three of the four patients also had accompanying records of property which had been made on plain paper. It was clear that a significant amount of effort was being expended in recording the many items some of the patients owned. We noted that there was inconsistency in the record keeping; specifically two of the records were neither signed nor dated, other additions had been signed and dated by one person, others had been signed and dated by two people.

We also noted that there should be an effort to record more detail on some items such as electrical equipment; within the records there were references to "1 TV", size, make/model must be recorded to improve the detail of the record.



We discussed these findings with the nurse in charge and explained that additions or disposals of furniture and personal possessions brought into each patient's room must be signed and dated by two people and that these records must be updated at least quarterly. We noted that a retrospective record for each patient in the home must be made.

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; the administrator explained that these matters are normally discussed on admission and that families have support also from the HSC trust in advising about the financial arrangements on admission.

We asked about arrangements for patients to access their money from the safe place in the home outside of office hours. The administrator explained the arrangement in place for each of the houses in the home to have a small balance of monies in their safe place so that money is available for patients at all times.

### **Areas for Improvement**

Overall, the financial arrangement were found to be delivering safe, effective and compassionate care; however there were two areas identified for improvement; these were in relation to maintaining an up to date safe book/register and in relation to how patients' property is recorded.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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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?**

The home has two minibuses used to transport patients on outings etc. The administrator advised that there was no charge to patients for the use of the transport.

### **Is Care Effective?**

The home has a written policy and procedure in place address transport services for patients.

### **Is Care Compassionate?**

The homes transport provision is available to all of the patients in the home. The home's administrator advised that some patients choose not to travel on outings but that the opportunity for all patients to avail of the service is open to all the patients in 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.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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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 Catherine O'Connell (the nurse in charge) 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](mailto:finance.team@rqia.org.uk) and assessed by the inspector.

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:** 25 October 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 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.

Where it is difficult to secure signatures on agreements from patients' representatives, a copy of the agreement sent for signature should be retained on file detailing the date it was sent and any follow up from the home to secure signature.

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

There are individual contracts issued for all residents, however, not all have been received back from the resident representative. Although efforts have been made to try and get these returned, not all have been forthcoming, and evidence to show this is not currently available. New contracts will be issued week commencing 16th November 2015, detailing individual weekly fees and any other monies received by Apple Mew for the personal use of the resident. If signed contracts are not returned within a 2 week period, follow up letter will be sent to the resident representative and copies held on file as evidence that efforts have been made to secure a signed contract.

#### Requirement 2

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


**Stated:** First time

**To be Completed by:** From the date of the

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.

next change	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> As our service is commissioned by the Health Trusts, there is an annual review of the service including any agreement in relation to the fee increases.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>Reconciliations of the monies/valuables held on behalf of patients in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Ongoing, the Administator and the Home Manager will reconcile the patients money and valuables and keep an updated list of same.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 25 October 2015</p>	<p>The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required.</p> <p>The registered person must ensure that where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document.</p> <p>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 personal monies authorisation should be shared with the HSC trust care manager.</p> <p>There must be written evidence of the home's attempts to secure signature of the above documents.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> All residents have an agreement in place, or there is evidence that this agreement has been sought from the family or representative.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 25 October 2015</p>	<p>The home must obtain written confirmation from its head office detailing the financial arrangements in place regarding each patient in the home. This should detail the current fees payable in respect of the patient and the details of those paying the fees (including the method of payment).</p> <p>Details also must be provided of the amount of personal allowance or other benefits (such as DLA mobility benefit) received by the organisation from any individual or HSC trust. The amounts and frequency and any other available breakdown of these amounts must be provided to the home.</p>

	<p>The individual fees and other financial arrangements as above must be detailed in each patient's individual agreement with the home.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 18 (2) (l)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 9 September 2015</p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The written contracts currently detail the weekly fees payable on behalf of the resident, and the party responsible for payment. However, no detail was included regarding the personal allowance money received for each resident. Confirmation of amounts paid into client accounts and the breakdown of how much is personal allowance and how much is DLA has not been received, and this information will be included in the revised contracts to be issued week commencing 16th November 2015, and continue to be revised at the beginning of each financial year, when new fees and any increases in personal allowance amounts have been agreed.</p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 19(2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 October 2015</p>	<p>The registered person is required to ensure that a written "safe book/register" is introduced to record any items held within the safe place. This should record anything held within the safe place including items deposited for safekeeping on behalf of patients. Should any item be deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the patient or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Ongoing, the introduction of a "safe register" will be in place.</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.</p> <p>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. All inventory records should be updated on a regular basis. 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><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>This process has been commenced, and each list will be updated as required. Ongoing any new resident will have the inventory completed on admission and subsequently updated as required.</p>

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	02/03/2016

*\*Please ensure the QIP is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address\**