

Unannounced Finance Inspection Report 19 September 2017



Slieve Na Mon

Type of Service: Nursing Home
Address: Tircur Road, Omagh, BT79 7TY
Tel no: 028 8225 1132
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a nursing care home with 60 beds that provides care for older service users, those living with dementia or a mental disorder or learning disability.

For the purposes of this report the term “service user” will be used to describe those people living in Slieve Na Mon, which provides both nursing and residential care.

3.0 Service details

Organisation/Registered Provider: East Eden Ltd Responsible Individual: Dr Brendan McDonald	Registered Manager: Mary Bernadette McDaniel
Person in charge at the time of inspection: Mary Bernadette (Bernie) McDaniel	Date manager registered: 8 December 2016
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD (E) – Learning disability – over 65 years. Residential Care (RC) MP(E) - Mental disorder excluding learning	Number of registered places: 60 comprising: 36 NH-DE 19 NH-MP/MP(E) 3 RC-MP(E) 1 NH-I 1 NH-LD/LD (E)

4.0 Inspection summary

An unannounced inspection took place on 19 September 2017 from 09.30 to 16.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last finance inspection (if any) and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found for example, a safe place in the home was available; there were methods in place to encourage feedback from service users or their representatives and there were arrangements in place to maintain documents relating to service user income and expenditure.

Areas requiring improvement were identified for example, in relation to individual written service user agreements, records of income and expenditure and records of service users' furniture and personal possessions.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Bernie McDaniel, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; the record of calls made to RQIA's duty system was also reviewed.

During the inspection, the inspector met with the registered manager, deputy manager and the home administrator. A poster detailing that the inspection was happening was displayed in a prominent position in the home, however no service users chose to meet with the inspector.

One relative who was visiting met with the inspector and advised that they had no issues they wished to raise. In praising the staff, they noted "the staff are more than good."

The following records were examined during the inspection:

- The "Patients Guide" and Statement of Purpose
- Four service users' finance files
- Three service users' individual written agreements
- A sample of income and expenditure records
- Written financial policies including
 - "Management of Records Policy" dated October 2015
 - "Accounting and Financial Control Arrangements" dated April 2015
- A sample of records relating to hairdressing treatments and other services facilitated in the home
- A sample of charges made to service users for care and accommodation fees

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last finance inspection dated 05 May 2010

A finance inspection was carried out on 05 May 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 19 September 2017.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed that adult safeguarding training was mandatory for all staff in the home and the home administrator had most recently received training in 2016. Discussions with 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. Money and valuables belonging to service users was being held on the day of inspection.

Discussion established that there was no written safe record in place to record the content of the safe place at a glance and to evidence movement of items, for instance, into and out of the safe place.

A safe record should be in place to record money or valuables coming into or out of the custody of the home on an ongoing basis. Records of monies or valuables held on behalf of service users should be reconciled at least quarterly.

This was identified as an area for improvement.

One service user's bank card was being held in the safe place at their request, discussion established that the service user routinely asked for the card to make purchases and withdraw their money and subsequently deposited the card in the safe place. However there was no record of the card being withdrawn and deposited in the safe place and this was highlighted as

an important control in order to keep track of the movement and custody of the card at any given time.

Ensuring that a written record to record the deposit and withdrawal of the card into an out of the safe place was identified as an area for improvement, however it was noted that a document to capture this information had been developed by a member of staff during the course of the inspection and was therefore ready for use on the day.

Areas of good practice

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that a written safe record is introduced to appropriately record the deposit or withdrawal of monies or valuables from the safe place on behalf of service users.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussions established that that the home was acting as corporate appointee for several of the service users in the home. It was noted that the continuation of these arrangements was being reviewed by the management of the home. A review of a sample of service user files evidenced that Form BF57 identifying the person officially appointed to act as appointee were held on the respective service user files.

In addition, the home was also in direct receipt of the personal monies for several service users from for example, the HSC trust(s) or a Solicitor. Monies were received by the home for safekeeping and expenditure on each service user's behalf, depending on the individual agreed arrangements. Records were maintained to identify the amount and timing of monies received on behalf of the identified service users.

The home maintained records of income and expenditure for each service user which allowed for the amount of money held on behalf of service users in total, and individually to be identified. Individual records were maintained for each service user for whom the home engaged in monetary transactions. This system used allowed for individual transactions to be clearly detailed and receipts for expenditure were available to support the entries recorded. A sample of transactions was traced and the supporting evidence for entries in the records found to be in place.

A review of a sample of the records identified that amounts received by and held on behalf of service users were signed off by the home administrator and the registered manager on a monthly basis.

Discussions with the registered manager identified that changing the current method of recording income and expenditure for service users was being considered. Discussions established that the home had previously used an alternative method of recording income and expenditure which encompassed a written ledger for each service user. Staff noted that potentially returning to this method which was more familiar to staff members was currently being reviewed. The inspector noted that having consideration for the principles set out the Care Standards for Nursing Homes (2015), the home should use whichever method was most appropriate, which may be the method staff members were previously more accustomed to using.

The home used receipt books to record any lodgements of personal monies for service users or for fee payments; a sample reviewed identified that two signatures were consistently recorded. Discussion established that the home had recently introduced new receipt books which the registered manager reported allowed for more detail to be recorded.

Discussions established that the home operated two bank accounts on behalf of services users as a group, one for service users' monies and one for service users' savings. The names on the bank accounts related to the business and did not make clear that the monies were not business funds. It was recommended that these be changed accordingly.

This was identified as an area for improvement.

By the end of the inspection, the home administrator advised that she had already contacted the bank to progress this matter.

Details as to the balances held for any service user were clearly detailed on the records maintained by the home. There was evidence that reconciliations of these records were being carried out and signed by two people on a monthly basis.

As noted above, hairdressing treatments were being facilitated within the home and a sample of recent records was reviewed. Treatment records left by the hairdresser identified the service users treated on the date stated, the initials of the treatment provided and the cost. However, the sample of records identified that they were not signed by the hairdresser or by a representative of the home to confirm that the treatments record had been delivered.

This was identified as an area for improvement.

The inspector discussed how service users' property (within their rooms) was recorded and was advised that the records were maintained in hard-backed books for respective units in the home. The names of four service users were selected from a list and provided to staff to review the content of the books in order to locate the individual records for those service users. By the end of the inspection, staff could not locate the records for the four service users selected.

The inspector noted that each service user is required to have a record of the furniture and personal possessions which they have brought with them to the home. These records should be reconciled on at least a quarterly basis, with the records signed by two people.

This was identified as an area for improvement.

The registered manager confirmed that the home provided transport to service users; however there were no charges to service users for this service.

A review of a sample of charges to service users or their representatives for care and accommodation identified that service users had been charged the correct amounts.

Areas of good practice

There were examples of good practice found for example, in respect of the existence of official confirmation on service users’ files of the identity of the person managing their social security benefits.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: service users' records of income and expenditure and furniture and personal possessions; records of any treatment or service facilitated in the home for which there is an additional charge and changing the name on two bank accounts to make clear that the monies belong to service users.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

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

The arrangements to support service users with their money on day to day basis were discussed. This established that the home had a number of methods in place to encourage feedback from service users, families or other representatives in respect of any issue, including an annual survey, suggestion box and an annual meeting with relatives. The registered manager added that she operated an “open door” policy.

Arrangements for service users to access money outside of normal office hours were discussed with the registered manager and deputy manager. They described the arrangements which were in place to facilitate the individual needs of service users living in the home.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The home's "Patients Guide" encompassed a range of information for a new service user, including information on current fees and the safeguarding of service users' valuables in the home.

A range of written policies and procedures were available to guide record keeping and financial practices in the home. Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

Four service user files were sampled in order to review the individual agreements in place with the home. A review of the four files provided identified that three of the four service users had a signed agreement on their files; one service user did not have a signed agreement on their file.

The absence of a signed agreement on one of the service user's files was identified as an area for improvement.

The agreements which were in place, did not reflect up to date terms and conditions (including the fees payable) for those individual service users. Within the sample of four, was a service user for whom a representative of the home was acting as appointee. This service user's agreement had been signed but not dated. The accompanying appendices included no details as to fees and this had not been completed. Within another of this service user's files was an authorisation document, this document had been signed but not dated.

The appendix documents for two service users were also out of date and the third service user who did not have a signed agreement also did not have any appendix documents on file.

The absence of up to date individual service user agreements was identified as an area for improvement.

In addition, the home's authorisation document which should set out the home's authority, in particular, to spend the individual service user's money on identified goods and services or to set out any particular financial arrangement in place between the home and the service user were not in place for the sample of service users chosen.

It was highlighted that that any financial arrangement in place, including appointee details, should be clearly detailed on the authorisation documents used by the home.

It was noted that any authorisation documents which have not been completed or require updating are shared with service users or their representatives to be completed appropriately.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide record keeping and financial practice in the home, and the existence of a written agreement and personal monies authorisation template documents.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to individual written service user agreements and ensuring that personal monies authorisations are developed or reviewed and updated for service users as appropriate.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Bernie McDaniel, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2017</p>	<p>The registered person shall ensure that a record of the furniture and personal possessions brought by each service user into their rooms is maintained.</p> <p>Service users' inventory records are 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>Ref: 6.5</p>
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Response by registered person detailing the actions taken:
System is now in place and is operational

<p>Area for improvement 2</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2017</p>	<p>The registered person shall ensure that each individual service user has a written agreement in place with the home which sets out the individual, up to date terms and conditions in respect of their residency in the home. Individual agreements should be kept up to date.</p> <p>Ref: 6.7</p>
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Response by registered person detailing the actions taken:
Written agreements have been reviewed and are now in place

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

<p>Area for improvement 1</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 03 October 2017</p>	<p>The registered person shall ensure that a safe record is in place to record money or valuables coming into or out of the custody of the home on an ongoing basis. Records of monies or valuables held on behalf of service users should be reconciled at least quarterly.</p> <p>Ref: 6.4</p>
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Response by registered person detailing the actions taken:
Safe record is in place, records of monies/valuables held on behalf of service users shall be reconciled weekly

<p>Area for improvement 2</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2017</p>	<p>The registered person shall ensure that the names on the two bank accounts discussed as part of the inspection are amended to reflect that the monies contained within the accounts belong to service users, not the provider.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: We have contacted the Bank, the account name shall be changed to Slieve Na Mon Personal Allowance Account</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2017</p>	<p>The registered person shall ensure that 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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This is now operational within the Home</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2017</p>	<p>The registered person shall ensure that any changes to the individual agreement 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>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This is now in place</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2017</p>	<p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services or to set out any particular financial arrangement in place between the home and each service user are updated.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This is now in place</p>

**Please ensure this document is completed in full and returned via Web Portal*



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