

Unannounced Finance Inspection Report 12 January 2018



Springlawn

Type of Service: Nursing Home
Address: 44 Old Dromore Road, Omagh, BT78 1RB
Tel No: 028 8224 4550
Inspector: Briega Ferris

www.rgia.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 home with 40 beds that provides care for older service users and/or those living with a physical disability or learning disability.

3.0 Service details

Registered organisation/ registered person: Springlawn House Limited Therese McGarvey	Registered manager: Sharon Colhoun
Person in charge of the home at the time of inspection: Sylvia Ewart and Anna McCrory (Nurses in Charge)	Date manager registered: 1 April 2015
Categories of care: NH-LD(E), NH-PH, RC-PH, RC-I, NH-I, NH-PH(E) 33 Nursing: 6 Residential. A maximum of 2 patients in category NH-LD (E), A maximum of 2 patients in category NH-PH. A maximum of 2 residents in category RC-PH.	Number of registered places: 40

4.0 Inspection summary

An unannounced inspection took place on 12 January 2018 from 10.15 to 15.30 hours.

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

The inspection assessed progress with any areas for improvement identified since the last finance inspection 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, the nurses in charge confirmed that adult safeguarding training was mandatory for staff; a safe place was available for the deposit of cash or valuables; official documents were in place detailing that the home was acting as corporate appointee for one service user; mechanisms were in place in relation to listening to and taking account of the views of service users.

Areas requiring improvement were identified for example, in relation to each service user's record of furniture and personal possessions (in their rooms); records of income and expenditure and reconciliations; chiropody treatment records, service user agreements (and personal monies authorisations) and written policies and procedures.

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	1	8

Details of the Quality Improvement Plan (QIP) were discussed with Sylvia Ewart and Anna McCrory, nurses in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent finance inspection dated 31 March 2007

A finance inspection was carried out on 31 March 2007; the findings from the inspection were not brought forward to the inspection on 12 January 2018.

5.0 How we inspect

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

During the inspection, the inspector met with the two nurses in charge of the home and the administrator who worked in the home one day per week. Neither the registered manager nor the administrator who worked in the home four days per week were scheduled to be in the home that day. A poster was displayed detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- The home's "Residents Agreement"
- Four service users' finance files
- Four service users' individual written agreements with the home
- A sample of income and expenditure records maintained on behalf of service users
- A sample of reconciliation records
- The safe contents record
- A sample of treatment records in respect of hairdressing treatments facilitated in the home
- Written policies and procedures including those in respect of:
 - "Policy on handling patients money and valuables" reviewed 15/03/13
 - "Personal items and inventory record" dated 09/04/13

The findings of the inspection were provided to the persons 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 26 May 2017

The most recent inspection of the home was an announced premises inspection. The QIP from this inspection (if any) will be validated by the estates inspector at the next estates inspection.

6.2 Review of areas for improvement from the last finance inspection dated 31 March 2007

As noted above, a finance inspection was carried out on 31 March 2007; the findings from the inspection were not brought forward to the inspection on 12 January 2018.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector met with the home administrator who worked in the home one day per week; as noted above, the administrator who worked four days per week was not scheduled to be in the home on the day of inspection. The administrator was able to describe the home's controls in place to safeguard service users' money and valuables. She advised that she had completed adult safeguarding training in November 2017.

The nurses in charge 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 places and the persons with access.

On the day of inspection, money and valuables belonging to a number of service users was deposited for safekeeping. A safe record was available detailing the contents of the safe, valuables deposited for safekeeping or withdrawn previously had been signed and dated by two people.

There is discussion on the reconciliation of service users' money and valuables in section 6.5 of this report.

Areas of good practice

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons. Staff members spoken to were familiar with controls in place to safeguard service users' money and valuables.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussions with the administrator established that the home was acting as corporate appointee for one service user. A review of the service users' file established that a "BF57" document setting out this arrangement was held on file. In addition, the service user's files included a document setting out this arrangement which was signed by the registered manager and the service user's representative.

Discussions also established that the home was in direct receipt of the personal monies for a number of service users. The home administrator described the various arrangements which were in place in the home to support the identified service users to manage their monies.

Records were reviewed which evidenced how these separate arrangements worked in practice and a sample of the records reviewed identified the timing and amounts of money received on behalf of the identified service users.

Records of income and expenditure were maintained for each service user for whom the home engaged in purchases of goods or services. These detailed (for each transaction) the date, whether the transaction related to a deposit or a withdrawal, the running balance and space for signatures to be recorded. However it was noted that the manner in which the records were being maintained required improvement. Several entries had been made which post-dated the date of the inspection or had been recorded out of chronological order. A review of the records and discussion with the administrator also established that both signatures recorded against each entry were not always captured on the same day.

This was identified as an area for improvement.

It was noted that some entries recorded had been made in error and crossed through or correction fluid had been used. This was identified as an area for improvement.

These weaknesses were shared with those in charge at the time of the inspection and with the home administrator present during the inspection. It was emphasised that entries should be made contemporaneously and future transactions should not be recorded; each entry should be signed by one person recording the entry and a second signatory to witness that the entry being recorded correctly.

A sample of transactions was traced in order to establish whether the appropriate supporting evidence was in place (for instance a purchase receipt for expenditure recorded). This review identified that the supporting evidence was in place.

Records of reconciliations performed were held on file. The most recent reconciliation records were dated 31 March 2017 and 31 December 2017. One record had not been signed and one had been signed by only one person. It was highlighted that a reconciliation of monies held on behalf of service users should be performed recorded and signed and dated by two people at least quarterly.

This was identified as an area for improvement.

Hairdressing treatments were being facilitated within the home and a sample of recent records was reviewed. Treatment records contained all of the relevant details as set out in the Care Standards for Nursing Homes (2015).

A sample of chiropody treatment records was also requested, however the home administrator could not confirm if these were in place. It was agreed that if these were in fact, in use in the home, and could simply not be located on the day, a sample should be forwarded to RQIA on Monday 15 January 2018; however records were not received. It is therefore noted that chiropody treatment records should be available which detail the items as set out within standard 14.13 of the Care Standards for Nursing Homes (2015).

This was identified as an area for improvement.

The inspector discussed how service users' property (within their rooms) was recorded and was provided with a property book for review. The names of four service users were selected from a list prior to reviewing the book. A review of the entries in the books identified that none of the four service users had a property record contained in the books provided.

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.

Discussions also established that the home did not operate a separate resident bank account nor did the home have a comfort fund or operate a transport scheme.

Areas of good practice

There were examples of good practice found for example, in respect of official documents in place detailing that the home was acting as corporate appointee for one service user and receipts evidencing purchases recorded on behalf of service users.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to: maintaining records of service users' monies using a standard financial ledger format (including two signatures for each transaction); ensuring that records are legible and errors are dealt with appropriately; ensuring that records of services users' money and valuables are reconciled and signed and dated by two people at least quarterly; ensuring that treatment records are available

and maintaining for each service user, a record of their furniture and personal possessions which should be reconciled at least quarterly.

	Regulations	Standards
Total number of areas for improvement	1	4

6.6 Is care compassionate?

Service users and clients 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 with the nurses in charge and the administrator. Discussions identified that arrangements to store money safely in the home or pay fees etc would be discussed with the service user or their representative around the time a service user is admitted to the home.

Discussion established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue, including day-to-day feedback and annual questionnaires.

Arrangements for service users to access money outside of normal office hours were discussed with the registered manager and home administrator. Staff could clearly describe the arrangements which would be in place to meet 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 “Residents Guide” encompassed a range of information for a new service user including that in respect of the provision of a “written contract” to each service user, accessing personal records and the availability of additional services attracting a fee e.g.: hairdressing and private chiropody, newspapers etc

A range of written policies and procedures were requested for review, including a complaints procedure dated January 2014. Discussion established that the home did not have a records management policy in place as is required by the Care Standards for Nursing Homes (2015).

This was identified as an area for improvement.

Other written policies were reviewed including "Policy on handling patients money and valuables" and "Personal items and inventory record". These policies were dated March 2013 and April 2013 respectively and were therefore outside of the three year period for review.

It was noted that these and any other relevant policies should be reviewed and updated. This was identified as an area for improvement.

Discussion with the 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.

Discussion was held regarding the individual written agreements in place with service users and the home. Four service users were sampled in order to review the agreements in place. Each service user had a finance file and a review of each file evidenced that each service user had a signed agreement on their file. However each of the agreements reviewed were out of date having been signed in 2015 and 2016 and did not reflect the current fee arrangements for the individual service users.

Each service user should be provided with an up to date written agreement which should be shared with each resident or their representative for signature to indicate agreement with the changes to the agreement.

This was identified as an area for improvement.

Discussion and a review of a sample of the records established that the home provided a document to service users or their representatives for signature to set out any particular financial arrangement in place between the home and the service user and/or provide the home with authority, in particular, to spend the service user's money on identified goods and services. A review of a sample of the files identified that these were not in place for all service users.

It was noted that any personal monies authorisations 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 a written individual service user agreement templates and personal monies authorisation documents in place for a number of service users.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to ensuring that the relevant financial policies are introduced, ensuring that policies and procedures are reviewed and updated; ensuring that individual written agreements with service users are brought up to date with the update/changes agreed in writing by the service user or their

representative; ensuring that personal monies authorisations are developed or reviewed and updated for service users as appropriate.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Sylvia Ewart and Anna McCrory, nurses in charge, 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: 23 February 2018</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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: New and more detailed records have now been set up for all service users and will be maintained when additions are bought</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 13 January 2018</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: PA sheets have been redrawn to encapsulate format and content of above requirement and commenced on 7/02/18 with all old balances carried forward. These will be signed on the day of transaction entry by 2 authorised people, and previous format as recommended by Western Trust auditor will be discarded.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.11</p> <p>Stated: First time</p> <p>To be completed by: 13 January 2018</p>	<p>The registered person shall ensure that records made on behalf of residents are legible and mistakes appropriately dealt with on the face of the ledger (ie a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Correcting fluid will not be used again and straight ruled lines will be used to correct mistakes and initialled by person making correction.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Reconciliation at 31Dec2017 now has 2 signatures by Administrator and Manager . Another reconciliation has been done and signed on 31/01/18 and next one will be done on 31/03/18. As there are no actual bank accounts maintained the reconciliation is a list of residents with balances agreed to cash held in safe.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 13 January 2018</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 resident 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 resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Signatures of chiropodist have always been on invoices and co signed with administrator and staff will ensure all service providers will sign records along with staff</p>
<p>Area for improvement 5</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that a policy addressing the management of records and information is introduced.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A new policy for management of records has been introduced and is on file with the current policy for money and valuables</p>
<p>Area for improvement 6</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 12 March 2018</p>	<p>The registered person shall ensure that policies and procedures are subject to a 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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All policies and procedures are currently being reviewed and updated. A new one in particular has now been set up for management of records.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>The registered person shall ensure that any changes to a service user’s 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>Area for improvement 8</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2018</p>	<p>Response by registered person detailing the actions taken: All Contracts of Care have now been updated on 31/01/18 and then signed either by service user or representative for all service users in home</p> <p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services and/or authority for specific financial arrangements to be in place with the home are updated for all relevant service users. Evidence should be available to confirm that there is authority from the service user/their representative/ HSC trust care manager (where relevant) for the detailed arrangements.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: We are currently ensuring that personal purchases authorisations are in place. We are posting authorisation slips for goods or services mid Feb with the Feb invoices</p>

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



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