

Unannounced Finance Inspection Report 21 August 2017



The Graan Abbey

Type of Service: Nursing Home
Address: Derrygonnelly Road, Enniskillen, Bt74 5PB
Tel no: 028 6632 7000
Inspector: Briege 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 86 beds that provides care for older service users; or those living with dementia; a physical disability, learning disability, mental disorder or past or present alcohol dependence.

3.0 Service details

Registered organisation/registered person: Carewell Homes Ltd/Mrs Carol Kelly	Registered manager: Pamela Fee
Person in charge of the home at the time of inspection: Pamela Fee	Date manager registered: 21 September 2016
Categories of care: RC-DE, RC-A, NH-PH, NH-MP, NH-MP(E), NH-LD, NH-I, RC-I, RC-PH, NH-DE, RC-MP, RC-MP(E)	Number of registered places: 86

4.0 Inspection summary

An unannounced inspection took place on 21 August 2017 from 10.00 to 14.30 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, a safe place in the home was available, staff could clearly describe the controls in place to safeguard service users' money and valuables and there were methods in place to encourage feedback from service users or their representatives.

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; 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	6

Details of the Quality Improvement Plan (QIP) were shared with Pamela Fee, registered manager, 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 03 February 2010

A finance inspection was carried out on 03 February 2010 on behalf of RQIA; the findings from the inspection were not brought forward to the inspection on 21 August 2017.

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 care inspector was contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection the inspector met with the registered manager and the home administrator. 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 Statement of Purpose and sample "Resident's 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
- The safe record "Safe Contents Register"
- A sample of treatment records in respect of hairdressing and chiropody treatments facilitated in the home
- A sample of charges to service users/their representatives for care and accommodation
- Written policies and procedures including those in respect of:
 - "Graan Abbey Nursing Home" addressing the management of service users' money and valuables dated May 2012
 - "Resident's Money and Valuables Updated May 2008" dated August 2014
 - "Policy on accompanying Residents to Medical Appointments" dated February 2017

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 09 February 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 03 February 2010

As noted above, a finance inspection was carried out on 03 February 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 21 August 2017.

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 was able to clearly describe the home's controls in place to safeguard service users' money and valuables. She advised that she had completed adult safeguarding training in April 2017.

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 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 "Safe contents register"; any 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 registered manager and the home administrator established that that no representative of the home was acting as nominated appointee for any service user (ie: managing and receiving social security benefits on a service user's behalf). Discussions established however, that the home was in direct receipt of the personal monies for a number of service users. The home administrator described clearly 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 the records identified the timing and amounts of money received and safeguarded in whichever manner 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. A review of a sample of these records established that transactions had been recorded meticulously; however transactions had not been signed by a second person (alongside the home administrator) since 18 May 2017.

This was identified as an area for improvement.

A sample of transactions was traced in order to establish whether the appropriate supporting evidence was in place (for instance a receipt for a deposit of monies or a purchase receipt for expenditure). This identified that the supporting documents were in place for the sample chosen. It was noted however, that receipts for deposit of monies (in order to pay for goods or services for which there was an additional fee) were routinely only signed by the home administrator. Advice was provided to the administrator to ensure that the person depositing the money also signs the receipt to confirm the details.

A sample of the income and expenditure records failed to identify that any reconciliation of the monies had been carried out and recorded explicitly. It was noted that two people should carry out and record a reconciliation of service users' monies at least quarterly. The "Safe contents

register” referred to in section 6.4 was also reviewed and this detailed that the last reconciliation which had been signed by two people was carried out on 16 March 2016.

This was identified as an area for improvement.

As noted above, 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 reviewed and this established that while the majority of the required information was detailed, records had not been signed by a representative of the home to verify that the treatment had taken place.

This was identified as an area for improvement.

The inspector discussed how service users’ property (within their rooms) was recorded and was provided with three books for review. The names of four service users were selected from a list prior to reviewing the three books. 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.

A sample of charges made to service users or their representatives for care and accommodation was reviewed and it was noted that the correct amounts had been charged by the home.

Discussions also established that the home did not operate a bank account for any service user (individually or pooled) nor did the home operate a transport scheme.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of mechanisms to record income and expenditure and maintain the required supporting documents.

Areas for improvement

Four 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 of services users’ money and valuables are reconciled and signed and dated by two people at least quarterly; ensuring that treatment records are countersigned by a representative of the home 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	3

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 registered manager and the home 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.

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 “Statement of Purpose” encompassed a range of information for a new service user including that in respect of the general arrangements in the home to safeguard service users’ personal property.

A range of written policies and procedures were provided for review, including those addressing records management; accompanying service users on medical appointments and general arrangements to safeguard service users’ money and valuables. Two policies reviewed were found to be outside of or nearing the date for review; they were dated May 2012 and August 2014 respectively. The home administrator provided the latter policies and advised that she would rely on these two documents to guide her practice.

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 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.

Discussion was held regarding the individual written agreements in place with service users and a copy of a blank agreement was provided for review. It was noted that the agreement included a number of pages detailing the price of toiletries supplied by the home (if a service user wished to purchase these) and the current cost of hairdressing services facilitated within the home. The template agreement also included an appendix detailing the fee arrangements for the service user and which set out the amounts and methods of payments of the fees.

Four service users were sampled in order to review the agreements in place with the home. 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 which detailed the current breakdown of fees payable. However, it was noted that the column for signature in the fees appendix was routinely signed by the home administrator and not by the service user or their representative.

From the date of the next change in fees, the home should make sure that the signature column in the fees appendix is appropriately highlighted to be signed by the service user or their representative. This is in order to evidence that service users or their representatives have been advised by the home of the changes in fees, which are required to be signed by the above to indicate agreement.

This was identified as an area for improvement.

Discussion established that the home provided a personal monies authorisation document to service users or their representatives for signature. This document provides the home with authority, in particular, to spend the 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.

The sample of four service user files referred to above evidenced that each service user had a signed personal monies authorisation on their file. It was noted however, that in one case, the options (as to how the service user's money would be managed) was not completed. In addition, a second service user's personal monies authorisation detailed that the home had authority to only purchase toiletries from the service user's money; however both hairdressing and chiropody treatments were also being availed of by the service user.

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.

Discussion with the home administrator established that specific financial arrangements in place for identified service users had been detailed in writing and had been signed by the service user or their representative. One such service user was included in the sample of finance files reviewed. A detailed note of the current additional arrangements in place in the home to support the service user was in place and this had been signed and dated by the service user's HSC Trust care manager.

A second service user for whom a specific financial arrangement was in place was also chosen as part of the sample, however it was noted that this service user did not have a detailed note of the arrangement signed by them personally or their representative.

It was noted that any other service user for whom an individual financial arrangement is in place to support them should have a detailed written note of the arrangement signed by them personally or their representative on their individual file. These notes should also be shared with the service users' HSC trust care managers for their information.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, in respect of written agreements and personal monies authorisations in place with a sample of service users.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring that the relevant financial policies are reviewed and updated; ensuring that (from the date of the next change) the appendix detailing current fees is shared for signing by the service user or their representative to indicate that they are in agreement with the changes and ensuring that personal monies authorisations are developed or reviewed and updated for service users as appropriate, alongside detailed notes of any particular financial arrangement in place for individual service users.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Pamela Fee, 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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time To be completed by: 02 October 2017	<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>
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 14.10 Stated: First time To be completed by: 22 August 2017	<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>
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 14.25 Stated: First time To be completed by: 04 September 2017	<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>
	Response by registered person detailing the actions taken:

<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 22 August 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 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>Area for improvement 4</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2017</p>	<p>Response by registered person detailing the actions taken:</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>Area for improvement 5</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: From the date of the next change in fees</p>	<p>Response by registered person detailing the actions taken:</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 6</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2017</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services are updated for all relevant service users.</p> <p>In addition, for those service users for whom specific financial arrangements are in place, a detailed written note should be developed for sharing and signature by the service user or their representative. These notes should also be shared with the service users' HSC trust care managers for their information.</p> <p>Ref: 6.7</p>

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