

# Finance Inspection Report 5 August 2016



## The Tilery

**Type of Service: Residential Care**

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**Inspector: Briega Ferris**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of The Tilery took place on 5 August 2016 from 10:30 to 14:00 hours.

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

### **Is care safe?**

Systems were in place to safeguard service users' money and valuables; however, all of the relevant records were not available for inspection on the day.

### **Is care effective?**

Controls were found to be in place in the home to record money and valuables belonging to service users; however, five areas for improvement were identified during the inspection. These related to: ensuring that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home; ensuring that the "Record of valuables kept for residents" is reconciled to the contents of the safe place at least quarterly, with the record signed and dated by two members of staff; ensuring that entries in service users' income and expenditure records are consistently signed by two people; ensuring that records of any treatment facilitated within the home (for which there is an additional cost to the service user or their representative) are signed by both the person providing the treatment and a member of staff and ensuring that records of furniture and personal possessions for each service user are brought up to date and maintained appropriately in future.

### **Is care compassionate?**

From a review of a sample of the records, compassionate practice was evidenced in regard to putting in place transparent, safe arrangements to support service users with their money. One area for improvement was identified during the inspection in relation to ensuring that contingency arrangements are introduced which enable service users' monies to be freely available to them at all times.

### **Is the service well led?**

Governance and oversight arrangements were discussed by the registered person; however a review of all of the relevant records could not take place, as these were not available on the day.

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

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the quality improvement plan (QIP) within this report were discussed with Eileen Stanford, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent finance inspection

An inspection of The Tilery was carried out on 31 March 2006 on behalf of RQIA; the findings from the inspection were not brought forward as part of the inspection on 5 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> The Tilery/Claire Stranney	<b>Registered manager:</b> Eileen Stanford (Registration pending)
<b>Person in charge of the home at the time of inspection:</b> Claire Stranney	<b>Date manager registered:</b> Eileen Stanford - "registration pending".
<b>Categories of care:</b> RC-I, NH-I	<b>Number of registered places:</b> 36

## 3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issue.

During the inspection, the inspector met with Claire Stranney, the registered person. The registered manager and the home administrator were not in the home on the day of inspection. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- Extracts from the service user guide
- Folder entitled “Residents record of finances”
- Folder entitled “Patients valuables”
- Folder entitled “Record of valuables kept for residents”
- Folder entitled “Patients record of finances – entries of PA”
- Folder entitled “Residents monthly purchases”
- Folder entitled “Record of hairdressing appointments”
- A sample of fees charged for care and accommodation
- The most recent HSC trust payment remittance
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing services facilitated in the home
- One service user’s care file
- Four records of service users’ property within their rooms

Following the inspection, feedback was provided to the registered manager by telephone.

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 27 April 2016**

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.

##### **4.2 Review of requirements and recommendations from the last finance inspection dated 31 March 2006**

As noted above, the findings from the inspection on 31 March 2006 were not brought forward as part of the inspection on 5 August 2016.

##### **4.3 Is care safe?**

As the home administrator was not in the home on the day of inspection, it was not possible to ascertain from discussion, her understanding of the controls in place in the home to safeguard service users’ money and valuables. Evidence was not available to confirm that the home administrator had received training in the Protection of Vulnerable Adults (POVA). This will be reviewed on a future inspection of the home.

During discussion, the registered person confirmed that there were no current suspected, alleged or actual incidents of financial abuse.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables belonging to service users were lodged with the home for safekeeping.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

As noted above, the registered manager and the home administrator were not in the home on the day of inspection. The registered person advised the inspector that a number of records requested by the inspector could not be located. The inspector discussed these findings with the registered manager following the inspection and noted that there must be access to service users' records for the purposes of inspection, during times when she and the home administrator were not in the home.

A requirement was made to ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.

The inspector reviewed a sample of invoices detailing charges to service users or their representatives for care and accommodation costs; this established that the correct charges had been made by the home.

A written safe record entitled "Record of valuables kept for residents" was in place, however there was no evidence that the record had been reconciled to the contents of the safe place at least quarterly. It was noted that two members of staff must carry out and sign and date the safe record to evidence the reconciliation.

A recommendation was made in respect of this finding.

The inspector reviewed a sample of the records for income and expenditure incurred on behalf of service users (such as that in respect of hairdressing and podiatry). The inspector noted that the home maintain records on "record of finances" sheets detailing income and expenditure. It was noted that most, but not all, of the entries on a sample of the sheets reviewed, had been signed by two people. The inspector noted that these records should follow a standard financial ledger format, which requires the signature of two people to verify each entry.

A recommendation was made in respect of this finding.

The inspector also noted that within the records reviewed, there was no evidence that the records had been reconciled at least quarterly. A recommendation has been made above to ensure that all records of money and valuables held on behalf of service users are reconciled and signed and dated by two people at least quarterly.

A review of a sample of the records evidenced that “monthly expenses” records were also maintained to detail the total cost of additional services for which the service user or their representative were invoiced; these included newspapers, toiletries and podiatry services. It was evident that a significant time commitment was being devoted to maintaining these records in a manner which facilitated transparency regarding any costs charged to service users or their representatives.

As noted above, hairdressing treatments were being facilitated within the home. Records were in place to identify the service users treated on any given day and the cost of the respective treatments they had received. However, it was noted that hairdressing treatment records did not detail the signature of the person providing the treatment or a representative of the home to verify that the details on the treatment record were in fact, correct.

A recommendation was made in respect of this finding.

The home had a number of written policies and procedures; however the inspector did not evidence a policy addressing money and valuables. As it was not possible to access all of the relevant financial records on the day, it was not possible to conclude that a policy and procedure specifically addressing the safeguarding of service users’ money and valuables was not in place. This matter will be reviewed at a future inspection of the home.

The inspector discussed how service users’ property (within their rooms) was recorded and requested to see a sample of the completed property records. The registered person provided the inspector with an A4-size duplicate book entitled “Residents personal property”. Within a sample of four records, three had been signed (one record had not been signed) and all of the records had been dated. Only one of the records evidenced that it had been updated over time with additional items, there was no evidence that the remaining records reviewed had been updated.

On reviewing the record which evidenced updating, it was noted that the additional items had been written on a blank piece of paper and taped to the record underneath. The inspector noted that removing the top piece of paper from the record, risked damaging the record underneath as the tape began to lift the ink from the record underneath it. The inspector noted that the registered person should review the appropriateness of continuing to use this method to record service users’ property.

A recommendation was made to ensure that each service user’s record of furniture and personal possessions in their rooms (which they own) be reviewed and updated as appropriate. These records must be reconciled on at least, a quarterly basis, with the reconciliation signed and dated by two people.

Discussion with the registered person confirmed that no representative of the home was acting as nominated appointee for any service user. The home does however, receive personal money from the family/friends of service users in order to pay for services facilitated within the home for which there is an additional charge, such as hairdressing and podiatry. As all of the records relating to service users’ finances were not available on the day of inspection, it was not possible to evidence whether written authorisations for the home to spend the personal money of service users on specific goods and services were in place. This matter will be reviewed at a future inspection of the home.

The registered person advised that the home operates a comfort fund; however these records were also not available for inspection on the day. This matter will be reviewed at a future inspection of the home.

The registered person confirmed that the home did not provide transport to service users.

### Areas for improvement

Five areas for improvement were identified during the inspection. These related to: ensuring that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home; ensuring that the “Record of valuables kept for residents” is reconciled to the contents of the safe place at least quarterly, with the record signed and dated by two members of staff; ensuring that entries in service users’ income and expenditure records are consistently signed by two people; ensuring that records of any treatment facilitated within the home (for which there is an additional cost to the service user or their representative) are signed by both the person providing the treatment and a member of staff and ensuring that records of furniture and personal possessions for each service user are brought up to date and maintained appropriately in future.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>4</b>
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### 4.5 Is care compassionate?

The inspector and the registered person discussed the day to day arrangements in place in the home to support service users with their money. From this discussion, it was evident that the home was supportive of providing assistance with measures which would contribute to service users managing their money to the fullest extent possible. It was also evident both from talking with the registered person and reviewing a sample of records (including one service user’s care records) that the home had actively engaged with HSC trust representatives, in order to ensure there was transparency and agreement to any financial arrangement created to support identified service users.

Discussion with the registered person established that there was no access to service users’ money outside of normal office hours.

A recommendation was made for contingency arrangements to be introduced which enable service users’ monies to be freely available to them at all times.

As a number of financial records for service users were not available for inspection; it was not possible for the inspector to evidence whether service users/their representatives had over time, been sent written notification of any changes to the fees payable. This matter will be reviewed on a future inspection of the home.

### Areas for improvement

One area for improvement was identified during the inspection; this related to ensuring that contingency arrangements are introduced which enable service users’ monies to be freely available to them at all times.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.6 Is the service well led?

There was a clear organisational structure within the home; the respective roles and responsibilities of staff with access to service users' monies were explained by the registered person. As the home manager and the home administrator were not in the home on the day of inspection, it was not possible to ascertain through discussion, whether they were familiar with their respective roles and responsibilities. This matter will be reviewed on a future inspection of the home.

A trace of a random sample of transactions evidenced that records were available to substantiate the entries in a sample of service user's "record of finances". However, as noted above, there was no evidence in the sample of records reviewed to identify that reconciliations of money and valuables had been carried out and recorded by two people at least quarterly. A recommendation has been made earlier in the report in respect of this finding.

As all relevant financial records were not available for inspection on the day; it was not possible for the inspector to evidence whether individual written agreements were in place between service users and the home. This matter will be reviewed on a future inspection of the home.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (3) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2016	<p>The registered person must ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p><b>Response by registered person detailing the actions taken:</b> All records are held in Administrators office and accessible for inspection. All financial records shall be labelled and sectioned for easy access.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14.9, 14.25  <b>Stated:</b> First time  <b>To be completed by:</b> 26 August and at least quarterly thereafter	<p>The registered person should ensure that the record of safe contents is reconciled to the contents of the safe place at least quarterly. Two members of staff must carry out and sign and date the safe record to evidence the reconciliation.</p> <p><b>Response by registered person detailing the actions taken:</b> Reconciliation commenced by two members of staff, safe records signed and dated.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 14.10  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2016	<p>The registered person should 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><b>Response by registered person detailing the actions taken:</b> As stated on QIP received patients record of finances was seen by inspector. Format of record follows requested layout.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2016	<p>The registered person should ensure that where any service is facilitated within the home (such as hairdressing and podiatry), 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 that treatment provided and the associated cost.</p> <p><b>Response by registered person detailing the actions taken:</b> Signed invoices are in place for service provider within the home.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2016</p>	<p>The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 14.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 August 2016</p>	<p><b>Response by registered person detailing the actions taken:</b> An inventory of property belonging to each resident is currently being updated and shall be reconciled quarterly.</p> <p>The registered person should ensure that arrangements are introduced in the home which enables service users' monies to be freely available to them at all times.</p> <p><b>Response by registered person detailing the actions taken:</b> Limited monies are held in the home for a small number of residents. Steps are in place to enable residents to access monies at all times.</p>

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



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