

Finance Inspection Report

18 July 2016



Knockagh Rise

Type of Service: Nursing Home
Address: 236 Upper Road, Greenisland BT38 8RP
Tel No: 02890 855930
Inspector: Briega Ferris

1.0 Summary

An unannounced inspection of Knockagh Rise took place on 18 July 2016 from 11:00 hours to 16:00 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?

A safe place in the home was available and the administrator was familiar with current practices and confidently answered the inspector's questions, she had received training in the protection of vulnerable adults. One area for improvement was identified during the inspection, this related to introducing a written safe record.

Is care effective?

Controls in place to record income and expenditure and ensure service users' money was protected were found to be in place; however weaknesses in these controls were identified. Four areas for improvement were noted during the inspection. These related to: ensuring that each service user in the home has a record of furniture and personal possessions which is maintained in line with DHSSPS minimum standards; ensuring that income and expenditure records are made using a standard financial ledger format and include all of the details as set out in DHSSPS minimum standards; ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; and ensuring that records of treatments provided to service users which carry an additional cost are appropriately maintained.

Is care compassionate?

Staff were observed speaking to service users in a kind, attentive manner. Two areas for improvement were identified; these related to ensuring that written personal monies authorisations are in place for service users; and ensuring that consideration is given to introducing a contingency arrangement which would mean that service users have at all times, access to their money (deposited with the home).

Is the service well led?

While governance and oversight arrangements were identified, three areas for improvement were noted during the inspection. These related to ensuring that each service user in the home who does not have a written financial agreement is provided with one; ensuring that financial policies are reviewed and updated to ensure that they reflect current practice in the home and that policies and procedures are in accordance with statutory requirements and a process of systematic audit is in place; and introducing a written policy and procedure in respect of the service users' comfort fund.

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 Knockagh Rise which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	8

Details of the quality improvement plan (QIP) within this report were discussed with Anne McCracken, 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

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Knockagh Rise Ltd/Malcolm James Wilson	Registered manager: Anne Florence Josephine McCracken
Person in charge of the home at the time of inspection: Wendy Turkington	Date manager registered: 17 December 2014
Categories of care: NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)	Number of registered places: 29

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. The care inspector for the home was contacted and confirmed that there were no matters to be followed up from the previous care inspection.

During the inspection, we met with Anne McCracken, the registered manager, and the home administrator. 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:

- The Resident Guide
- A sample of financial records contained in file "Floors 1 & 2"
- Two signed service user agreements
- A sample of records of charges for accommodation and care
- A sample of records detailing hairdressing, podiatry and reflexology services facilitated in the home
- A sample of income and expenditure records and cash balances held for service users
- Finance policy "Safekeeping of residents' property" (No 78)
- Extracts from "Operational policy" (No 38)
- A sample of records in respect of the "residents' comfort fund"
- The record of property/furniture and personal possessions for one service user

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 4 May 2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last finance inspection

There has been no previous RQIA finance inspection of the home.

4.3 Is care safe?

The administrator stated that she had been in the role for just over one year and that she was satisfied that she did not require any further training input at present, but would keep this under review. Written evidenced was reviewed which confirmed that she had received training on the Protection of Vulnerable Adults (POVA). The administrator confirmed that she was aware of how to receive and deal with a complaint or escalate any concerns.

She was able to clearly describe and explain the home's current controls to manage money and valuables belonging to service users, including the receipt of money for care fees and money deposited for safekeeping by representatives for spending on behalf of service users.

During discussion, 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. On the day of inspection, cash and valuables belonging to service users were lodged with the home for safekeeping; no valuables were deposited for safekeeping.

The home administrator showed the inspector the safe place within the home; she confirmed that no safe record existed to record the contents of the safe place.

A recommendation was made to ensure that the home introduce a safe record.

One area for improvement were identified during the inspection, this related to introducing a written safe record.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

The registered manager confirmed that no representative of the home was acting as nominated appointee for any service user; however the home does receive money from service users or their representatives to be spent on other goods or services.

The inspector was provided with two files containing financial records for service users, a sample of service users were selected at random in order to review the records. As well as the aforementioned files, the administrator stated that the home was safeguarding money for a number of service users. For these service users, monies were held within envelopes alongside a large number of receipts for expenditure. The front of the envelope was being used as an income and expenditure record with each entry detailing the lodgement or how the money was used. A review of a sample of the records evidenced that the each record on the envelope was signed or initialled by the administrator. It was noted that once the space on the front of the envelope was filled, a loose sheet of paper would be used to continue the record of transactions, these sheets were placed inside the envelope.

From a review of this evidence and discussion with the administrator, it was identified that the envelopes were acting as both a record of the income and expenditure and a 'purse' system for holding cash and any related receipts. The administrator confirmed that there were no additional records of income and expenditure beyond those discussed above.

A recommendation was made for clear income and expenditure records utilising a standard financial ledger format to be introduced for each service user. This 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 a withdrawal; the amount; the running balance of the service user's cash total held and the signatures of two persons to verify the entry in the ledger.

The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this. Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e. 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. Correction fluid must not be used on service users' income and expenditure records.

Despite the home's "Operational policy" which referenced that "...regular auditing of financial records will be undertaken", no evidence was presented to support this. A review of the records established that there was no evidence of any reconciliations of money and valuables carried out and recorded by the home.

A recommendation was made to ensure that a reconciliation of money (and valuables) held on behalf of service users is carried out at least quarterly. The reconciliation should be recorded and signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

It was noted that the home facilitated a number of additional services in the home which attracted an additional charge (hairdressing, podiatry and reflexology). The inspector discussed the arrangements for recording treatments provided to service users and was provided with two relevant files containing records and receipts for the above services. The inspector noted that within the files, were envelopes which had the details of treatment days recorded on the front as well as notes against the name of service users such as "paid" and "owed".

In the absence of a clear policy and procedure on service users' money and valuables, how day to day arrangements were operating was garnered from the home administrator (who was not present towards the end of the inspection) and from reviewing the records. On reviewing a sample of records, it appeared that the cost of the above mentioned services was initially met by the service user comfort fund, until such time as the total cost for that day's treatments had been met; at this point, the total money received would be banked into the comfort fund account.

The inspector made clear during feedback to the registered manager that this method did not represent best practice and should be stopped with immediate effect. The inspector noted that the service user comfort fund is intended for the benefit of all of the service users in the home and should not be used as an additional source of cash flow for service users' expenses, even on a short-term basis.

A review of the records identified that the current recording system involved retaining an envelope on file for each treatment day, recording what service user or their representative had paid or who owed for the cost of the treatment. It was clear that until the total cost of that day's treatments had been received in respect of everyone treated, monies were allowed to accumulate in the envelope.

The inspector drew this weakness in arrangements to the attention of the registered manager at the end of the inspection and noted that any monies should be held within the safe place. It was noted during feedback the home must significantly develop its policies and procedures in respect of service users' monies and valuables to guide practice in this area.

A review of a sample of treatment records for hairdressing, podiatry and reflexology identified that they did not contain all of the necessary information. A recommendation was made to ensure that treatment records are maintained in line with the requirements of DHSSPS Minimum Standards.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see the completed property records for a sample of randomly sampled service users. The registered manager was unable to provide the property records for any of the service users sampled.

These findings were not in keeping with the home's policy "Safekeeping of Residents' Property" policy which stated that "All valuables will be recorded using property List KR42 Inventory of residents' property and a copy of the form will be kept in the resident's care file and in the care home inventory, whether the resident holds them or the care home on their behalf".

A requirement to ensure that a record of furniture and personal possessions/inventory belonging to each service user in the home is retained and kept up to date throughout their stay in the home. The inspector highlighted that DHSSPS Care Standards for nursing homes require that these records are reconciled at least every quarter by a member of staff and the record countersigned by a senior member of staff.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: ensuring that each service user in the home has a record of furniture and personal possessions which is maintained in line with DHSSPS minimum standards; ensuring that income and expenditure records are made using a standard financial ledger format and include all of the details as set out in DHSSPS minimum standards; ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; ensuring that records of treatments provided to service users which carry an additional cost are appropriately maintained and ensuring that a record of safe contents is introduced.

Number of requirements	1	Number of recommendations:	3
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4.5 Is care compassionate?

A review of the records evidenced that the home did not have personal monies authorisations in place with service users or their representatives to provide the home with written authority to make purchases of specific goods and services on behalf of each service user.

A recommendation was made to ensure that written personal monies authorisations are retained and are updated as necessary.

Arrangements for service users to access their money outside of normal office hours were discussed with the home administrator; she explained that at present there was no access for service users. She noted that she was not aware of any service user having requested their

money from the weekend staff thus far. However, the inspector noted that the home should have a contingency arrangement in place to address this possibility.

A recommendation was made for the registered manager to consider a contingency arrangement which would mean that any service user would have access to money at all times.

Areas for improvement

Two areas for improvement were identified during the inspection; these related to ensuring that written personal monies authorisations are in place for service users and introducing contingency arrangements which would allow service users to have access to their money at all times.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

There was a clear organisational structure within the home; following discussion with the administrator, it was evident that she was familiar with her role and responsibilities in relation to safeguarding service users' money and valuables.

The policy file was provided and the inspector noted that the home had a policy entitled "Safekeeping of residents' property". This policy dealt with issues including recording property on admission to the home, missing items and dealing with the property of a deceased service user. It was noted that the policy did not address the practical day to day arrangements in the home regarding how money and valuables belonging to service users were safeguarded (as had been explained earlier by the home administrator). The policy also cross referenced to the home's "Operational policy" which the inspector also reviewed; this policy included a general statement regarding financial control arrangements, however the policy did not describe the particular procedures in place in the home.

It was also noted that there was no policy and procedure in place for the administration of the service users' comfort fund. A recommendation was made in respect of this finding.

A further recommendation was made to ensure that financial policies are reviewed and updated to ensure that they reflect current practice in the home and that policies and procedures are in accordance with statutory requirements and that a process of systematic audit is in place.

Five service users were sampled in order to review the written agreements in place between the home and the service user/their representative. Only two of the four service users sampled had a signed page in place detailing their acceptance of the terms and conditions of the agreement.

A requirement was made to ensure that each service user in the home who does not have a written agreement is provided with one. If a service user or their representative is unable to or unwilling to sign the agreement, this must be recorded. For any service user who does not have a family representative to review and sign the agreement, their agreement must be shared with their HSC trust care manager and/or any other official involved in supporting the service user with their money.

The inspector noted that typically, only the back page (for signature) had been retained on file, not the full agreement and highlighted that it would be prudent for the home to have a full copy of the service user's agreement on file for reference purposes. The two signed pages which the

inspector reviewed, (one for each service user), detailed the current fee arrangements for the respective service users.

Areas for improvement

Three areas for improvement was identified during the inspection, these related to ensuring that each service user in the home who does not have a written financial agreement is provided with one; updating financial policies and procedures and introducing a policy and procedure which addresses the service users' comfort fund.

Number of requirements	1	Number of recommendations:	2
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5.0 Quality improvement plan

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

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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/manager 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/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 19 (2)
Schedule 4 (10)

Stated: First time

To be completed by:
18 August 2016

The registered person must ensure that a record of furniture and personal possessions brought by a service user into the room occupied by them is maintained throughout their stay in the home. Records of furniture and personal possessions belonging to all of the service users in the home must be reviewed and brought up to date. Records must be kept up to date on an ongoing basis, with any additions or disposals from the records signed off by two people. Property records should be reconciled at least quarterly.

Response by registered provider detailing the actions taken:

The form currently used will retrospectively capture the property of existing users in the Home. All entries will be signed by two members of staff.

Requirement 2

Ref: Regulation 5 (1)
(a) (b)

Stated: First time

To be completed by:
18 July 2016

The registered provider must provide to each service user, by not later than the date on which he becomes a service user, a statement specifying – (a) the fees payable by or in respect of the service user for the provision to the service user of any of the following services (i) accommodation, including the provision of food, and (ii) nursing and except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.

Response by registered provider detailing the actions taken:

All service users currently in the Home have been provided with Terms and Conditions along with individual agreements detailing the fees, by whom each element of the fee will be paid and the method of payment.

Recommendations

Recommendation 1

Ref: 14.30

Stated: First time

To be completed by:
16 July 2016

The registered person should ensure that a safe record is maintained which details any money or valuables handed over for safekeeping. The record is signed and dated by the service user and a member of staff on receipt and return of the items.

Response by registered person detailing the actions taken:

A safe register is now in place to record movements of items in and out of the safe and it is reconciled at least quarterly.

Recommendation 2

Ref: Standard 14.10

Stated: First time

To be completed by:
01 August 2016

The registered provider should ensure that a standard financial ledger format is used to detail transactions for service users. This 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 money held and the signatures of two persons able to verify the entry on the ledger.

<p>Recommendation 3</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2016</p>	<p>The registered provider should ensure that a reconciliation of money and valuables held and accounts managed on behalf of service users 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>Response by registered provider detailing the actions taken: RECOMMENDATION 2: Ledger format is now updated as per inspector's advice. All transactions will be signed by two persons. RECOMMENDATION 3: Ledger format is now in use and will be reconciled by a senior member of staff.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered person should 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>Response by registered person detailing the actions taken: The hairdresser completes a weekly treatment list detailing the resident's name, cost and detail of treatment and this is signed by a member of staff. The reflexologist and chiropodist will do the same on a monthly basis.</p>
<p>Recommendation 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2016</p>	<p>The registered person should ensure that written authorisation is obtained from each service user or their representative to spend the service users' personal monies on pre-agreed expenditure.</p> <p>The written authorisation must be retained on the service user's records and updated as required.</p> <p>Response by registered person detailing the actions taken: Arrangements giving written authorisation for financial transactions are now in place. This is obtained from the service user or their representative to spend their monies on pre agreed expenditure.</p>
<p>Recommendation 6</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2016</p>	<p>The registered person should ensure that contingency arrangements are considered to ensure that service users' money is freely available to them at all times.</p> <p>Response by registered person detailing the actions taken: Contingency arrangements are in place to ensure that service users' money is freely available to them at all times.</p>

Recommendation 7 Ref: Standard 36.1 Stated: First time To be completed by: 18 July 2016	<p>The registered provider should ensure that the policies and procedures for all operational areas of the home are in accordance with statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures.</p> <p>Response by registered provider detailing the actions taken: The policies and procedures have been updated to reflect the operational procedures in the Home. These will be reviewed every 3 years.</p>
Recommendation 8 Ref: Standard 14.30 Stated: First time To be completed by: 18 July 2016	<p>The registered provider should ensure that a written policy and procedure addressing the administration and aims and objectives of the comfort fund is developed and implemented.</p> <p>Response by registered provider detailing the actions taken: A policy detailing the administration and aims and objectives of the comfort fund has been written and implemented.</p>

Please ensure this document is completed in full and returned to finance.team@rqia.org.uk from the authorised email address



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