

Announced Finance Inspection Report 12 October 2017



Thackeray Place

Type of Service: Residential

Address: 12 Ballyclose Street, Limavady, BT49 0BN

Tel No: 0287776 3011

Inspector: Joseph McRandle

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 residential care home with 32 beds that provides care for residents living with past or present alcohol dependence and old age not falling within any other category.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Ms Pamela Campbell -Acting
Person in charge at the time of inspection: Linda Astbury, acting senior care worker	Date manager registered: Acting-No application required
Categories of care: Residential Care (RC) A- Past or present alcohol dependence I- Old age not falling within any other category	Number of registered places: 32

4.0 Inspection summary

An announced inspection took place on 12 October 2017 from 11:00 to 14:00 hours. Less than one hour's notice was given prior to the inspection. The manager was not available at the time of the inspection. The inspector discussed the findings from the inspection with the acting senior care worker on the day of the inspection and with the manager via a telephone conversation on 17 October 2017.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 in relation to: providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place, up to date safe register, reconciling safe contents on a regular basis, members of staff involved in managing residents' finances receiving adult safeguarding training, the records of reconciliations of residents' monies, informing residents or their representatives in advance of increases in fees, facilitating journeys on behalf of residents, residents signing records when receiving their personal allowance monies, retaining residents' financial arrangements within their files, offering support to residents for managing their own finances, retention of receipts from purchases undertaken on behalf of residents.

Areas requiring improvement were identified in relation to: updating residents' records with items of personal possessions or items of furniture following admission to the home, updating the financial policies and procedures operated at the home, updating the residents' guide with the list of services included in the weekly fee and the costs of additional services, updating residents' agreements with details of their current fee, ceasing the practice of staff receiving monies directly from residents to make purchases and developing and implementing a robust system for staff making purchases on behalf of residents.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Ms Linda Astbury, acting senior care worker during the inspection and with Ms Pamela Campbell, manager, by telephone conversation on 17 October 2017, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 25 April 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous care inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the acting senior care worker and the home's administration assistant.

The following records were examined during the inspection:

- Three residents' finance files
- Two residents' written agreements
- Records of the financial arrangements for three residents
- Monies held on behalf of residents
- A sample of records of reconciliations of residents' monies
- The residents' guide
- A sample of records of safe contents
- A sample of receipts from hairdressing service
- A sample of receipts from purchases undertaken on behalf of residents
- A sample of records of residents' monies forwarded from the Western Health and Social Care Trust (WHSCT)
- A sample of records of personal allowance monies handed over to residents
- A sample of records from monies deposited at the home on behalf of two residents
- A copy of the WHSCT cash handling procedures
- Records from comfort fund

- Financial policies and procedures
- Records of personal property for one resident

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 25 April 2017

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

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

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

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. Monies held on behalf of residents were counted, the amount retained agreed to the balance recorded at the home.

Review of records and discussion with staff confirmed that no valuables were held on behalf of residents. A safe contents book was in place and up to date at the time of the inspection. A sample of personal items held on behalf of two residents was examined, the records agreed to the items held in the safe place. Records also showed that the items held were checked on a regular basis.

Discussion with the acting senior care worker confirmed that members of staff involved in managing residents finances had received training in relation to the safeguarding of vulnerable adults.

Discussion with staff confirmed that there were no finance related restrictive practices in place for any resident.

Areas of good practice

There were examples of good practice found in relation to: providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place, up to date safe register, reconciling safe contents on a regular basis and members of staff involved in managing residents' finances receiving adult safeguarding training.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Discussion with staff confirmed that no member of staff at the home or at the WHSCT acted as an appointee for any resident, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual.

Discussion with staff also confirmed that no member of staff acted as an agent for any resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

Discussion with staff and review of records confirmed that as in line with standard 15.12 of the DHSSPS Residential Care Homes Minimum Standards (2011), reconciliations between the monies held on behalf of residents and the records of monies held were carried out on a daily basis. As in line with good practice the records were signed by the person carrying out the reconciliation and countersigned by a senior member of staff.

Discussion with staff and review of records confirmed that an inventory of residents' property was maintained when residents were admitted to the home. The acting senior care worker was unsure if the records were updated with items brought into the home following admission for which staff had been informed about e.g. televisions or items of furniture. This was identified as an area for improvement.

Review of records and discussion with staff confirmed that a comfort fund was operated on behalf of residents. Monies held for the fund at the time of the inspection were counted and agreed to the balance recorded at the home. Discussion with the acting senior care worker and a review of records confirmed that purchases from the fund were for the benefit of all residents.

Discussion with staff confirmed that the WHSCT managed Patient Private Property (PPP) accounts on behalf of nine residents and that no bank accounts were managed on behalf of residents.

Records confirmed that residents or their representatives were informed in advance of any increase in fees as in line with The Residential Care Homes Regulations (Northern Ireland) 2005.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies did not reflect all of the procedures currently operated at the home e.g. the procedure for staff to purchase items on behalf of residents. This was identified as an area for improvement.

The policies and procedures are discussed further under section 6.7 of this report.

Areas of good practice

There were examples of good practice in relation to the records of reconciliations of residents' monies and informing residents or their representatives in advance of increases in fees.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to updating residents' records with items of personal possessions or items of furniture following admission to the home and updating the financial policies and procedures operated at the home.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

The home did not provide a transport scheme at the time of the inspection. Discussion with staff confirmed that alternative arrangements were in place to support residents wishing to undertake journeys; this included the use of taxis which were paid for by the residents or their representatives.

Discussion with staff and review of records confirmed that the WHSCT held PPP accounts for nine residents. A sample of records of two residents' monies forwarded from the Health and Social Care Trust was examined; the records showed that the corresponding amounts of monies received by the home were credited to the records of monies held on behalf of the residents. Records also confirmed that residents were handed over their weekly personal allowance from the monies forwarded by the Trust. Good practice was observed as the residents receiving their personal allowance monies had signed the records along with a member of staff.

Review of records for three residents showed that details of their financial arrangements were retained within their files, as in line with standard 15.2 of the DHSSPS Residential Care Homes Minimum Standards (2011).

Discussion with staff confirmed that arrangements were in place to offer support to residents or their representatives for managing the residents' own monies.

Areas of good practice

There were examples of good practice in relation to: facilitating journeys on behalf of residents, residents signing records when receiving their personal allowance monies, retaining residents' financial arrangements within their files and offering support to residents for managing their own finances.

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.

No records of fees paid by residents were available at the time of inspection. Discussion with staff confirmed that all fees were managed by the WHSCT. Staff confirmed that no additional monies were received for fees over and above the amount agreed through the contracting arrangement with the Health and Social Care Trust.

A residents' guide was in place at the time of the inspection. The guide included a written agreement which was issued to residents on admission to the home. It was noted that neither the guide nor the agreement included the details of the services provided to residents as part of their weekly fee. The guide or agreement did not include a list of the costs for additional services provided at the home e.g. hairdressing. This was identified as an area for improvement.

Review of three residents' files evidenced that written agreements were in place for two of the residents. The agreements were not in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011). The two agreements did not show the current fee paid by, or on behalf of, the residents. None of the agreements indicated if residents were making a contribution towards their fee. The two agreements reviewed were signed by the resident, or their representative, and a representative from the home. An area for improvement was identified within the QIP of this report for residents' agreements to be updated to be in line with minimum standard 4.2.

Discussion with staff confirmed that residents managed their own monies. Residents or their representatives would purchase essential items, e.g. toiletries when required and paid the hairdresser and podiatrist directly. During the discussion staff informed the inspector that occasionally residents handed monies directly to members of staff to make purchases on their behalf. Staff also confirmed that the receipts from the purchases were retained by the home's administration assistant.

Review of records confirmed that individual books were retained for each resident. The books contained the receipts from purchases undertaken by staff on behalf of residents. Receipts from services provided by the hairdresser and the podiatrist were also retained. Review of records confirmed that apart from the receipts no other records of the purchases undertaken on behalf of residents were maintained at the home.

The inspector discussed the above finding with the manager via a telephone conversation on 17 October 2017. The inspector raised concerns with the manager regarding this practice. It was highlighted to the manager that although residents had the right to manage their own monies, there was a potential risk to residents and members of staff involved in the practice. It was also highlighted that as members of staff were involved in making purchases on behalf of residents, records of the transactions must be in place.

During the discussion the manager agreed to cease this practice from the date of the inspection. The manager also agreed to contact the WHSCT in order to develop and implement a robust system for staff making purchases on behalf of residents. Two areas for improvement were identified.

An area for improvement has been previously identified within this report (section 6.5) for the financial policies and procedures to be updated to include all procedures undertaken by staff on behalf of residents including undertaking purchases on behalf of residents.

Two records of monies deposited at the home on behalf of two residents were reviewed. As in line with good practice receipts were issued to the person depositing the monies on behalf of the residents. Records showed that the person depositing the monies had signed the records along with a member of staff.

Areas of good practice

There were examples of good practice in relation to the retention of receipts from purchases undertaken on behalf of residents.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: updating the residents' guide with the list of services included in the weekly fee and the costs of additional services, updating residents' agreements with details of their current fee, ceasing the practice of staff receiving monies directly from residents to make purchases and developing and implementing a robust system for staff making purchases on behalf of residents.

	Regulations	Standards
Total number of areas for improvement	2	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Linda Astbury, acting senior care worker during the inspection and with Ms Pamela Campbell, manager, by telephone conversation on 17 October 2017, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 14 (4) Stated: First time	The registered person shall cease with immediate effect the practice of members of staff receiving monies directly from residents to make purchases on the residents' behalf. Ref: 6.7
To be completed by: 13 October 2017	Response by registered person detailing the actions taken: When staff receive monies from residents they now must sign a book detailing the amount given to them, amount of purchases and the change. This is witnessed by another member of staff. The resident must also sign the cash book. The receipt for the purchases is stored in the residents finance file.

Area for improvement 2 Ref: Regulation 14 (4) Stated: First time To be completed by: 17 November 2017	The registered person shall develop and implement a robust system for members of staff undertaking purchases on behalf of residents. The registered person shall forward a copy to RQIA of the approved system once implemented. Ref: 6.7
	Response by registered person detailing the actions taken: The system for purchasing items for a resident is now up and running since October 2017, details are included in the Residents agreement which will be forwarded to RQIA.

Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.

Area for improvement 1 Ref: Standard 8.7 Stated: First time To be completed by: 17 November 2017	The registered person shall ensure that the inventory of residents' possessions and items of furniture is reviewed and brought up to date. Any additional items brought into the home or items that have been disposed of (for which staff have been informed of) should be recorded. The records should be signed and dated by two members of staff; the records should be reconciled at least quarterly Ref: 6.5
	Response by registered person detailing the actions taken: A property book for residents has been updated with any items brought into the home since their admission. All residents belongings are recorded when they are initially admitted.

Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 24 November 2017	<p>The registered person shall ensure that the financial policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents.</p> <p>A record should be retained showing that staff have read and understood the revised policies and procedures.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The resident's agreement has been updated now to include purchases made on behalf of residents, all other financial policies are updated e.g residents allowances paid weekly, and resident;s maintainence paid monthly.</p>
Area for improvement 3 Ref: Standard 3.2 Stated: First time To be completed by: 17 November 2017	<p>The registered person shall update the residents' guide with the list of the services provided to residents as part of their weekly fee. The guide should also be updated to show the costs for additional services provided to residents e.g. hairdressing.</p> <p>Ref: 6.7</p>
Area for improvement 4 Ref: Standard 4.2 Stated: First time To be completed by: 24 November 2017	<p>Response by registered person detailing the actions taken:</p> <p>The Resident's Guide has been updated to show the costs of additional services, same has been sent to RQIA.</p>
	<p>The registered person shall update residents' written agreements in order to be in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011.</p> <p>The agreements should show the current amount paid by the Health and Social Care Trust and the current contribution paid by residents (if applicable).</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Resident's agreement has been updated to show the current amount paid by the resident and the amount paid by the Western Trust.</p>

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



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