

Unannounced Finance Inspection Report 01 February 2019



Glenmachan Tower House

Type of Service: Nursing Home
Address: 13 Glenmachan Road, Belfast, BT4 2NL
Tel No: 028 9076 3441
Inspector: Briega Ferris

www.rqia.org.uk

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 39 beds that provides care for older patients, those with a physical disability other than sensory impairment or those patients who are terminally ill.

3.0 Service details

Organisation/Registered Provider: Church of God - Glenmachan Responsible Individual(s): Albert Stephens	Registered Manager: Helen Jean Murphy
Person in charge at the time of inspection: Helen Jean Murphy	Date manager registered: 01 April 2005
Categories of care: NH- Nursing Home I – Old age not falling within any other category PH - Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill	Number of registered places: 39

4.0 Inspection summary

An unannounced inspection took place on 18 January 2019 from 10.45 to 13.45 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS 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.

There were examples of good practice found in relation to:

- the availability of a safe place to enable patients to deposit money or valuables for safekeeping
- the existence of a bank account to manage patients' monies
- records of income, expenditure and checks of balances were available including supporting documents
- arrangements in place to appropriately support patients to manage their money
- mechanisms to obtain feedback and views from patients and their representatives and
- there were mechanisms in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to:

- ensuring that each patient has a record of the furniture and personal possessions which they have brought to their rooms
- ensuring that records of patients' property are reconciled, signed and dated by two members of staff at least quarterly

- ensuring that a separate bank account is opened to administer the comfort fund
- ensuring that treatment records are maintained in the manner set out in standard 14.13 of the Care Standards for Nursing Homes, 2015
- ensuring that a policy and procedure for the administration of the comfort fund is introduced
- ensuring that each patient’s written agreement sets out the weekly fee including a breakdown of person(s) contributing to the fee, the methods(s) of payment
- ensuring that notice period for introducing new charges to each patient is consistent with the regulatory framework and
- ensuring that each patient is provided with a personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient’s money on identified goods and services.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	7

Details of the Quality Improvement Plan (QIP) were discussed with the registered manager at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

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

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 patients’ money or valuables. The record of calls made to RQIA’s duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the registered manager, the home’s administration manager was not working in the home on duty on the day of inspection. A poster was provided for display in a prominent position in the home detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the registered manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home. At the time of issuing the report, no feedback had been received.

The following records were examined during the inspection:

- The safe contents record
- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of comfort fund income and expenditure records
- A sample of written financial policies and procedures
- A sample of patients' personal property (in their rooms)
- A sample of patients' individual written agreements
- A sample of treatment records for services facilitated within the home for which there is an additional charge to patients.

The findings of the inspection were shared with the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 January 2019

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. The QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last finance inspection dated 03 March 2014

A finance inspection of the home was carried out on 03 March 2014; the findings were not brought forward to the inspection on 01 February 2019.

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.

The registered manager confirmed that adult safeguarding training was mandatory for all staff in the home including administrative staff; the home's administration manager had participated in this training in March 2018.

Discussions with the registered manager established 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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash was being held for patients along with several other items. Records were in place detailing the deposit or withdrawal of any items to and from the safe place; these were consistently signed by two people. Records were in place which evidenced that the safe contents was checked and signed and dated by two people on a weekly basis.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping, a regular check of the contents was taking place and the home administrator participated in adult safeguarding training.

Areas for improvement

No areas for improvement were identified as part of 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 the registered manager established that no person associated with the home was acting as appointee for any patient. Monies for patients’ personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by patients’ family members. Double-signed receipts were in place to record the deposit of cash.

Detailed records of income and expenditure were meticulously maintained using a standard financial ledger format and a review of a sample of transactions established that these were routinely signed by two people. Records identified that a reconciliation of cash held on behalf of patients was carried out, signed and dated by two people on a weekly basis. A quarterly audit process was also in place with each control detailed on the audit signed off by two people, good practice was observed.

Discussion with the registered manager and a review of the records identified that a separate bank account was in place to administer patients’ personal monies; the account was appropriately named in favour of the patients. Information received by RQIA from the home’s administration manager following the inspection established that there was a reconciliation of the bank account carried out on a quarterly basis.

The registered manager confirmed that the home operated a patients’ comfort fund. Records of income and expenditure in respect of the fund were maintained using a standard financial ledger format, each transaction had been signed by two people. Discussion with the registered manager established that there was no distinct written policy and procedure to guide the administration of the fund and this was identified as an area for improvement.

Communication with the administration manager following the inspection established that the comfort fund monies were currently held within the patients' pooled bank account. Feedback was provided from the inspector to highlight that comfort fund monies must be held separately from patients' personal monies, ideally in a designated bank account.

This was identified as an area for improvement.

Discussion with the registered manager and a review of the records established that hairdressing and podiatry services were facilitated within the home for which there were additional charges payable to the hairdresser and podiatrist. A review of a sample of records established that while treatment records included the majority of the details required by the Care Standards for Nursing Homes (2015), the records had not been signed. Treatment records are required to be signed by the person delivering the treatment and by a member of staff who can verify that the treatment was delivered to the relevant patients.

An area for improvement was identified in respect of this finding.

The inspector discussed with the registered manager how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained for three patients whose names were selected at random. The registered manager provided the records for two of the patients; she noted that the third patient did not have a property record on their file.

Ensuring that each patient has a written record of the furniture and personal possessions which they have brought to their rooms was identified as an area for improvement. The two records which were provided evidenced that they had been signed by one person in 2017 and 2018 respectively. There was evidence on one of the records that it had been updated over time, the update had been signed by one person.

The inspector highlighted that each patient's property record should be signed and dated by two people and that it should be reconciled on at least a quarterly basis with the reconciliation also signed and dated by two people.

This was identified as an area for improvement.

The registered manager confirmed that the home did not operate a transport scheme.

Areas of good practice

There were examples of good practice found in relation to income, expenditure and reconciliation records and supporting documents.

Areas for improvement

Five areas for improvement were identified during the inspection in relation to: ensuring that each patient has a record of the furniture and personal possessions which they have brought to their rooms; ensuring that patients' property records are reconciled by two people at least quarterly; ensuring that comfort fund monies are held separately from patients' personal monies, ideally in a designated bank account; ensuring that a written policy and procedure is used to guide the administration of the patients' comfort fund and ensuring that treatment records are maintained in the manner set out in standard 14.13 of the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
Total number of areas for improvement	1	4

6.6 Is care compassionate?

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

Discussion with the registered manager established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at the time of the patient's admission to the home.

Discussion with the registered manager established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. She noted that day to day ongoing verbal feedback was the key mechanism for engaging with patients and families, alongside relatives' meetings.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to discuss any arrangements required by patients to support them to manage their money, and mechanisms to obtain feedback and views from patients and their representatives.

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 patients in order to deliver safe, effective and compassionate care.

A range of written policies and procedures were in place to guide financial practices in the home and policies were also in place addressing complaints management and whistleblowing.

A sample of three patients' records was selected and a review of these identified that all three patients had a signed, up to date written agreement in place with the home. However the generic patient agreement did not clearly breakdown the fees payable for each patient as is required. The agreements stated that "the weekly charge shall be £x which as agreed shall cover the provision of all services enumerated in 1 above." The inspector highlighted that each patient agreement had to clearly detail the total fee together with the person(s) contributing to

each part of the fee (where relevant), and the method(s) of payment. Where a third party top up charge or a nursing contribution was payable, this should also be detailed in the fee breakdown.

An area for improvement was identified in respect of this finding.

A review of the generic patient agreement also noted that it included a clause in relation to the period of notice provided to patients or their representatives in advance of introducing new charges. The agreement stated that “The fee mentioned above shall remain unchanged unless two weeks written notice is given by the proprietor and agreement jointly amended”. Feedback was provided to the registered manager in respect of the length of this period of notice. The inspector highlighted that the home should provide a minimum of four weeks’ notice prior to the introduction of new charges, together with a statement setting out the rationale for such an increase. An area for improvement was identified in respect of this finding.

The generic agreement was reviewed to establish whether it contained a personal monies authorisation detailing the authority the home had been provided with to spend each individual patient’s money on identified goods and services. This was not in place and therefore an area for improvement was identified in respect of this finding.

The inspector discussed with the registered manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The registered manager explained that a comprehensive pre-admission assessment was carried out for all patients and that a detailed life history was also written for all patients.

Areas of good practice

There were examples of good practice found: the home had a range of written policies and procedures were in place to guide financial practices; each patient’s record sampled contained a signed, up to date written agreement and there were arrangements in place to ensure patients experienced equality of opportunity.

Areas for improvement

Three areas for improvement were identified as part of the inspection in relation to: ensuring that patient agreements clearly detail the total fee together with the person(s) contributing to each part of the fee (where relevant), and the method(s) of payment; ensuring that a minimum of four weeks’ notice is provided to patients or their representatives prior to the introduction of new charges, together with a statement setting out the rationale for such an increase and ensuring that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient’s money on identified goods and services.

	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 discussed with the registered manager of the home, at the conclusion of the inspection. 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 DHSSPS Care Standards for Nursing Homes (April 2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 01 March 2019</p>	<p>The registered person shall ensure that a record is made of the furniture and personal possessions which each patient has brought to their rooms.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A new property form detailing furniture and personal possessions has been drawn up and there is a record for each Resident.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 02 February 2019</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 patient 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 patient.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A member of staff now signs the treatment record or receipt to verify the treatment provided.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 01 March 2019</p>	<p>The registered person shall ensure that a standard financial ledger format is used to record comfort fund transactions.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: There is now a standard financial ledger in use to record comfort fund transactions.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.31</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2019</p>	<p>The registered person shall ensure that comfort fund monies are held separately from patients' personal monies, ideally in a designated bank account. A reconciliation of the bank accounts managed on behalf of patients should be carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: There is now a separate bank account for Comfort fund monies which will be reconciled quarterly, signed by staff member carrying out the</p>

	reconciliation and counter signed by a senior member of staff.
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<p>Area for improvement 4</p> <p>Ref: Standard 14.30</p> <p>Stated: First time</p> <p>To be completed by: 01 April 2019</p>	<p>The registered person shall ensure that a policy and procedure is in place addressing the aims and objectives of the comfort fund and providing guidance for staff on the ethos and operation of the fund. The policy and procedure should include reference to and inclusion of the patient and/or relative forum in the decision making process for expenditure from the comfort fund.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Policy and procedure now in place addresssing the aims and objectives of the Comfort fund - displayed on notice board.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 01 March 2019</p>	<p>The registered person shall ensure that the generic patient agreement details the weekly fee, the person(s) by whom the fees are payable and the method(s) of payment. Any nursing contribution payable and/or any third party top up payment should be clearly detailed on patients' agreements.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The generic patient agreement details all of the above as per standard 2.2.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 2.7</p> <p>Stated: First time</p> <p>To be completed by: 01 March 2019</p>	<p>The registered person shall ensure that each patient agreement is consistent with the regulatory framework in respect of the period of notice for the introduction of new charges.</p> <p>A minimum of four weeks' notice is given for the introduction of new charges, together with a statement setting out the rationale for such an increase.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Four week notice period for introduction of new charges with a statement setting out rationale included.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: 01 March 2019</p>	<p>The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Authorisation form drawn up and included in individual patient agreement.</p>

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



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