Hawthorn House
RQIA ID: 1257
16-16a Hawthornden Road
Belfast
BT4 3JU

Inspector: Briege Ferris
Inspection ID: IN023277

Tel: 02890473027
Email: hawthorn.house@fshc.co.uk

# Unannounced Finance Inspection
# of
# Hawthorn House

## 10 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

**Summary of Inspection**

An unannounced finance inspection took place on 10 September 2015 from 10:20 to 14:00. A poster detailing that the inspection was taking place that day was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there are some areas identified for improvement, which are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

On the day of inspection, we met with Kerrie Wallace, the registered manager; Justin Bradley, the interim-assessment bed co-ordinator and the home's administrator. No visitors chose to meet with us during the inspection. We would like to thank those who participated in the inspection for their co-operation.

## 1.1 Actions/Enforcement Taken Following the Last Inspection

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

## 1.2 Actions/Enforcement Resulting from this Inspection

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

## 1.3 Inspection Outcome

| | Requirements | Recommendations |
|---|---|---|
| **Total number of requirements and recommendations made at this inspection** | 3 | 1 |

The details of the QIP within this report were discussed with Ms Kerrie Wallace, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

| | |
|---|---|
| **Registered Organisation/Registered Person:** Four Seasons Health Care/Maureen Claire Royston | **Registered Manager:** Ms Kerrie Wallace |
| **Person in Charge of the Home at the Time of Inspection:** Mr Justin Bradley | **Date Manager Registered:** 30 June 2010 |
| **Categories of Care:** NH-I, NH-PH, NH-PH(E), NH-TI | **Number of Registered Places:** 32 |
| **Number of Patients Accommodated on the Day of Inspection:** 29 | **Weekly Tariff at Time of Inspection:** £593.00 - £658.92 |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

**Inspection Theme: Patients' finances and property are appropriately managed and safeguarded**

Statement 1
The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Statement 2
Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3
A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4
Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and home administrator
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were reviewed during the inspection:

- The patient guide
- The home's policies in respect of patients' personal allowance monies and valuables
- The home's other cash floats and sundry funds policy (including "residents' social fund")
- The home's current standard agreement with patients
- Four patient finance files
- Most recent HSC trust payment remittances
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing and podiatry treatment receipts
- Records of items deposited for safekeeping with the home

- Four records of patients' personal property/inventory

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection on 2 June 2015; the quality improvement plan was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the Last Finance Inspection

There has been no previous RQIA inspection of the service.

### 5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

**Is Care Safe?**

The home has a Service User Guide, a copy of which was provided to us during the inspection. We noted that the guide included information for patients on the general terms and conditions of residency, and an appendix detailing financial information.

We noted that the home have a standard written agreement and amendment forms to update the standard agreement as the weekly fee changes over time. We asked to see a sample of four finance files for patients in the home.

On reviewing a sample of four files, we noted that only two of four patients had a signed agreement on file which reflected the up to date fee arrangements for those patients
The remaining patients' agreements reflected the fee rates which were applicable at the time each patient was admitted to the home.

Discussions with staff established that the home had sent updated agreements out for signing, however these had not all been returned. We accepted this, but noted that there must be written evidence on each relevant patient's file to confirm that the home have attempted to follow up on these matters. Copy documents sent for signature must be maintained along with the dates and details of follow up by the home.

A requirement has been made in respect of this finding.

We noted that the Care Standards for Nursing Homes (April 2015) require that a number of number of additional components be included in each patient's written agreement with the home. We recommended that the registered manager engage with other Four Seasons Health Care colleagues in respect of comparing the FSHC standard agreement with the updated DHSSPS Minimum Standard.

A recommendation has been made in respect of this finding.

**Is Care Effective?**

We queried whether there was any involvement by the home in supporting individual patients with their money; the registered manager advised that there was no involvement by the home in this regard and that families are highly involved in supporting patients in the home.

We noted that the home has a number of policies and procedures in place addressing controls in place to safeguard patients' money and valuables.

**Is Care Compassionate?**

As noted above, on reviewing a sample of four patient files, we noted that two files did not contain an up to date agreement. The most recent signed agreement on one of these files was dated 2012. We noted that evidence of notification to patients or their representatives must be retained on each patient's file and the changes agreed in the patient's written agreement. A requirement regarding patient agreements (and following up on their return to the home) has been listed previously.

There was evidence on the remaining files reviewed that patients or their representatives had been notified of increases in fees in response to changes in fees payable.

Discussions with the registered manager established that on the day of inspection, the home was not supporting any individual patient to manage their money. The registered manager noted that the home also liaise with commissioning trust representatives in order to appropriately support patients.

**Areas for Improvement**

Overall on the day of inspection, financial arrangements in place were found to be contributing to safe, effective and compassionate care. There were two areas identified for improvement; these related to following up the return of signed written agreements with patients and reviewing the content of the home's standard agreement in light of the requirements of the updated Care Standards for Nursing Homes (2015).

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|---|---|---|---|
| **Number of Requirements** | **1** | **Number Recommendations**: | **1** |

**5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained**

**Is Care Safe?**

A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or part, directly to the home. For all other patients, the home is paid directly by the relevant HSC trust. A review of a sample of charges established that the correct amounts were being charged by the home.

The home is in not directly in receipt of the personal allowance monies for any patients in the home, however patients' representatives deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing, toiletries or other sundries).

A review of the records identified that the home provides a receipt to anyone depositing cash; we noted that receipts are routinely signed by two people.

Records of income and expenditure are maintained on personal allowance account statements detailing transactions for individual patients. There are weekly transaction sheets signed by two people, and a monthly reconciliation is carried out, good practice was observed. A pooled bank account is in place to hold personal monies belonging to patients; the bank account is named appropriately.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or an expenditure receipt.

A review of the records identified that a hairdresser and a chiropodist visit the home to provide services to patients. Treatment records are made on a template which records all of the necessary information such as the name of the patient, the type of treatment they have received and the associated cost. We noted that the records were signed by both the hairdresser/chiropodist and a member of staff to verify that the patient had received the service detailed and incurred the associated cost; good practice was observed.

A review of the records established that that the home operates a fund for the benefit of the patients in the home called the "residents' social fund". We noted that records relating to income and expenditure for the fund were maintained and a weekly and monthly reconciliation of the comfort fund monies was recorded, signed and dated by two people, good practice was observed. We noted that a bank account was in place for the administration of the fund and that the account was named appropriately.

We reviewed a sample of records for expenditure undertaken from the fund and noted that the expenditure appeared consistent with the home's policy addressing the administration of the fund.

**Is Care Effective?**

The registered manager confirmed that no representative of the home was acting as nominated appointee for any patient. As noted above, discussions established that the home receives money from patients' representatives. A review of a sample of four patients' records established that a signed personal allowance authorisation was in place on only two patient files.

We discussed these findings and the registered manager and administrator again noted that these had been sent out for signature and had not been returned. We stressed the importance of adequately recording any effort by the home to follow up on these matters, which was not apparent from the files reviewed.

We noted that the home must ensure that any contact with family representatives to follow up on getting documents signed must be recorded on the file including the dates that documents are posted.

A requirement has been made in respect of these findings.

**Is Care Compassionate?**

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the patients had any known assessed needs or restrictions.

**Areas for Improvement**

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. However, there was one area identified for improvement; this was in relation to ensuring that the return of signed personal allowance expenditure authorisations are followed up on and documented.

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| **Number of Requirements** | **1** | **Number Recommendations**: | **0** |

**5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained**

**Is Care Safe?**

A safe place exists within the home to enable patients to deposit cash or valuables. We viewed the location of the safe place and were satisfied with the controls around the persons with access.

We viewed the contents of the safe place and established that on the day of inspection, cash balances for a number of patients and the comfort fund monies as well as a number of non-cash items were being held within the safe place for safekeeping.

We noted that there was a record of safe contents in place. We also noted that there was written evidence of the return of items to family representatives which had been deposited for safekeeping, we noted that these records had been signed and dated by two people, good practice was observed. We noted that the safe contents were checked on a monthly basis, and that safe checks were signed and dated by two people.

**Is Care Effective?**

We queried whether there were any general or specific arrangements in place to support patients with their money. The registered manager confirmed that there were no specific agreed arrangements in place to support any patient at present.

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for four patients. We were advised that the property records were contained within the patients' care files and we were provided with the four care

files for review. We noted that each patient's file contained a "schedule of personal effects" form which was part of the admission process. There was evidence that a number of the records has been updated, which was evident from the variances in handwriting; however all four records, including the updates, had neither been signed nor dated.

We discussed this with the registered manager highlighting the weaknesses in the record keeping. We noted that any additions or disposals from patients' property records must be signed and dated by two and that the Care Standards for Nursing Homes (2015) require that these records are updated at least quarterly and are also signed and dated by two people. We highlighted that the home must update all of the current property records for patients in the home.

A requirement has been made in respect of this finding.

**Is Care Compassionate?**

There are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; the registered manager explained that these matters are often addressed at the time of or prior to a patient's admission to the home.

**Areas for Improvement**

Overall, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there was one area identified for improvement; this was in relation how patients' property is recorded.

| **Number of Requirements** | **1** | **Number Recommendations**: | **0** |
|---|---|---|---|

**5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative**

**Is Care Safe?**

On the day of inspection, the home did not operate a transport scheme for patients.

**Is Care Effective?**

As noted above, on the day of inspection, the home did not operate a transport scheme for patients, however we discussed options for patients to access other forms of transport and it was clear that arrangements exist in the home to support patients to access private transport and should the need arise.

**Is Care Compassionate?**

As above, we noted that the home has arrangements to support patients to access other means of transport.

**Areas for Improvement**

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care. No areas for improvement were identified in respect of Statement 4.

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| **Number of Requirements** | **0** | **Number Recommendations**: | **0** |

## 5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Kerrie Wallace, the 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.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

| Quality Improvement Plan | |
|---|---|
| **Statutory Requirements** | |
| **Requirement 1**<br><br>**Ref**: Regulation 5 (1) (a) (b)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>5 November 2015 | The registered person must ensure that any current patient in the home who does not have an up to date agreement/fees amendment in place is issued with one. Where it is difficult to secure signatures on agreements from patients' representatives, a copy of the agreement sent for signature should be retained on file detailing the date it was sent and any follow up from the home to secure signature recorded to evidence this.<br><br>**Response by Registered Person(s)Detailing the Actions Taken:**<br>All had been issued and copies held on file, documentation viewed by Inspector to support this, now all returned except for one outstanding agreement being considered for Guardianship by Care Manager. Documentation in place to state Belfast Trust will continue to pay fees until issue is rectified. |
| **Requirement 2**<br><br>**Ref**: Regulation 19 (2) Schedule 4 (3)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>5 November 2015 | The registered person must ensure that that any outstanding personal allowance authorisations are followed up with patients/their representatives. Where it is difficult to secure signatures on personal monies authorisations, a copy should be retained on file detailing the date it was sent and any follow up from the home to secure signature recorded to evidence this.<br><br>**Response by Registered Person(s)Detailing the Actions Taken:**<br>All had been issued and copies held on file, documentation viewed by Inspector to support this, now all returned |
| **Requirement 3**<br><br>**Ref:** Regulation 19(2) Schedule 4 (10)<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>5 November 2015 | The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients.<br><br>The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home.<br><br>All inventory records should be updated on a regular basis. (Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly). Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.<br><br>**Response by Registered Person(s)Detailing the Actions Taken:**<br>All staff informed of new Standard requirements, ongoing monitoring in place |

| Recommendations | |
|---|---|
| **Recommendation 1**<br><br>**Ref**: Minimum Standard 2.2<br><br>**Stated:** First time<br><br>**To be Completed by:**<br>31 March 2016 | It is recommended that the registered manager engages with other Four Seasons Health Care colleagues in respect of reviewing the FSHC standard agreement which must contain all of the components of DHSSPS Minimum Standard 2.2.<br><br>**Response by Registered Person(s)Detailing the Actions Taken:**<br>Now reviewed and addressed. |

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| **Registered Manager Completing QIP** | K Wallace | **Date Completed** | 20.10.15 |
| **Registered Person Approving QIP** | Dr Claire Royston | **Date Approved** | 22.10.15 |
| **RQIA Inspector Assessing Response** |  | **Date Approved** | 29/10/2015 |

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