

Announced Finance Inspection Report 13 April 2016



Our Lady's Home

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Tel No: 02890325731

Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Our Lady's Home took place on 13 April 2016 from 10:15 to 15:05.

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?

No requirements or recommendations have been made in respect of this domain.

Is care effective?

Two recommendations have been made in relation to safe contents reconciliations and the records of the cost of services for which there is an additional charge to patients.

Is care compassionate?

No requirements or recommendations have been made in respect of this domain.

Is the service well led?

No requirements or recommendations have been made in respect of this domain.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Gavin O'Hare-Connolly, acting 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 Person: Diocese of Down and Connor/Paul Shevlin	Registered Manager: Mr Gavin O'Hare-Connolly (Acting)
Person in Charge of the Home at the Time of Inspection: Mr Gavin O'Hare-Connolly	Date Manager Registered: 2 December 2015 (Acting)
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 86

3.0 Methods/processes

Prior to the inspection, it was ascertained that no incidents involving services users' finances had been reported to RQIA in the last twelve months.

During the inspection, the inspector met with the acting manager Mr Gavin O'Hare-Connolly and the finance director; no relatives or visitors chose to meet with us.

The following records were examined during the inspection:

- Five patient finance files
- Four signed patient agreements
- A sample of patients' income and expenditure records
- Evidence of the reconciliation of patients' monies
- A sample of treatment receipts for hairdressing and podiatry services facilitated in the home
- The record of safe contents book
- The home's written policy on "Financial Controls"
- The home's written policy on "Donations and Amenity Funds (Comfort Funds)"
- The home's written "Specific Risk Assessment: Finance" (for patients collectively)
- A sample of records of patients' property

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06/01/2016

The previous inspection of the home was an unannounced pharmacy inspection on 6 January 2016. The completed QIP was returned and approved by the pharmacy inspector.

4.2 Review of requirements and recommendations from the last finance inspection dated 01/07/2015

Last finance inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 5 (1) (a) (b) Stated: First time	<p>The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.</p>	Met
	<p>Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet <u>Standard 2.2</u> of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.</p>	
	<p>A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	
	<p>Where a Health Social Care (HSC) trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care Manager.</p>	
	<p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and was satisfied that this requirement had been met. Further discussion on this matter is included in section 4.6 of the report.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and was satisfied that this requirement had been met.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p>	<p>The registered person must ensure that a standard financial ledger format is used to clearly and accurately detail transaction for patients for individual income and expenditure and income and expenditure relating to the activity fund.</p> <p>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 patient'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 patients 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.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and was satisfied that this requirement had been met. Further discussion on this matter is included in section 4.4 of the report.</p>	<p>Met</p>

<p>Requirement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that individual patients do not fall into arrears with regards to day-day expenditure. Patterns of HSC trust care managed patients having insufficient cash for their day-day needs should be referred to their respective HSC trust care Managers for investigation.</p> <p>Action taken as confirmed during the inspection: A review of the records and discussion with staff evidenced that at the date of inspection, there were an identified number of patients with a negative balance of monies. The finance director clarified that the home pay for services (such as hairdressing), and subsequently recoup the cost from patients or their representatives. It was noted that there is therefore no cross-subsidisation between patients. In addition, the finance director noted that the home were aware of the small number of patients with a balance owing for services and were addressing this with family representatives on an ongoing basis. The acting manager and the finance director both noted that management in the home had a good relationship with HSC trust care management and would continue to liaise with representatives regarding this issue.</p>	<p>Met</p>
<p>Requirement 5</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the “shop” operating within the home is suspended until there is sufficient clarity around its administration. The registered person must consider the appropriateness of continuing with the shop operation and must seek guidance from the commissioning trusts in this regard.</p> <p>Action taken as confirmed during the inspection: Correspondence prior to the inspection clarified that patients and family representatives had requested that the shop facility be reinstated. During discussions it was noted that the shop provided a social benefit within the home as well as a convenient service. The finance director noted that the shop was not fully operational again as at the date of the inspection. She noted that a policy and procedure would be implemented to ensure appropriate governance arrangements were in place.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of patients in the home.</p> <p>Action taken as confirmed during the inspection: Discussion established that personal loyalty cards were no longer in use; this was supported from a review of a sample of the expenditure records.</p>	Met
<p>Requirement 7</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p>	<p>The registered person must ensure that a policy on gifts and donations to the home is introduced. The administration of the home's activity fund should be addressed specifically.</p> <p>Action taken as confirmed during the inspection: A "Financial policies and protocols" file was in place, which included a comprehensive policy on "Donations and Amenity Funds (Comfort Funds)".</p>	
<p>Requirement 8</p> <p>Ref: Regulation 19(2) Schedule 4 (3)</p> <p>Stated: First time</p>	<p>The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required.</p> <p>The registered person must ensure that where any representative of a patient (including care Manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care Manager.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and was satisfied that this requirement had been met. Further discussion on this matter is included in section 4.4 of the report.</p>	Met

<p>Requirement 9</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p>	<p>The registered person must ensure that a “safe contents” reconciliation is performed, recorded and signed and dated by two people at least quarterly.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and concluded that this requirement had been partially met. Further discussion on this matter is included in section 4.4 of the report.</p>	<p>Partially Met</p>
<p>Requirement 10</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p>	<p>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. 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. All inventory records should be updated on a regular basis. 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.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and was satisfied that this requirement had been met. Further discussion on this matter is included in section 4.4 of the report.</p>	<p>Met</p>

Last finance inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14 (5) Stated: First time	It is recommended that the home introduce contingency arrangements to ensure that patients have at all times access to money to pay for goods or services of their choice.	Met
	Action taken as confirmed during the inspection: Discussions established that the home has an appropriate contingency arrangement to ensure that patients have access to money in an emergency situation out of normal office hours. The acting manager also highlighted that he; the finance director and another senior member of nursing staff were on an on-call rota at weekends to ensure that they could respond to any issues which required their attention at the weekend, including issues regarding patients' money.	
Recommendation 1 Ref: Standard 35 (7) Stated: First time	It is recommended that the registered person include assessing progress with the actions required in this Quality Improvement Plan (QIP) as part of the next three Regulation 29 monthly monitoring visits.	Met
	Action taken as confirmed during the inspection: Discussion established that these visits took place; the acting manager noted that regular audits of the matters outlined above now formed part of a wider system of ongoing oversight and governance within the home.	

4.3 Is care safe?

The home's finance director explained the training which she received when she joined the home, which included Protection of Vulnerable Adults training. The finance director demonstrated good knowledge of the controls in place in the home to safeguard money and valuables.

The home had an updated range of policies and procedures in place to guide practice and day-to-day procedures relating to how patients' money and valuables were safeguarded.

During discussion, the acting 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 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 to the safe place.

Areas for improvement

No areas for improvement were identified during the inspection.

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

During the course of the inspection, the inspector reviewed a sample of records which evidenced that in the main, record keeping was in accordance with legislation, standards and best practice guidance. Two recommendations were made as part of the inspection; these are set out in the Quality Improvement Plan.

A review of a sample of patients' finance records and discussion with the acting manager and the finance director evidenced that consultation with stakeholders, including family representatives and HSC trust care management, was ongoing.

The home's standard written agreement with patients contained an appendix requesting authorisation from the person signing the agreement to review and sign the personal monies authorisation. As noted above, a sample of five finance files evidenced that four signed agreements (including the appendices) were signed and in place; evidence on file established that the fifth patient's agreement had been sent to the patient's representative for signature.

Discussion identified that the home did not operate a transport scheme; patients were supported to access other means of transport appropriate to meet their individual needs and requirements.

The inspector was provided with the "Personal Property Inventory (Residents)" file and noted that the file contained alphabetical dividers with each patient's record filed under the corresponding letter of their surname. The inspector noted that each patient had an individual record of their personal property which had been date stamped with the date of the most recent review of the record. Written at the top of the template was 'Keep this list in a safe place and update as you add new items or replace'.

A review of a sample of the records evidenced that each entry in the sampled records had been signed by two people. In addition, an impressive level of detail had been recorded against items; the records evidenced the make/model or other relevant description of items recorded routinely by staff.

A review of a sample of the “Residents’ Ledgers” established that a standard financial ledger format was in use to capture each lodgement and withdrawal of patients’ personal monies. Transactions reviewed evidenced that two signatures were recorded against every transaction. Written evidence was also available which confirmed that a reconciliation of monies held on behalf of patients was carried out, and recorded by two people on a monthly basis.

The inspector reviewed the safe contents book which was the same book in use at the time of the previous inspection in July 2015. A review of the book evidenced that records of additions and disposals from the safe had been routinely signed by two people.

The inspector noted, however, that the most recent safe contents reconciliation, which had been signed and dated by two people, had been carried out in October 2015. The inspector discussed this with the acting manager and finance director and highlighted the importance of ensuring that a full safe contents check was carried out at least quarterly.

A recommendation was made in respect of this finding

As part of the inspection, a sample of receipts for expenditure including taxis, hairdressing, newspapers and podiatry were reviewed. The inspector traced a number of entries for expenditure and was able to locate the relevant invoice/receipt/treatment record. It was noted that records of hairdressing treatments were routinely signed by two people; however, these controls were not evidenced for recent podiatry treatments provided to patients within the home; records of recent podiatry treatments had not been signed by the podiatrist or a member of staff. The inspector noted that practice within the home should be consistent in this regard.

A recommendation was made in respect of this finding.

As noted above, following discussion with the acting manager and the finance director; it was evident that when necessary, other allied healthcare professionals were contacted in response to issues impacting on the safety and security of patients’ money and valuables.

Areas for improvement

Two areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

The inspector discussed the day to day arrangements in place in the home to support patients. The acting manager and finance director both described examples of how identified patients were at the centre of decisions regarding their money and what measures were in place at the home to support them effectively, in conjunction with family members and other patient representatives.

There was evidence on a sample of files reviewed that the home had engaged with HSC trust care management to ensure that arrangements in place to support individual patients were transparent and had been agreed.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Updated written policies and procedures for the management of patients' money and valuables were in place. The home had a complaints policy which was in accordance with legislation and DHSSPS guidance. The acting manager explained that the home has a clear procedure for managing any incidents or notifiable events concerning patients' money and money.

There was a clear organisational structure within the home and following discussion with the acting manager and finance director, it was evident that they were familiar with their roles and responsibilities in relation to safeguarding patients' money and valuables.

As part of the inspection, a selection of five finance files were reviewed, four of the five files contained a written agreement which reflected the up to date fees/payment arrangements for the selected patients. The remaining patient's file contained a letter from the home enclosing a copy of the drafted agreement and requesting that the agreement be signed and returned to the home.

Discussions established that the home had just received confirmation of the uplift in fee rates from the commissioning trusts and would therefore be updating each patient's written agreement with the home accordingly.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 Mr Gavin O'Hare-Connolly, acting 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 person

The QIP will be completed by the registered manager to 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 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 person/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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 14.25

Stated: First time

To be completed by:
By 20 May 2016 and at least quarterly thereafter

The registered person should ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

Response by registered person detailing the actions taken:

Full and complete reconciliation of safe contents complete and cosigned by the CEO (Gavin O'Hare-Connolly). Quarterly reviews ongoing and in keeping with internal financial governance.

Recommendation 2

Ref: Standard 14.13

Stated: First time

To be completed by:
From the date of inspection

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 resident 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 resident.

Response by registered person detailing the actions taken:

Any contracted service has a two signature format - which will not be paid until fully signed off. Further cross-checked by Finance Director and random audits by CEO.



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