

Unannounced Finance Inspection Report 13 July 2018



Our Lady's Home

Type of Service: Nursing Home

Address: 68 Ard-Na-Va Road, Falls Road, Belfast, BT12 6FF

Tel No: 028 9032 5731

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 which provides care for 86 older patients and/or those with a dementia, a physical disability or those patients who are terminally ill.

3.0 Service details

Organisation/Registered Provider: Macklin Care Homes Ltd Responsible Individual(s): Brian Macklin	Registered Manager: Heather Maxwell
Person in charge at the time of inspection: Heather Maxwell	Date manager registered: 15/05/2018
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 86

4.0 Inspection summary

An unannounced inspection took place on 13 July 2018 from 10.50 to 14.00 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the 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 home administrator participating in adult safeguarding training; records were in place detailing treatments provided by external providers for which there was an additional charge (a sample reviewed had been signed by the person providing the treatment and a member of staff); mechanisms to obtain feedback and views from patients and their representatives were in place; detailed written policies and procedures were in place to guide financial practices and the home had arrangements in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to: ensuring that each patient has a written record of the furniture and personal possessions which they have brought into their room (these records should be kept up to date and be signed and dated by two people at least quarterly) and ensuring that records are available for inspection at all times.

One patient's relative spoke to the inspector in respect of concerns which they had relating to aspects of their relative's care; during the inspection the inspector advised the registered manager of the nature of the relative's concerns, the registered manager subsequently met with the relative to discuss these. The relative's concerns, as described to the inspector, were also shared with the RQIA care inspector for the home.

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	2	1

Details of the Quality Improvement Plan (QIP) were shared with Heather Maxwell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent finance inspection dated 13 April 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 April 2016.

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 one of these incidents related to a patients' money or valuables. A review of the records and discussion with the registered manager established that the appropriate actions had been taken in response to the incident. 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 administrator was not on duty on the day of the inspection. A poster detailing that the inspection was provided for display in a prominent position in the home and as noted above, one relative 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.

The following records were examined during the inspection:

- The statement of purpose
- A sample of hairdressing treatment records:
- A sample of written financial policies and procedures:
 - "Donations to the home/acceptance of gifts" April 2016
 - "Complaints" April 2016
 - "Accounting & Financial Controls" April 2016
 - "Control of Resident's Personal Property" April 2016
 - "Residents agreement" April 2016
 - "Residents Finances" April 2016
 - "Whistleblowing policy" April 2016

The findings of the inspection were shared with the registered manager as part of the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 June 2018

The most recent inspection of the home was an unannounced care inspection. The QIP from this inspection will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 13 April 2016

Areas for improvement from the last finance inspection		
Action required to ensure compliance with the Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.25 Stated: First time	The registered person shall 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.	Carried forward to the next finance inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next finance inspection.	
Area for improvement 1 Ref: Standard 14.13 Stated: First time	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 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.	Met
	Action taken as confirmed during the inspection:	

	A sample of treatment records were reviewed which identified that treatment records were maintained in line with the above area for improvement. Feedback was provided to the registered manager to ensure that the cost of podiatry treatments is recorded on the treatment template, as this is best practice.	
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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; she confirmed that the home administrator had most recently received this training in August 2016.

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.

Discussion with the registered manager established that the home had a safe held within a locked room in the home. The room required two keys to gain access, one of which could not be located at the beginning of the inspection. Having spoken to the administrator by telephone, the registered manager located the second key and reported to the inspector that she had gained access to the room and obtained a number of records. The inspector was not present during the time that the safe place was accessible. The inspector requested several other records from the secure room; however the registered manager reported that she had left one of the keys for the room inside the room itself and therefore the room was locked and inaccessible for the remainder of the inspection. The inspector therefore did not have the opportunity to physically verify the safe or its contents or review the other records which the registered manager reported were contained within the secure room.

The registered manager reported that valuables belonging to patients were lodged for safekeeping within the safe, as well as a written safe register. However these were not physically verified by the inspector due to the access problems detailed above.

This matter is further discussed in section 6.7 of this report.

Areas of good practice

There were examples of good practice found for example, the home administrator participating 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. She also confirmed that the home was not in direct receipt of the personal monies for any patient. She described how the cost of any additional goods or services required by patients was initially met by the home, with a bill subsequently sent to patients' representatives for settlement. On the basis of this arrangement, no income and expenditure records (ledgers) were maintained for patients as no money was held in the home from which expenditure was paid.

As noted above, the registered manager obtained access to the secure room during the inspection, following which a folder was provided to the inspector which detailed the hairdressing treatments which had been provided to patients. A review of a sample of the records identified that the information required by the Care Standards for Nursing Homes (2015) had been recorded. Following the inspection, the registered manager emailed RQIA with further hairdressing treatment records and one recent record from a private podiatrist. The podiatry treatment record reviewed also identified that the appropriate details has been recorded, although it was noted that the cost of the service received is not detailed on the podiatrist's template; best practice would be for this to also be recorded on the record and this feedback was shared with the registered manager.

A member of finance personnel based at the provider's head office was contacted post-inspection to obtain information in relation to charges raised by head office as per the process described by the registered manager during the inspection.

Copies of the HSC trust payment remittances detailed that the home received payment for patients' care and accommodation via the HSC trust therefore no charges were raised directly by the home. Copies of invoices raised in respect of sundry expenses eg: hairdressing treatments, agreed to the treatment records for the same period.

The registered manager reported that the home did not operate a bank account of behalf of patients in the home, nor was a transport service operated for patients.

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. The registered manager reported that this was an area which she knew needed to be addressed in terms of improvement. No records were provided for review, therefore it could not be evidenced that any property records existed.

Ensuring that each patient has a written record of the furniture and personal possessions which they have brought to their room in the home was identified as an area for improvement.

Areas of good practice

There were examples of good practice found in relation to the information recorded on treatment records and a review of the charges raised to patients or their representatives established that the correct amounts had been charged.

Areas for improvement

One area for improvement was identified in relation to ensuring that a record is maintained of the furniture and personal possessions which each patient has brought into their room.

(The Care Standards for Nursing Homes, 2015, state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).

	Regulations	Standards
Total number of areas for improvement	1	0

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 the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. This included ongoing feedback from patients and relatives and relatives meetings.

As noted above, the registered manager reported that patients' monies were not held in the home, however she noted that valuables belonging to patients were deposited within the safe place and a safe register was in place. Neither the safe place nor the safe register was viewed by the inspector during the inspection due to the problem in accessing the safe place.

Areas of good practice

There were examples of good practice found in respect of the 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.

The home's statement of purpose detailed general information about the home including the organisational structure and reference to key policies.

Written policies and procedures were in place to guide financial practices in the home. Policies were in place addressing areas of practice including donations to the home, the management of patients' finances and property, complaints and whistleblowing. Policies and procedures were easily accessible and were dated within the last three years.

As noted above in section 6.4, the safe place was not accessible by the inspector during the inspection. The registered manager reported that a number of records relating to patients' finances were held in the safe place. Records must be available for inspection in the home at all times by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.

This was identified as an area for improvement.

Patient agreements and personal allowance authorisation documents (providing authority to purchase goods and services on behalf of patients) were not reviewed as part of the inspection as the registered manager reported that these were held within the safe place to which there was no access by the inspector.

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 was able to describe examples of the way this was achieved within the home. She noted that equality featured in all staff training within the home.

Areas of good practice

There were examples of good practice found: detailed written policies and procedures were in place to guide financial practices in the home and the home had arrangements in place to ensure that patients experienced equality of opportunity.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Heather Maxwell, registered manager, 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 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: 13 September 2018</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into the room occupied by him.</p> <p>(The Care Standards for Nursing Homes state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A record of patients property is completed on admission and these records are currently being reviewed and will be maintained quarterly. All valuable items are recorded, signed, dated and countersigned monthly.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (3) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 July 2018</p>	<p>The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Due to the nature of the financial records and due to GDPR requirements the nurse in charge of the unit in the absence of the manager i.e. weekends and bank holidays and after pm would not have access to the safe or the financial records of the patients, however we will ensure they are made available at the earliest convenience.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2016 and at least quarterly thereafter</p>	<p>The registered person shall 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.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next finance inspection.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p>

	A reconciliation of accounts is carried out at least quarterly and is signed, dated and countersigned.
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****Please ensure this document is completed in full and returned via Web Portal****



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