

# Inspection Report

31 August 2022 & 26 September 2022



## Phoenix Clinic and Resource Centre

Type of service: Nursing Home  
Address: Phoenix Clinic & Resource Centre, 1 Lansdowne Road,  
Newtownards, BT23 4NT  
Telephone number: 028 9182 2111

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Phoenix Healthcare (NI) Ltd  <b>Responsible Individual:</b> Mr Iain McCartney	<b>Registered Manager:</b> Mrs Karen Lynda Conway
<b>Person in charge at the time of inspection:</b> Mrs Karen Lynda Conway	<b>Number of registered places:</b> 36
<b>Categories of care:</b> Nursing Home (NH) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32
<b>Brief description of the accommodation/how the service operates:</b> This is a registered nursing home which provides care for up to 36 patients with a physical disability. All bedrooms are on the ground floor and patients have access to communal lounges, the dining room, an activity room and the garden.	

## 2.0 Inspection summary

An announced inspection took place on 31 August 2022, from 11.15am to 3.30pm and continued on 26 September 2022 from 10.30am to 11.45am. This was completed by a finance inspector.

Short notice of the inspection was provided to the manager the day before the inspection commenced in order to ensure that arrangements could be made to safely facilitate the inspection in the home. Due to information required to complete the inspection it was agreed to suspend the inspection on 31 August to allow for the information to be retrieved. Due to this and other exigent circumstances the inspection resumed on 26 September.

The inspection focused on the management of patients' finances within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to the management of patients' finances and property.

Following discussion with the aligned care and pharmacist inspectors, it was agreed that the areas for improvement previously identified would be followed up at the next care and medicines management inspections.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

One area for improvement was identified in relation to updating the records of patients' personal possessions.

RQIA would like to thank the patients and staff for their assistance throughout the inspection.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of patients' financial files including records of transactions, records of patients' financial arrangements, records of patients' personal property and auditing systems used to ensure the safe management of patients' finances and property.

### 4.0 What people told us about the service

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well. We met with the manager and administrator. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

### 5.0 The inspection

#### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 9 March 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref: Regulation 13 (4)</b>	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4, Part 1 are denatured and rendered irretrievable prior to disposal.	<b>Carried forward to the next inspection</b>

<b>Stated:</b> Second time  <b>To be completed by:</b> From the date of the inspection	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance summary</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 6 February 2022	The registered person shall review and revise the Standard Operating Procedure for the disposal of controlled drugs.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 40  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection	The registered person shall ensure that staff supervision is completed no less than every six months and more frequently if necessary and that a record is maintained.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that patients' monies and valuables are appropriately stored, recorded and monitored?

A safe place must be available for patients to deposit and withdraw their money and valuables when required. Up to date records of the monies and valuables held should be in place (including monies held in bank accounts). Checks on monies and valuables held should be undertaken at least quarterly and recorded.

A safe place was provided within the home for the retention of patients' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies held on behalf of patients were up to date at the time of the inspection. No valuables were held on behalf of patients at the time of the inspection.

A bank account was in place to retain patients' personal monies. A review of a sample of statements from the bank account evidenced that the account only contained patients' monies and was not used for the running of the care home. A sample of records of withdrawals from the bank account was reviewed; the amounts withdrawn reflected the amounts recorded as lodged at the home.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of patients were undertaken on a weekly basis. Reconciliations of the bank account were undertaken on a monthly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliations and countersigned by a senior member of staff.

Discussion with staff confirmed that some patients' monies were held in a separate secured location. This was to facilitate transactions on behalf of patients outside of office hours. It was noticed that these monies had not been included in the records of reconciliations carried out each week. A review of records evidenced that the home had recently introduced a new system to include these monies in the reconciliations. This procedure will be reviewed at the next RQIA inspection.

Comfort fund monies were held on behalf of patients. These are monies donated to the home for the benefit of all patients. Records of monies held within the fund were up to date at the time of the inspection. It was noticed that previous transactions from the comfort fund were for individual patients. Discussion with staff confirmed that the procedure for making transactions had been recently revised to ensure that any transactions from the fund will be for the benefit of all patients. This procedure will be reviewed at the next RQIA inspection.

### **5.2.2 What arrangements are in place to ensure that patients' monies, valuables and personal property are appropriately managed and safeguarded?**

Each patient must be provided with an individual written agreement that sets out the terms of their residency, the amount of the weekly fee (including any third party top-up charge) and an accurate itemised list of all agreed services and facilities over and above the general services and facilities provided.

Three patients' finance files were reviewed. Written agreements were retained in all three files. The agreements included the details of the current weekly fee paid by, or on behalf of, patients and a list of services provided to patients as part of their weekly fee. A list of services available to patients at an additional cost, such as hairdressing, was also included within the agreements. The agreements were signed by the patient, or their representative, and a representative from the home.

Records of fees received on behalf of patients were retained at the home. Fees were paid directly to the home from the health and social care trusts. Some patients may pay a contribution towards their fee.

A sample of records of payments confirmed that the amount received agreed to the amount listed in the agreements. Discussion with staff confirmed that no patient was paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

The written agreements should include details of any financial arrangements in place for patients such as, details of any appointee for social security benefits or controller of a patient's bank account. Written authorisation from relevant agencies to act as an appointee or controller should be retained at the care home.

Discussions with the manager confirmed that no member of staff was an appointee for any patient, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual. Further discussions confirmed that the health and social care trust was the appointee for a number of patients. The Trust forwarded monies on behalf of the patients which were retained in the home's bank account.

A review of a sample of purchases undertaken on behalf of patients showed that the records were up to date. Two signatures were recorded against each entry in the patients' records. It was noticed that receipts from a number of transactions were not retained for inspection. These were mainly for takeaways purchased on behalf of a group of patients. At the time of the inspection a new procedure was implemented in order to record details of transactions if no receipts were provided from the purchase. This procedure will be reviewed at the next RQIA inspection.

A sample of records of payments to the hairdresser and podiatrist were reviewed. Records were up to date and signed by both the hairdresser and podiatrist. The records were also countersigned by a member of staff to confirm that the treatments took place.

An inventory of personal property brought into patients' rooms should be maintained at the care home. The inventory records should be updated when additional items are brought into the rooms or when items are disposed of. The records of personal property should be checked at least quarterly and signed by two members of staff.

A sample of two patients' files evidenced that property records were in place for both patients. There was no evidence that the records were checked and signed by two members of staff at least quarterly. This was identified as an area for improvement.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection.

### **5.2.3 What measures are in place to ensure that staff in the agency are trained and supported to manage patients' finances?**

Policies and procedures for the management and control of patients' finances and property were available for inspection. The policies were readily available for staff use. A review of the policies evidenced that they reflected the operational areas for managing patients' finances and property. The policies were up to date and reviewed at least every three years.

Records of staff training in relation to patient's finances were available for inspection. Staff involved with patients' finances had also received adult safeguarding training.

## 6.0 Quality Improvement Plan/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 or the Care Standards for Nursing Homes, 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	3*

The total number of areas for improvement includes four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Conway, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of the inspection (6 January 2022)	The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4, Part 1 are denatured and rendered irretrievable prior to disposal.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref:5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection (9 March 2022)	The registered person shall ensure that all chemicals are securely stored to comply with Control of Substances Hazardous to Health (COSHH) in order to ensure that patients are protected from hazards to their health.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Action required to ensure compliance with Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 6 February 2022	The registered person shall review and revise the Standard Operating Procedure for the disposal of controlled drugs.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 40</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection (9 March 2022)</p>	<p>The registered person shall ensure that staff supervision is completed no less than every six months and more frequently if necessary and that a record is maintained.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2022</p>	<p>The registered person shall ensure that the patients' inventory of personal possessions is kept up to date with adequate details of the items brought into the patients' rooms. The records should be reconciled at least quarterly and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A NEW PROCESS HAS BEEN PUT IN PLACE TO ENSURE THAT RECORDS OF RESIDENTS PERSONAL POSSESSIONS IS UPDATED AT LEAST QUARTERLY AND SIGNED BY STAFF MEMBER AND SENIOR STAFF MEMBER</p>

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