

Unannounced Finance Inspection Report 26 July 2016



Pond Park Care Home

Type of Service: Nursing Home
Address: 2 Derriaghy Road, Lisburn, BT28 3SF
Tel No: 02892672911
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Pond Park Care Home took place on 26 July 2016 from 11:00 hours to 16:10 hours.

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?

A safe place in the home was available and staff members were familiar with controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure service users' money was protected were found to be in place and operating effectively, however two areas for improvement were identified as part of the inspection. These related to ensuring that treatment records are consistently signed by the person providing the treatment and by a representative of the home; and ensuring that each service user's record of furniture and personal possessions in their rooms (which they own) be reviewed and updated as appropriate.

Is care compassionate?

Discussion with staff members evidenced a responsive and caring attitude to ensuring service users' property was protected. Mechanisms were in place at the home to obtain feedback from service users or their representatives and there was a contingency arrangement in place to ensure service users had access to money at all times. One area for improvement was identified; this related to ensuring that personal monies authorisations for all of the service users are reviewed, to ensure that they continue to reflect current arrangements for the home to make purchases of goods and services on behalf of individual service users.

Is the service well led?

Governance and oversight arrangements were found to be in place and operating effectively, however one area for improvement was identified during the inspection. This related to ensuring that there is consistent practice with regards to providing up to date fee information to service users or their representatives, as appropriate. Service users' records must evidence any attempt made by the home to pursue documents which should be returned signed to the home.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'service users' will be used to describe those living in Pond Park Care Home which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the quality improvement plan (QIP) within this report were discussed with Suzanne Scott, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

There has been no previous RQIA finance inspection of the home.

2.0 Service details

Registered organisation/registered provider: Four Seasons (Bamford) Ltd	Registered manager: Suzanne Scott
Person in charge of the home at the time of inspection: Suzanne Scott	Date manager registered: 19 May 2014
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE	Number of registered places: 58

3.0 Methods/processes

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

During the inspection, the inspector met with Suzanne Scott, the registered manager, the regional business support administrator and the home's administrator. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's welcome pack for new service users
- Training record for the home administrator (Protection of Vulnerable Adults)
- Financial Policy "Personal allowance reconciliation" May 2016
- Financial Policy "Maintenance of personal allowance records" May 2016
- Financial Policy "Person in care - social and other cash floats" May 2016
- Policy "Safekeeping of a person in care's valuables" May 2016
- Policy "Raising confidential concerns (whistleblowing) May 2015
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing and podiatry services facilitated in the home
- A sample of resident social fund records
- Two service user care files
- Five service user finance files
- Four service user agreements
- Four records of service users' property within their rooms
- The home's "safe contents" reconciliations folder

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 May 2016

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

4.2 Review of requirements and recommendations from the last finance inspection

There has been no previous RQIA finance inspection of the home.

4.3 Is care safe?

Evidence was reviewed which confirmed that the home administrator had recently received training on the Protection of Vulnerable Adults (POVA), it was noted that this training was mandatory for all staff on a regular basis. The administrator had worked in the home for some time and was familiar with the controls in place to safeguard service users' money and valuables.

During discussion, the registered 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 service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to service users was lodged with the home for safekeeping; no valuables were being held. The home had a “safe contents” reconciliation folder in place which evidenced that the contents of the safe place were checked every month; two people routinely signed and dated the reconciliations.

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?

Discussion with the registered manager confirmed that no representative of the home was acting as nominated appointee for any service user in the home. The home does however; receive personal money from the family/friends of service users in order to pay for additional services facilitated within the home for which there is an additional charge, such as hairdressing and podiatry. In addition, a review of the records evidenced that the home was in direct receipt of the personal monies for a number of identified service users in the home. Money was being received both from the HSC trust by cheque and from the official representative of an identified service user. There was evidence available to confirm the amount and timing of transfers of money received on behalf of the service users to their respective personal monies balances maintained by the home.

A sample of the records for income and expenditure incurred on behalf of service users (such as that in respect of hairdressing and podiatry) were reviewed. It was noted that the home maintained clear records on “personal allowance account statements” detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or hairdressing or podiatry treatment record. The inspector traced a sample of transactions and was able to trace the all of the relevant documents for example, a receipt for expenditure or a receipt for a lodgement which had been made. There was evidence that records of personal monies held on behalf of service users were reconciled and signed and dated by two people on a monthly basis.

As noted above, hairdressing and podiatry treatments were being facilitated within the home. Records were in place to evidence the service users treated on any given day and the cost of the respective treatments. A review of a sample of the records failed to evidence that the records were consistently signed by the person providing the treatment and by a representative of the home. A recommendation was made in respect of this finding.

The home had a number of written policies and procedures addressing matters relating to safeguarding money and valuables, record keeping requirements and other relevant issues such as complaints and whistleblowing. It was noted that these policies had been reviewed and updated recently.

The inspector discussed how service users’ property (within their rooms) was recorded and requested to see a sample of the completed property records. Each service user sampled had a record made on a “Schedule of personal effects form”; however none of the records were signed nor dated. One of records evidenced that it had been updated; the addition to the record had been signed and dated by two people. There was no evidence that the property records had been reviewed or reconciled on a regular basis.

A recommendation was made to ensure that each service user's record of furniture and personal possessions in their rooms (which they own) be reviewed and updated as appropriate. These records must be reconciled on at least a quarterly basis, with the reconciliation signed and dated by two people.

It was noted that the home also had a residents' comfort fund, a written policy and procedure existed to guide the administration of the fund. It was noted that income and expenditure records were maintained which were reconciled and signed and dated by two people every month.

The registered manager confirmed that the home did not provide transport to service users. She described how the home engaged with the local council in order to hire a bus for outings at different times of the year; the cost of hire was paid from the residents comfort fund.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that treatment records are consistently signed by the person providing the treatment and by a representative of the home; and ensuring that each service user's record of furniture and personal possessions in their rooms (which they own) be reviewed and updated as appropriate.

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

A sample of fees raised by the home was reviewed and these evidenced that the correct amounts were being charged by the home.

Day to day to day arrangements in place to support service users was discussed with the registered manager who described specific examples of how the home supported a range of service users with their money. Discussion also established how arrangements to safeguard a service users' money were discussed with the service user or their representative at the time of admission.

A review of a sample of files evidenced that each service user sampled had a signed personal monies authorisation in place with the home. However, it was noted that one of the signed documents related to a service user for whom the home are in receipt of their personal monies directly from a HSC trust. The personal monies authorisation on the service user's file had been signed by the HSC trust representative, however they had failed to complete the form to indicate whether or not they were granting the home authority to hold the personal money of the service user and if so, what goods and services they were providing the authority for the home to purchase.

The registered person should ensure that these documents are reviewed when they are returned, so that it is clear on what basis, the home has been given authority to make purchases for each service user. This is acutely important in the case where a service user is not fully able to manage their finances independently and therefore requires the intervention of the HSC trust and the support of the home.

A recommendation was made to ensure that personal monies authorisations for all of the service users are reviewed to ensure that they continue to reflect current arrangements for the home to make purchases of goods and services on behalf of individual service users.

There was evidence of engagement with other professional stakeholders to ensure that identified service users had sufficient funds lodged with the home to ensure that each service user had access to their money, if required.

A review of the records established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. The welcome pack contained a range of information for a new service user including clear information on fees and funding-related matters.

Arrangements for service users to access their money outside of normal office hours were discussed with the registered manager. It was established that the home had a second safe place which was accessible only by senior staff outside of normal office hours.

Areas for improvement

One area for improvement was identified during the inspection in relation to the review of each service user's written personal monies authorisation to ensure that it accurately reflects up to date arrangements for the home to purchase goods and services.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

Oversight and governance arrangements for safeguarding service users' money were found to be in place and operating effectively. Regular audits of money were recorded and signed and dated by two people; as noted above, a trace of a random sample of transactions evidenced that records were available to substantiate the entries in each service user's personal monies account statement.

The home had a range of detailed policies and procedures in place to guide practice in the area of safeguarding service users' money and valuables.

There was a clear organisational structure within the home; discussion established that those involved in supporting service users with their money on a daily basis were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

A list of the current service users in the home was provided by the administrator and a sample of five finance files were selected for review. All five service users had a signed agreement on their file, however only three of the five service user files contained an up to date signed "fees amendment" document (detailing the most recent change in fees). For the remaining two service users, the drafted "fees amendment" document was in place; however the registered manager explained that representatives had not been available to sign the form in person as yet.

It was noted that there was no written evidence on the two service users' files to identify how the home had attempted to have the "fees amendment" documents signed since rates increased in April 2016.

A recommendation was made to ensure that there is consistent practice with regards to providing up to date fee information to service users or their representatives, as appropriate. Service users' records must evidence any attempt made by the home to pursue documents which should be returned signed to the home.

Areas for improvement

One area for improvement was identified during the inspection in relation to consistently updating service users' agreements to reflect any changes and agreeing these changes with the service user or their representative.

Number of requirements	0	Number of recommendations:	1
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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 Suzanne Scott, 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.

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 provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider 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 provider/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 provider/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>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.</p>
	<p>Response by registered person detailing the actions taken: Any service facilitated within the home by persons not employed by Four Seasons Healthcare such as Hairdressing and Chiropody sign the required verification documentation along with the resident or a member of staff. This documentation also provides the associated cost to each resident for the service provided.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 07 September 2016</p>	<p>The registered person should ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>
	<p>Response by registered person detailing the actions taken: On admission to the home an inventory of property belonging to each individual resident is generated. This will be maintained and reconciled 3 monthly by the residents named care assistant and countersigned by the registered Nurse on duty.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 07 September 2016</p>	<p>The registered person should ensure that personal monies authorisations for all of the service users are reviewed to ensure that they continue to reflect current arrangements for the home to make purchases of goods and services on behalf of individual service users.</p> <p>The written authorisation must be retained on the service user's file and updated as required. Where the service user or their representative is unable to or choose not to sign the agreement, this is recorded. Where the service user is managed by a HSC trust and does not have another person to act as their representative, the authorisation about their personal monies is shared with the HSC trust care manager.</p>
	<p>Response by registered person detailing the actions taken: All personal monies available for the residents are used appropriately to provide goods required for each individual resident. Written authorisation is retained on each residents file which is signed by the resident or family member assigned to do so. If neither of these options are possible the residents file is authorised by a nominated person provided by the HSC trust.</p>

<p>Recommendation 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person should ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>
<p>To be completed by: 26 August 2016</p>	<p>Response by registered provider detailing the actions taken: Any changes to the original individual agreement are agreed in writing by the resident or their nominated representative - this takes place to reflect any increases in charges. If the above is not suitable this is recorded in the residents file.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews