

**REGULATION AND QUALITY IMPROVEMENT**  
**AUTHORITY**

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**ANNOUNCED FINANCE**  
**INSPECTION REPORT**

**- for -**

**RICHMOND**

**- on -**

**7 APRIL 2014**

**NURSING HOME  
FINANCIAL INSPECTION  
2013/14**

**1.0 GENERAL INFORMATION**

<b>Name of Home:</b>	Richmond
<b>Address:</b>	19 Seafront Road Cultra BT18 0BB
<b>Telephone:</b>	02890426558
<b>Proprietor Organisation:</b>	Ms Sharon Ruth Radcliffe – Bryans Richmond
<b>Registered Organisation / Registered Provider:</b>	Mr Robin Francis Bryans
<b>Registered Manager:</b>	Ms Sharon Ruth Radcliffe – Bryans
<b>Number of Registered Places:</b>	35
<b>Occupancy on Date of Inspection:</b>	29
<b>Finance Inspector:</b>	Briege Ferris
<b>Date and Times:</b>	7 April 2014 10.00 – 14.00
<b>Previous Announced Finance Inspection:</b>	None

## 2.0 INSPECTION COVERAGE

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Charges &amp; payments</b>	4 (1)  4 (1) (b)	3.1 & 25.10  3.2	Patient's guide:  Terms and conditions, amount and method of payment	The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on the range of additional services available for access within the home such as hairdressing, chiropody, the home's policy and procedure for safeguarding service users' money and valuables and a copy of the charges for hairdressing services which can be facilitated within the home.
	4 (1) (c)  4 (4)	3.2	Standard form of contract. (This would include a copy of the trust(s) contract)	The inspector was informed by the home's bookkeeper that copies of the home's contracts with the trust(s) are retained at the organisation's head office and these were therefore not reviewed on the day of inspection. Further information on the home's standard form of contract is included in the following section of the report.

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<p><b>Information about fees</b></p>	5 (1)	4.1	Statement to each patient of fees payable for:	<p>The inspector discussed the individual financial circumstances of service users in the home with the registered manager and the home's bookkeeper; and selected three files and associated records for further examination.</p> <p>On examining the sample of service users' files, the inspector noted that only two of the three service user agreements were available.</p> <p>The inspector was also provided with the home's current form of agreement for new individual service users and on review, the inspector noted that this agreement also did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.</p> <p>Specifically, the inspector noted that: the fees sections did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the length of notice period provided by the home in advance of any change in fees payable; a copy of the home's complaints procedure and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, podiatry and their associated costs etc).</p>
	5 (1) (a) (i)	4.2	Accommodation, including food.	
	5 (1) (a) (ii)	4.2	Nursing	
	5 (1) (a) (ii)	4.2	Services to which each fee relates	
	5 (1) (b)	4.2	Method of payment and by whom	

				Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.
	5 (2) (a) & (b)	4.6 4.7	Notification of increase or variation in fees	A review of the records held evidenced that the home had previously notified service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.
	5 (3) (a) & (b)	4.2	Statement specifying any nursing contributions	Where the home is in receipt of a nursing contribution for any service user, these details should be outlined within the individual agreement with the service user, including the date the payment commenced and the amount of the nursing contribution.  Requirement 1 in respect of providing up to date agreements to each service user (including current fees and financial arrangements) has been listed above.

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Patients' money and valuables</b>	18 (2) (l) 19 (2) Schedule 4.9	15.2 15.3	Place for deposit of money & valuables for safe keeping and arrangements to record in writing all transactions	<p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector noted however that there was no safe record to detail movements of (non-cash) items belonging to service users in and out of the safe, nor was there any evidence that items in the safe deposited for safekeeping by service users were reconciled on at least quarterly.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p>
	19 (2) 18 (2) (d) Schedule 4.10	Appendix 2	Record of furniture & personal possessions. Policy and procedure in place	<p>The inspector requested the inventory/property records for service users and was provided with a book in which service users' inventory had either been written directly or written on loose paper and tapes to the pages of the book. The inspector noted that this was an unacceptable method of safeguarding the records as they could easily become detached from the pages of the book over time.</p> <p>On examining a sample of the records in the property book, the inspector noted that a number of entries were not signed, while others had been signed by either 1 or 2 persons. In addition, there was</p>

				<p>inconsistency in the level of detail recorded for property belonging to service users. The inspector also noted that items such as “mobile phone”, and “radio” had been recorded, without recording make, model or colour to help identify these items.</p> <p>The inspector highlighted that the inconsistency in recording service users' possessions could lead to errors or omissions from the record and would undermine the reliability of the record itself.</p> <p>The inconsistency and absence of basic record keeping controls including signing of the records indicated to the inspector that the process of recording service users' inventory was not being managed well by the home.</p> <p>The inspector was provided with a template which the registered manager confirmed would be used in future and would also be used to retrospectively capture the property of existing service users in the home.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p>
<b>Records</b>	19 (4)	27.6	Policy in place for retention of financial records for not less than six years from date of last entry	The registered manager and the home's bookkeeper confirmed that records are retained for a period of at least six years.

<b>Acting for patients</b>	22 (1) (a) & (b) 22 (2)	15.1 15.2	Monies belonging to any patient paid into an account in the name of that patient and not paid into a business account used in carrying on the establishment	On the day of inspection, no monies belonging to any service user in the home were paid into an account used in carrying on the establishment.
	19 (2) 22 (3) Schedule 4.3	15.2 15.10 15.11	A record is kept at the home of persons acting as an appointee or agent	Discussion with the registered manager and home's bookkeeper and a review of the records evidenced that on the day of inspection, no representative of the home was acting as nominated appointee for any service user.



Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Records to be kept in a nursing home</b>	19 (2) Schedule 4.3	15.4	Record of patients' fees received	A review of the records evidenced that the home retain copies of the trust remittances confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector reviewed the records relating to amounts charged to a selection of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.
	19 (2) Schedule 4.3	15	Record of financial arrangements handled by the home	<p>Discussions with the registered manager and home's bookkeeper and a review of the records evidenced that the home were not acting as nominated appointee for any service user on the day of inspection.</p> <p>The home does however; receive monies from service user representatives to be spent by the home on the service user's behalf. The inspector noted that if the home were purchasing goods or services on behalf of the service user, the home needed written authorisation from the service user/their representative to make these purchases.</p> <p>Requirement 4 is listed in the QIP in respect of this finding.</p> <p>The inspector reviewed the records of income and expenditure recorded by the home on behalf of service users. The</p>

				<p>inspector noted that while the home had a method of recording income and expenditure for service users; the ledgers were not laid out using the standard method for recording financial transactions. The inspector noted that the records were very cramped; making it difficult to read the information. Mistakes in the record had not been dealt with appropriately i.e.: a clear line drawn through the mistake initialed by the person making the entry in the record.</p> <p>Requirement 5 is listed in the QIP in respect of this finding.</p> <p>On reviewing a sample of the income and expenditure records, the inspector noted a member of staff had used a personal loyalty card to obtain points from shopping using a service user's money.</p> <p>The inspector highlighted that this was unacceptable and that staff should be reminded that they could not benefit from purchases made on behalf of a service user in the home.</p> <p>Requirement 6 is listed in the QIP in respect of this finding.</p> <p>In the ledger for the same service user, the inspector noted that the service user had minimal funds for a period of some 11 months. The inspector discussed this with the registered manager as the inspector was concerned that the service user would not</p>
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				<p>have had access to funds for day to day expenditure during this time. The registered manager confirmed that the home would have provided funds necessary for the service user during this time.</p> <p>The inspector clarified that if there was any concern about the service user not having access to money being managed outside of the home, that this should be raised with the service user's care manager as a matter of urgency.</p> <p>Requirement 7 is listed in the QIP in respect of this finding.</p> <p>Of the sample of income and expenditure records reviewed by the inspector, there was some evidence that the home's bookkeeper had reviewed entries by initialling them on the face of the record. The inspector noted however, that not all of the records examined contained evidence of this review and indeed, there were gaps of longer than three months between the reviews.</p> <p>The inspector noted that records should be reconciled at least quarterly and the record annotated to reflect this.</p> <p>Requirement 8 is listed in the QIP in respect of this finding.</p> <p>The inspector also spent time reviewing the records of money deposited with the home</p>
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				<p>for spending on behalf of service users and was provided with the receipt book covering the period examined.</p> <p>The inspector attempted to match the record of a sample of lodgements to the corresponding receipt provided to the person making the lodgement and was unable to do so in all cases. This evidenced that a receipt had not been provided to the person making the lodgment. Of the receipts in the book, the inspector noted entries where staff had failed to sign or date the receipt.</p> <p>This indicated to the inspector that the process of staff recording the receipt of money deposited for safekeeping by the home was not being managed well by the home.</p> <p>Requirement 9 is listed in the QIP in respect of this finding.</p> <p>In reviewing the ledgers, the inspector also noted entries relating to service users receiving either a hairdressing or chiropody treatment in the home. The inspector noted that the hairdresser and chiropodist do not regularly leave a record with the home detailing the name of the service user and the treatment received (and associated cost).</p> <p>The inspector noted that a member of staff at the home should also countersign these</p>
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				<p>records to confirm that the service user has received the treatment detailed.</p> <p>Requirement 10 is listed in the QIP in respect of this finding.</p>
	<p>19 (2)</p> <p>Schedule 4.8</p>	<p>15.2</p> <p>15.4</p>	<p>Record of the nursing home's charges to patients, including any extra amounts payable for additional services not covered by those charges and amounts paid by or in respect of each patient</p>	<p>The home maintains copies of payment remittances from the commissioning trusts which detail the amount receivable by the home and the amount to be contributed by the service user/representative where relevant.</p> <p>The inspector noted that the home also maintain a record of invoices/statements in respect of the contribution payable by the service user or their representative. An examination of a sample of these charges for a defined period evidenced that the correct amounts had been charged to service user or their representative.</p> <p>As noted earlier in the report, the inspector noted that home's service user guide contained the costs of hairdressing services facilitated within the home.</p> <p>The inspector noted however, that the costs of hairdressing and chiropody services facilitated within the home were not included in the home's individual agreements with service users. The inspector highlighted that it was important to be transparent about the costs to service users of services by external providers but facilitated within the home. Requirement 1 in respect of</p>

				providing up to date agreements to each service user (including current fees and financial arrangements) has been listed previously.
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Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Records to be kept in a nursing home</b>	19 (2) Schedule 4.17	18	Record of charges made to patients for transport & amounts paid by or in respect of each patient	On the day of inspection, the home did not provide transport services to service users.
	19 (2) Schedule 4.18 (a)  19 (2) Schedule 4.18 (b)	18   18	Where patients collectively own the vehicles – record of amounts paid by or in respect of each patient running the vehicle  Record of journeys made and names of patients being transported	On the day of inspection, the home did not provide transport services to service users.
		18  Appendix 2	Policy & procedure in place for transport - use & provision	On the day of inspection, the home did not provide transport services to service users.

### **3.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

**Briege Ferris  
Finance Inspector / Quality Reviewer  
Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**





**QUALITY IMPROVEMENT PLAN**  
**ANNOUNCED FINANCE INSPECTION**  
**RICHMOND**  
**7 APRIL 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Sharon Radcliffe-Bryans either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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, and the Nursing Homes Regulations (NI) 2005

NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	One	<p>Individual agreements have been amended to include by whom each element of the fee would be paid, the length of notice for any increases, the home's complaints procedure and an itemised list of agreed services.</p> <p>Solicitor has now returned signed user agreement which was sampled on the day of inspection. All signed agreements will continue to be retained in residents' records.</p> <p>Should there be an occasion where there is no next of kin, the resident's individual agreement will be shared with the relevant Care Manager.</p>	5 May 2014


2	18 (2) (l)	The registered person must ensure that a safe record is introduced to log the movement (in and out of the safe) of any non-cash items belonging to each service users. The records of any money or non-cash items deposited for safekeeping in the home's safe place should be reconciled to the safe record at least quarterly. The reconciliation should be signed and dated by two persons.	One	A Safe Register is now in place recording movements of items in and out of the safe and reconciled at least quarterly.	From the date of inspection
3	19(2) Schedule 4 (10)	<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 service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records should be updated on a regular basis.</p> <p>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>	One	<p>As evidenced on the day of inspection the form currently used will retrospectively capture the property of existing users in the home.</p> <p>All entries are signed by two members of staff.</p>	5 May 2014
4	19 (2) Schedule 4 (3)	The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be	One	Completed and signed "Arrangements for Financial Transactions" forms are in place for each resident. These forms were in use and available on the day of	5 May 2014

		retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.		inspection .  Should there be an occasion where there is no next of kin, the resident's relevant documentation will be shared with the relevant Care Manager.	
5	19 (2) Schedule 4 (9)	The registered person is required to ensure that a standard ledger format is used to clearly and accurately detail every transaction for each service user. Each transaction should be supported by receipts and signed by two persons. If a receipt is not available, the reason for this should be recorded. Records made on behalf of service users 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.	One	Ledger format is now updated as per inspector's advice.  All transactions will continue to be signed by two persons.	5 May 2014

6	14 (4)	The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.	One	Loyalty cards will not be used however as explained on this occasion the item purchased was not purchased using service users money	From the date of inspection
7	14 (4)	The registered person is required to ensure that patterns of HSC trust care managed service users having insufficient cash for their day-day needs should be referred to their respective HSC trust care managers without delay.	One	Care Management will be updated with any concerns re insufficient cash	From the date of inspection
8	19 (2) Schedule 4 (9)	Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.	One	Personal pocket money will continue to be reconciled quarterly and annotated to reflect this.	From the date of inspection
9	19 (2) Schedule 4 (9)	The registered person is required to ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home.	One	A receipt book is used for all cash received by the home on behalf of residents.	From the date of inspection
10	19 (2) Schedule 4 (9)	The registered person is required to ensure that the hairdresser, podiatrist (or other person) providing treatments to service users within the home provides a receipt to verify the treatment provided and the associated cost. This receipt should also be signed by a representative of the home.	One	The hairdresser completes a weekly treatment list detailing the resident's name, cost and detail of treatment and this is signed by a member of staff witnessing this.	From the date of inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	SHARON RADCLIFFE-BRYANS
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	ROBIN BRYANS

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			15 May 2014
B.	Further information requested from provider				