

# Unannounced Finance Inspection Report

## 23 October 2018



## Silver Birch Lodge

**Type of Service: Nursing Home**  
**Address: 54 Crossgar Road, Saintfield, BT24 7LF**  
**Tel No: 028 9751 0392**  
**Inspector: Briega Ferris**

[www.rqia.org.uk](http://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 with 33 beds that provides care for older patients, those living with a physical disability other than sensory impairment or those patients who are terminally ill.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Silver Birch Lodge  <b>Responsible Individuals:</b> Dr Martin Phillips Sandra Phillips	<b>Registered Manager:</b> Jillian Gilmore
<b>Person in charge at the time of inspection:</b> Jillian Gilmore	<b>Date manager registered:</b> 01 April 2005
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminal illness.	<b>Number of registered places:</b> 33

### 4.0 Inspection summary

An unannounced inspection took place on 23 October 2018 from 10.40 to 14.00 hours.

This inspection was underpinned by 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.

Evidence of good practice was found:

- A safe place was available for the deposit of money or valuables; access was limited to authorised persons and a safe record was in place which was checked on a monthly basis.
- A sample of expenditure transactions recorded agreed to the supporting evidence (such as a treatment record).
- There were mechanisms to listen to and take account of the views of patients and their representatives in respect of any issue.
- The patients guide contained a range of information for new patients.
- The home administrator was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.
- Each patient record selected as part of the sample contained a signed written agreement with the home.

Areas requiring improvement were identified in relation to:

- Ensuring that a reconciliation (check) of cash deposited for safekeeping is signed and dated by two people at least quarterly.
- Ensuring that each patient's record of their furniture and personal possessions is kept up to date. This record is signed and dated by a staff member and senior member of staff at least quarterly.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with the responsible individual 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 18 November 2014

A finance inspection was carried out on 18 November 2014; the findings from which were not brought forward to the inspection on 23 October 2018.

#### 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 none of these incidents related to patients' 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 the registered manager, the home administrator and the responsible individual. A poster was displayed detailing that the inspection was taking place, however no relatives or visitors 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 patients guide
- Three patients' individual written agreements with the home
- The safe contents record
- A sample of income and expenditure and reconciliation records (i.e.: records of checks performed)
- A sample of records in respect of hairdressing treatments facilitated in the home
- Three patients' records of furniture and personal possessions (in their rooms)
- A sample of written policies and procedures including:
  - "Whistle blowing" dated September 2017
  - "Residents money" dated January 2017
  - "Residents property" dated August 2017
  - "Gifts to staff" dated January 2017
  - "Access by residents to personal records" dated June 2018

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 24 September 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP is due for return to RQIA on 13 November 2018.

This QIP 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 18 November 2014**

As noted above, a finance inspection was carried out on 18 November 2014; the findings from which were not brought forward to the inspection on 23 October 2018.

## **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 inspector met with the registered manager and the home administrator who confirmed that adult safeguarding training was mandatory for all staff members. The home administrator confirmed that he had recently received this training in April 2018.

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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients. On the day of inspection, a number of valuables were being secured within the safe place. Cash belonging to a number of patients was deposited for safekeeping; discussions established that this money was deposited for the sole purpose of paying for hairdressing services facilitated within the home.

A written safe record was in place which was checked against the contents of the safe. These records were signed and dated by two staff members every month. A trace of the valuables deposited for patients identified that these agreed to the records held.

### Areas of good practice

There were examples of good practice found in respect of a safe place being available for the deposit of money or valuables; access was limited to authorised persons and a written safe record was in place which was checked on a monthly basis.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with the registered manager and home administrator established that no representative of the home was acting as appointee for any patient (ie: managing a patient's social security benefits on their behalf). These discussions also established that the home was not in direct receipt of the personal monies for any patient. The registered manager explained that monies from families were lodged for the sole purpose of paying for hairdressing services facilitated within the home. No other purchases of goods or services were being made from patients monies safeguarded by the home and this was borne out from a review of a sample of the income and expenditure records.

Detailed income and expenditure records were maintained which followed a standard financial ledger format. Each transaction reviewed had been signed and dated by two people. A sample of the records for lodgements and hairdressing expenditure entries agreed to the supporting documents i.e.: cash deposit receipts and hairdressing treatment records. Deposit receipts which were in place reflected that the signatures of two people were routinely recorded on each receipt.

A separate record detailing the audits/reconciliations/checks of the cash balances deposited for safekeeping was in place. A review of this record identified that the balances for each of the patients was detailed on a monthly basis and had routinely been signed and dated by two people. The responsible individual confirmed that the second signatory was signing the record

to verify that the check which she had already performed and signed was correct. However a review of the record established that the process had been carried out and recorded by both persons for the June 2018 month-end (with the second signatory dating the record on 20 July 2018).

As this time period is outside of the required quarterly reconciliation process, an area for improvement was listed accordingly.

Routinely, the hairdressing treatment records detailed the majority of the information required by the Care Standards for Nursing Homes (2015) and these had been signed by the hairdresser and a member of staff to verify that the treatment had taken place and the patient had incurred the charge detailed.

The inspector discussed with the registered manager how patients' property (within their rooms) was recorded and was informed that each patient had a record contained in a file maintained for that purpose. A sample of three patients' records was chosen and the file reviewed. Each of the three patients had a detailed record on the file; however a review of these evidenced some weaknesses in the record keeping. While these records are required to be signed and dated by two people, one record had been signed and dated by two people in September 2017; one record had been signed and dated by one person in December 2017 and the third patient's record had been dated January 2018 but had not been signed.

The inspector also highlighted that these records are required to be checked on at least a quarterly basis, with the records signed by a staff member and countersigned by a senior member of staff.

Ensuring that each patient's record of their personal property is brought up to date and checked on a quarterly basis was identified as an area for improvement.

Discussion with the registered manager established that the home did not operate a patients' comfort fund or provide transport services to patients.

### Areas of good practice

There were examples of good practice found in relation to the way income and expenditure transactions were recorded, the availability of supporting documentation such as deposit receipts and hairdressing treatment records and a sample of transactions could be traced in support of this process.

### Areas for improvement

Two areas for improvement were identified during the inspection in relation to ensuring that monies deposited for safekeeping on behalf of patients are reconciled and signed and dated by two people at least quarterly and ensuring that patients' furniture and personal possessions are kept up to date, signed and dated by a staff member and senior member of staff at least quarterly.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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.**

The arrangements to support patients with their money on day to day basis were discussed with the registered manager and the home administrator. As noted above, monies held for patients were deposited for the sole purpose of paying the hairdresser for treatments received.

Discussion with the registered manager established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue. This included a quality assurance questionnaire, regulation 29 monthly monitoring reports and the operation of an open-door policy.

**Areas of good practice**

There were examples of good practice identified in relation to listening to and taking account of the views of patients and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 resident guide contained information for a new patient including the organisational structure of the home; the home's terms and conditions of residency including the current scale of charges, information on methods of fee payment and a copy of the home's complaints procedure.

Written policies were reviewed including those in respect of whistleblowing, patients' monies and valuables, accessing records and gifts to staff/donations to the home. Policies were easily accessible by staff and had been reviewed within the last three years.

Discussion with the home administrator established that he was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's existing whistleblowing procedures.

Discussion was held regarding the individual written agreements in place with patients and the home. A sample of three patients' individual written agreements was reviewed which established that each patient had a signed agreement on their file; and evidence was in place to confirm that agreements had been updated to reflect changes in fees over time. Each of the patient agreements reviewed had been signed in 2018.

The patient agreements included details of the current charges for hairdressing services facilitated in the home. In addition, each patient's agreement contained a consent form detailing that monies lodged for the patient would be used for the purposes of hairdressing charges. Each of these had been signed for the sample of the three patients' records reviewed, good practice was observed.

### Areas of good practice

There were examples of good practice found in relation to: the information contained in the resident guide; the home administrator's knowledge in relation to responding to a complaint or escalating a concern under the home's whistleblowing procedures; patients records selected as part of the sample contained a signed written agreement with the home and evidence that agreements had been updated to reflect any changes; personal monies authorisation documents (consent forms) were in place for patients and written policies and procedures were in place to guide financial procedures in the home.

### Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the responsible individual, at the close of the inspection. 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.25  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018 and at least quarterly thereafter	<p>The registered person shall ensure that a reconciliation of money managed on behalf of patients is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            After discussion with inspector, member of staff to reconcile money for residents monthly and sign, and counter signed by senior member of staff. Reconciliation of money checked quarterly and signed by accountant.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be completed by:</b> 4 December 2018	<p>The registered person shall ensure that an inventory of property belonging to each patient 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>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Inventory of Valuable property for each patient is reconciled quarterly and signed by member of staff and counter signed by senior member of staff.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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