

Unannounced Finance Inspection Report 5 February 2019



Cullion House

Type of Service: Nursing Home
Address: 20 Wheatfield Gardens
Tel No: 028 9039 1555
Inspector: Joseph McRandle

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 22 beds that provides care and support for patients who are living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Donnelly Care Group Ltd Responsible Individual(s): Cathal John Donnelly	Registered Manager: Dora Syatwinda
Person in charge at the time of inspection: Karen Donnelly (owner)	Date manager registered: 27 July 2017
Categories of care: Nursing Home (NH) LD- Learning disability LD(E) – Learning disability- Over 65 years	Number of registered places: 22 Associated physical disablement

4.0 Inspection summary

An unannounced inspection took place on 5 February 2019 from 10.00 to 13.00 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.

Evidence of good practice was found in relation to: providing a place for patients to deposit items for safekeeping, policies and procedures reflecting the financial operational areas of the home, members of staff involved in managing patients' finances receiving adult safeguarding training, reconciling patients' monies, updating the inventory of patients' property following admission to the home, providing alternative arrangements to support patients wishing to undertake journeys, retaining records of charges to patients, patients' guide detailing the services included in the weekly fee, up to date written agreements in place, written agreements showing costs of additional services provided to patients, system in place for recording transactions undertaken on behalf of patients, retaining receipts from transactions and hairdresser signing records along with a member of staff.

No areas for improvement were identified during the inspection.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Karen Donnelly, owner, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent Medicines Management inspection dated 10 January 2019

The most recent inspection of the home was an unannounced Medicines Management inspection undertaken on 10 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous medicines management inspection, notifiable events submitted in relation to finance issues (there were no financial issues identified), the returned QIP from the previous finance inspection and the previous finance inspection report.

During the inspection the inspector met with the owner of the home.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors or relatives to speak to the inspector. No relatives or visitors chose to speak to the inspector. The inspector provided the owner with "Have we missed you cards" which were then placed in a prominent position to allow patients or their relatives who were not present on the day of the inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- three patients' finance files
- three patients' individual written agreements
- monies held on behalf of three patients
- records of monies held on behalf of three patients
- a sample of records of reconciliations between patients monies held and records of monies held
- a sample of records of monies forwarded to the home from the Belfast Health and Social Care Trust on behalf of one patient
- a sample of records from the service provided by the hairdresser
- a sample of records of payments to the hairdresser
- a sample of records from purchases undertaken on behalf of three patients
- a sample of Health and Social Care trust remittances showing fees paid on behalf of patients
- the patients' guide
- financial policies and procedures
- one patient's record of personal property

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

The findings of the inspection were provided to the owner of the home at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 January 2019

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was yet to be returned at the time of issuing this finance report. The returned QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last finance inspection dated 27 August 2015

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 9 October 2015</p>	<p>The registered person must provide an updated individual written agreement to each patient (or their representative) accommodated at the home.</p> <p>The agreement must comply with the requirements under regulation 5 of The Nursing Homes Regulations (Northern Ireland) 2005 and meet standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015).</p> <p>The agreements must detail the current amount paid by the Health and Social Care Trust and the contribution paid by the patient (if any). The method of payment of fees and the person by whom the fee is paid should also be included in the agreement.</p> <p>The agreement should clearly identify the relationship of the representative signing the agreement on behalf of the patient.</p> <p>A copy of the signed agreement must be retained in the patient's records. Where the patient or their representative is unable to, or</p>	<p>Met</p>

	<p>chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of three patients' files evidenced that agreements were retained within all three files. The agreements showed the current fee paid on behalf of the patients. The agreements reviewed showed the relationship of the person signing the agreement to the patient. Two of the agreements were signed by the patients' representatives and a representative from the home. The remaining agreement was only signed by a representative from the home. Discussion with the owner confirmed that the patient had no representative to sign the agreement. The owner was advised to share a copy of the agreement with the patient's representative at the health and social care trust.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 5 (2) (a)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the next increase in fees</p>	<p>The registered person must ensure that patients or their representatives are informed in writing at least 28 days in advance of any increase in fees. A copy of the correspondence should be retained in the patients' files.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of three patients' files evidenced that since the previous finance inspection on 27 August 2015 copies of correspondence forwarded to patients or their representatives informing them of previous increases in the weekly fee were retained within the patients' files.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 18 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the patient identified during the inspection is reimbursed the monies used to pay for their bed.</p>	<p>Met</p>

<p>To be Completed by: 30 September 2015</p>	<p>Action taken as confirmed during the inspection: Discussion with the owner and a review of records, confirmed that since the previous finance inspection on 27 August 2015 the previous owner of the home had refunded the monies back to the patient for the purchase of the bed.</p>	
<p>Action required to ensure compliance with The Care standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 14 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>It is recommended that the registered person reviews the system used to retain receipts from purchases made on behalf of patients in order to assist the audit process.</p> <p>Action taken as confirmed during the inspection: A review of five purchases undertaken by staff on behalf of three patients showed that the system for retaining receipts had been revised since the previous finance inspection in August 2015. Receipts from the purchases reviewed were retained at the home during the inspection on 5 February 2019.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 14 Criteria (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>It is recommended that the amount withdrawn to make a purchase on behalf of patients and the amount returned from the purchase is recorded at all times. Two members of staff, including the staff member receiving and returning the monies, should sign the record.</p> <p>Action taken as confirmed during the inspection: A review of records from five purchases undertaken by staff on behalf of three patients showed that the amounts deducted to make the purchases and the remaining monies returned from the purchases were recorded separately. Two signatures were recorded against all of the transactions reviewed.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 14 Criteria (22)</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>It is recommended that the registered person contacts the local Health and Social Care Trust to request a review of the arrangements currently in place for the registered person to act as an appointee for patients.</p> <p>RQIA should be informed in writing of the outcome of the review.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the owner, during the inspection on 5 February 2019, confirmed that following the finance inspection on 27 August 2015 the previous owner had contacted the health and social care trust with regard to the arrangements for acting as the patients' appointee. The previous owner had relinquished his appointeeship for the patients to the health and social care trust or to family members of the patients.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 14 Criteria (25)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>It is recommended that monies held on behalf of patients are reconciled immediately; any variances between the amounts held and recorded as held must be clearly shown and carried forward in the home's records.</p> <p>Action taken as confirmed during the inspection: Discussion with the owner confirmed that reconciliations between the patients' monies held and the records of monies held were undertaken following the previous finance inspection on 27 August 2015. No variances arose from the reconciliations and no monies were owed to patients.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 14 Criteria (25)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>It is recommended that a record is maintained of the reconciliation of monies held on behalf of patients. The record should be signed by the member of staff carrying out the reconciliation and countersigned by a senior member of staff.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that reconciliations between monies held on behalf of patients and the records of monies held were undertaken on a monthly basis. A review of a sample of records evidenced that two members of staff had recorded their initials against the records of the balances of patients' monies held each month. The owner confirmed that the initials belonged to the staff members checking and confirming the amounts held at the time of the reconciliation.</p>	Met

	The inspector advised the owner to consider reviewing the system for recording the reconciliations in order to aid the audit process. The owner agreed to review the system in order to record more details of the reconciliations.	
<p>Recommendation 6</p> <p>Ref: Standard 14 Criteria (26)</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>It is recommended that the registered person ensures that an up to date inventory is maintained of furniture and personal possessions brought into the home by, or on behalf of, patients. It is also recommended that the registered person ensures that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home. The record should give clear details of the items listed.</p> <p>A reconciliation of these records should be undertaken regularly (at least quarterly).</p> <p>Action taken as confirmed during the inspection: Discussion with the owner and a review of one patient's records evidenced that the inventory of the patient's possessions had been brought up to date since the previous finance inspection on 27 August 2015.</p> <p>Discussion with the owner also confirmed that records were updated with items acquired and disposed of after admission for which staff had been made aware of.</p>	Met
<p>Recommendation 7</p> <p>Ref: Standard 36 Criteria (3)</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>It is recommended that the registered person reviews the system of holding monies on behalf of patients.</p> <p>Action taken as confirmed during the inspection: Discussion with the owner confirmed that since the previous finance inspection on 27 August 2015 surplus monies belonging to patients were transferred to the health and social care trust. Discussion with the owner also confirmed that since the previous finance inspection, bank accounts operated on behalf of patients were closed and the monies transferred to the health and social care trust.</p>	Met

<p>Recommendation 8</p> <p>Ref: Standard 36 Criteria (1)</p> <p>Stated: First time</p> <p>To be Completed by: 16 October 2015</p>	<p>It is recommended that the registered person reviews the policies and procedures for transport and the transport agreement in place at the time of the inspection.</p> <p>The policy and written agreement should reflect the current arrangements in place with patients.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the owner confirmed that following the previous finance inspection on 27 August 2015 the transport scheme was discontinued and alternative arrangements are in place to support patients wishing to undertake journeys; this included the use of taxis which were paid for by the patients or their representatives.</p> <p>Discussion with the owner also confirmed that occasionally transport would be provided to patients to go on social outings at no cost to the patients.</p>		
<p>Recommendation 9</p> <p>Ref: Standard 15 Criteria (1)</p> <p>Stated: First time</p> <p>To be Completed by: when new scheme being introduced</p>	<p>It is recommended that if the registered person decides to implement a new transport scheme, the details of the terms and conditions of the proposed scheme are forwarded to the local Health and Social Care Trust for discussion prior to being implemented.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>As detailed in recommendation 8 above, following the previous finance inspection on 27 August 2015 the transport scheme was discontinued and alternative arrangements are in place to support patients wishing to undertake journeys.</p>		

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.

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. Monies held on behalf of three patients were counted, the amount retained agreed to the balance recorded at the home.

An up to date safe contents book was in place. A review of the book and the safe place evidenced that no valuables were held on behalf of patients at the time of the inspection.

Policies and procedures for the management and control of patients' finances were in place at the time of the inspection. A review of the policies and procedures evidenced that they reflected the financial operational areas of the home.

Discussion with the home's owner confirmed that members of staff involved in managing patients' finances had received training in relation to adult safeguarding. Discussion with staff also confirmed that there were no finance related restrictive practices in place for any patient.

Areas of good practice

There were examples of good practice found in relation to: providing a place for patients to deposit items for safekeeping, policies and procedures reflecting the financial operational areas of the home and members of staff involved in managing patients' finances receiving adult safeguarding training.

Areas for improvement

No areas for improvement were identified during 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 owner confirmed that no member of staff was the appointee for any patient i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual. Discussion with the owner also confirmed that no member of staff acted as an agent for any patient, i.e. a person authorised by a patient or their representative to collect social security benefits on the patient's behalf.

Discussion with the owner confirmed that reconciliations between monies held on behalf of patients and the records of monies held were undertaken on a monthly basis. A review of a sample of records evidenced that two members of staff had recorded their initials against the records of the balances of patients' monies held each month. The owner confirmed that the initials belonged to the staff members checking and confirming the amounts held at the time of the reconciliation. The inspector advised the owner to consider reviewing the system for recording the reconciliations in order to aid the audit process. The owner agreed to review the system in order to record more details of the reconciliations.

Discussion with the owner confirmed that no bank accounts were managed on behalf of any patient. Discussion with the owner also confirmed that no comfort fund monies were maintained on behalf of patients.

Discussion with the owner confirmed that an inventory of patients' property was maintained when patients were admitted to the home. Discussion with the owner also confirmed that the records were updated with items acquired and disposed of after admission for which staff had been made aware of. A review of one patient's records confirmed that the inventory of personal possessions was up to date.

Areas of good practice

There were examples of good practice found in relation to: reconciling patients' monies and updating the inventory of patients' property following admission to the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

At the time of the inspection the home did not provide a transport scheme. Discussion with the owner confirmed that alternative arrangements were in place to support patients wishing to undertake journeys; this included the use of taxis which were paid for by the patients or their representatives. Discussion with the owner also confirmed that occasionally transport would be provided to patients to go on social outings at no cost to the patients.

Areas of good practice

There were examples of good practice found in relation to providing alternative arrangements to support patients wishing to undertake journeys.

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 service users in order to deliver safe, effective and compassionate care.

Review of records evidenced that copies of payment remittances from the health and social care trusts showing the weekly fee charged for each care managed patient were retained at the home. The remittances also showed the amount of fees paid by the trust on behalf of patients and the contribution owed by patients towards their fee. Discussion with the owner and a review of records confirmed that all patients fees were paid directly to the home by the health and social care trusts and no patients were paying a contribution towards their fee directly to the home.

Discussion with the owner confirmed that patients were not paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

A review of three patients' files evidenced that copies of correspondence forwarded to the patients notifying them of the latest increase in fees were retained within their files.

A patients' guide was in place at the time of the inspection. The guide included the details of the services provided to patients as part of their weekly fee. The patients' guide also included a written agreement which was issued to patients on admission to the home. A review of three patients' files evidenced that copies of written agreements were retained within all three files. The agreements gave the details of the terms and conditions for staying at the home. A list of the services provided to patients at an additional cost was also included within the agreements.

It was noticed that two of the agreements reviewed were signed by the patients' representatives and a representative from the home, the remaining agreement was signed by a representative from the home however it was not signed by, or on behalf of, the patient. Discussion with the owner confirmed that the patient was unable to sign the agreement and that they had no next of kin or other representative to sign the agreement.

Following a discussion, the owner agreed to share a copy of the agreement with the patient's representative at the Health and Social Care Trust and to retain a record within the patient's file showing the date the agreement was forwarded to the Trust.

A review of records and discussion with the owner confirmed that Individual transaction sheets were maintained for each patient. The sheets were used to record the details of transactions undertaken on behalf of patients, including purchases of items and payments for additional services e.g. hairdressing. The transaction sheets were also used to record monies deposited at the home on behalf of patients.

A review of records from five purchases undertaken by staff on behalf of three patients showed that the details and the amount of the purchases were recorded. Good practice was observed as the amounts deducted to make the purchases and the remaining monies returned from the purchases were recorded separately. Two signatures were recorded against all of the

transactions reviewed. Receipts from the purchases reviewed were retained at the home at the time of the inspection.

Review of records confirmed that a book was used to record the services provided by the hairdresser. The names of the patients receiving the service, the details of the service provided and the amount charged to each patient were included in the book. In line with good practice the hairdresser and a member of staff had signed the records to confirm that the service took place.

A review of records of two payments to the hairdresser, on behalf of two patients, evidenced that the amounts deducted from the patients' monies agreed to the amounts listed in the hairdressing book for the corresponding dates.

Discussion with the owner confirmed that monies were forwarded from the health and social care trust on behalf of one patient. A sample of records of monies forwarded from the trust showed that the corresponding amounts of monies received by the home were credited to the records of monies held on behalf of the patient.

Areas of good practice

There were examples of good practice found in relation to: retaining records of charges to patients, patients' guide detailing the services included in the weekly fee, up to date written agreements in place, written agreements showing costs of additional services provided to patients, system in place for recording transactions undertaken on behalf of patients, retaining receipts from transactions and hairdresser signing records along with a member of staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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