Unannounced Finance Inspection Report
21 March 2019

Wood Lodge

Type of Service: Nursing Home
Address: 50 Mill Hill, Castlewellan, BT31 9NB
Tel No: 028 4377 8511
Inspector: Briege Ferris

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

Wood Lodge is a nursing home which provides care for older patients, those with a physical disability other than sensory impairment or those patients who are terminally ill.

3.0 Service details

Organisation/Registered Provider: G&M Lodge Care Ltd **Responsible Individual(s):** Liam John Lavery	**Registered Manager:** See below
Person in charge at the time of inspection: Ann Marie Frost	**Date manager registered:** Acting – No Application Required
Categories of care: Residential I - Old age not falling within any other category PH- Physical disability other than sensory impairment Nursing 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 – Terminally ill	**Number of registered places:** 49

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 10.20 to 15.30 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS 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.

There were examples of good practice found in relation to:

- the availability of a safe place to enable patients to deposit money or valuables for safekeeping
- the office manager had participated in adult safeguarding training
- mechanisms were available to obtain feedback from patients and their representatives
- the office manager confirmed she was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures, and
- there were mechanisms in place to ensure that patients experienced equality of opportunity

Areas requiring improvement were identified in relation to:

- ensuring that there is evidence that each patient has been provided with an individual written agreement setting out the terms and conditions of their residency in the home;
- ensuring that an up to date safe contents record is maintained;
- ensuring that each patient's record of furniture and personal possessions is reconciled by two people at least quarterly;
- ensuring that the patients' monies and valuables are reconciled, signed and dated by two people at least quarterly;
- ensuring that each transaction in the income and expenditure records is signed by two people;
- ensuring that deposit receipts are available;
- ensuring that expenditure receipts are available, where possible;
- ensuring that treatment records are maintained in the manner set out in standard 14.13 of the Care Standards for Nursing Homes, 2015 and
- ensuring that each patient is provided with a personal monies authorisation record for signature detailing the authority the home has been provided with to spend each individual patient's money on identified goods and services.

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	1	8

Details of the Quality Improvement Plan (QIP) were discussed with the manager and the office manager at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

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

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 reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the manager and the office manager. The inspector provided to the 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 safe contents record
- A sample of patients' income and expenditure records
- A sample of written financial policies and procedures
- A sample of patients' personal property (in their rooms)
- The patient guide and statement of purpose
- A sample of patients' individual written agreements
- A sample of treatment records for services facilitated within the home for which there is an additional charge to patients
- A sample of comfort fund records

The findings of the inspection were shared with the manager and the office manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 January 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned. The 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 25 February 2014

A finance inspection of the home was carried out on 25 February 2014; the findings were not brought forward to the inspection on 21 March 2019.

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 manager confirmed that adult safeguarding training was mandatory for all staff in the home including administrative staff. The office manager confirmed she had participated in this training in 2018.

Discussions with the manager established 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; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables were being held for patients.

A written safe record was in place which was dated 20 February 2018. However, a comparison of the safe contents record with the actual contents of the safe place identified that the record was not up to date and therefore did not reflect all the items held in the safe place at the time of the inspection. An area for improvement was made to ensure that the safe contents list is brought up to date. Staff members were reminded that the safe contents records should be reconciled to the safe contents at least quarterly and it should be signed and dated by two people on each occasion.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping, and the office manager had participated in adult safeguarding training.

Areas for improvement

An area for improvement was made to ensure that the safe contents list is brought up to date and that quarterly reconciliations of the safe place are carried out and signed and dated by two people.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the office manager established that a representative of the home had recently applied to act as appointee for one patient at the request of the commissioning trust. She also confirmed that the formal paperwork in respect of this arrangement had yet to be received as it had only been signed by a representative of the home the previous week. Communication with a director of the home by email following the inspection confirmed that she was not acting as appointee for any other patients in the home.

Discussion with the office manager also established that the home operated a patients' pooled bank account, however she did not deal with banking matters in relation to this account. She confirmed that the director (referred to above) was not available on the day of the inspection due to a prior commitment and therefore the inspector contacted the director following the inspection.

Communication with the director in question established that the patients' bank account was appropriately named to identify that the monies within it belonged to patients and not the home. She also confirmed that no monies were received directly into the pooled patients' bank account for any patient and that the account was reconciled monthly by herself and the organisation's accountant. Reconciliations of the patients' bank account were not reviewed as part of this inspection.

For other patients, monies for patients' personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by patients' representatives. Discussion with the manager and the office manager established that receipts were provided to any person depositing money. However a review of a sample of deposit transactions established that some deposit receipts were not in place and the office manager confirmed that this was an oversight. A review of available deposit receipts identified that they were routinely signed by the person receiving the money, not by the person depositing the money.

There was also several deposit receipts book in use at the same time and these were mixed purpose. Feedback was provided to the manager and the office manager in respect of (potentially) having receipt books for discreet purposes and ensuring that only one book was used before starting another. The inspector also noted that the home may wish to consider pre-printed receipt books to prompt the relevant staff on the information which must be included on a deposit receipt.

An area for improvement was made in respect of ensuring that clear and detailed deposit receipts are available for deposit transactions.

Records of income and expenditure were available and a review of a sample of records established that these followed a standard financial ledger format. A review of the sample of records established that the majority of transactions had been signed by the office manager; however some transactions had been signed by two people, including the patients themselves, on occasion.

Ensuring that transactions in patients' income and expenditure records are signed by two people was identified as an area for improvement.

A range of transactions were sampled and the majority of expenditure receipts were available, however it was noted that some receipts were not available and the ledgers did not clearly explain why. The manager and office manager advised that receipts would not be available for expenditure where the money was handed over to the patient to spend directly and this was acknowledged by the inspector. However it was noted that where monies were spent on behalf of the patient, receipts should be available.

An area for improvement was identified to ensure that expenditure receipts are available to evidence how a patient's money has been spent on their behalf. If monies are withdrawn and provided to individual patients for their own use, the ledgers must detail this specifically.

A review of the records identified that reconciliations of the balances of patients' cash held had been recorded and signed by two people. However, a sample of the reconciliations evidenced that there were significant gaps of more than three months between the reconciliations of patients' monies.

An area for improvement was identified in relation to the above to ensure that records of patients' monies and valuables held within the safe place are reconciled, signed and dated by two people at least quarterly.

Hairdressing and chiropody treatments were being facilitated within the home. A sample of treatment records were reviewed which detailed the majority of the information required by standard 14.13 of the Care Standards; however the records evidenced that they were only signed by one person. Hairdressing treatment records were consistently signed by the office

manager but these were not signed by the hairdresser. Chiropody treatment records were consistently signed by the chiropodist but were not signed by a representative of the home.

The inspector highlighted that treatment records should be signed by the person delivering the treatment and be countersigned by a representative of the home who can verify that the patient received the treatment and incurred the cost detailed.

An area for improvement was identified to ensure that treatment records are maintained in the home in the manner as set out within standard 14.13 of the Care Standards for Nursing Homes, 2015.

The inspector discussed with the manager how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained for three patients. The manager provided the records held for all the patients in the home. A review of the file provided for review identified that each of the patients had several records in place, there was significant evidence that records had been updated over time. However the records failed to evidence that they had been subject to a quarterly reconciliation signed by two people, as is required.

The inspector highlighted that each patient's record of furniture and personal possessions should be reconciled, signed and dated by two people at least quarterly. This was identified as an area for improvement.

A review of a sample of charges to patients or their representatives identified that the correct charges had been raised in respect of care and accommodation costs.

The office manager confirmed that the home provided transport services to patients however there was no charge to patients for this service. This was borne out from a review of a sample of income and expenditure records.

A review of a sample of patients' comfort fund records identified that a ledger was maintained detailing income and expenditure (cash only). The most recent reconciliation of the fund which had been signed by two people was dated February 2018. An area for improvement has already been identified in respect of reconciling cash and valuables at least quarterly.

Communication with the director post-inspection identified that comfort fund monies had previously been held within a separate bank account which had since been closed. She further advised that another bank account was being set up to hold these monies, as it best practice.

Areas of good practice

There were examples of good practice found in relation to the existence of mechanisms to record income and expenditure records and the director confirmed that the patients' bank account was appropriately named in favour of the patients and was subject to a monthly reconciliation by herself and the accountant.

Areas for improvement

Six areas for improvement were identified during the inspection in relation to: ensuring that transactions in patients' income and expenditure records are signed by two people; ensuring that records of patients' monies and valuables held within the safe place are reconciled, signed and dated by two people at least quarterly; ensuring that deposit receipts and expenditure receipts are available; ensuring that treatment records are maintained in the home in the

manner as set out within standard 14.13 of the Care Standards for Nursing Homes, 2015 and ensuring that each patient's record of furniture and personal possessions is reconciled, signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	6

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.

Discussion with the office manager established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at the time of the patient's admission to the home.

Discussion with the manager established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. These included an "open-door" policy, a survey and ensuring that a good rapport is maintained with patients and their relatives.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patients and their representatives.

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 patients in order to deliver safe, effective and compassionate care.

The patient guide and statement of purpose provided a range of information for new patients including the general arrangements for safeguarding patients' monies and valuables in the home and information in respect of the patients' comfort fund.

A range of written policies and procedures were in place to guide financial practices in the home. Policies were easily accessible by staff and were all dated within three years of the inspection date.

Discussion with the office manager established that she was familiar with the home's processes regarding the receipt of a complaint and knew how to escalate any concerns under the home's whistleblowing procedures.

Discussion was held with the office manager regarding patient agreements. She noted that these were not up to date and a number had not been returned to the home when provided for signature. A sample of three patients' names was selected to ascertain whether a written agreement was in place with the home for these patients. A review of the file containing patient agreements evidenced that none of the three patients had an agreement on the file. There was therefore no evidence available to confirm that the home had provided the patient or their representative with a written agreement setting out the terms and conditions of their residency in the home.

Ensuring that all patients are provided with an up to date, written agreement which contains the information set out within standard 2.2 of the Care Standards for Nursing Homes (2015) including any specific financial arrangement in place for individual patients was identified as an area for improvement.

The inspector highlighted that the home should retain evidence of how and when it has shared written agreements for signature and that these should be shared with a patient's HSC trust care manager if there is no family member or friend to review and sign the agreement on behalf of the patient.

It was also noted that the three patients whose names were sampled also did not have a written personal monies authorisation detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services. Ensuring that personal monies authorisation documents are in place to provide the home with the requisite authority was identified as an area for improvement.

The inspector discussed with the manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The manager confirmed that this issue was covered by equality and diversity e-learning.

Areas of good practice

There were examples of good practice found: the office manager confirmed that she was familiar with the home complaints process and the process for escalating any concerns under the home's whistleblowing procedures. The home's patient guide and statement of purpose contained a range of information for a new patient and there were arrangements in place to ensure patients experienced equality of opportunity.

Areas for improvement

Two areas for improvement were identified as part of the inspection in relation to: ensuring that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their stay in the home and ensuring that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.

	Regulations	Standards
Total number of areas for improvement	1	1

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 manager and the office manager, at the conclusion 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 DHSSPS 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.

Quality Improvement Plan

Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 5 **Stated:** First time **To be completed by:** 2 May 2019	The registered person shall ensure that there is evidence that each patient or their representative has been provided with an individual written agreement setting out the terms and conditions of their residency in the home. Ref: 6.7
	Response by registered person detailing the actions taken: Each patient or their representative has been issued with an up to date individual agreement detailing terms and conditions of residency. New admissions receive a "Welcome Pack", including Statement of Purpose and Individual Agreement within five days of admission to Wood Lodge. Admission audit will be carried out 13 days following admission to ensure compliance and agreement is on file.
Action required to ensure compliance with the Care Standards for Nursing Homes (2015)	
Area for improvement 1 **Ref**: Standard 14 **Stated:** First time **To be completed by:** 31 March 2019	The registered person shall ensure that an up to date written safe contents record is available. The safe contents record should be reconciled and be signed and dated by two people at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: Safe contents record has been updated and all contents reconciled, signed and dated by Nurse Manager and Office Manager. Reconciliation will continue on a quarterly basis.
Area for improvement 2 **Ref**: Standard 14.10 **Stated:** First time **To be completed by:** 22 March 2019	The registered person shall ensure that each transaction in the patients' income and expenditure records are signed by two people. Ref: 6.5
	Response by registered person detailing the actions taken: All transactions in relation to income and expenditure are signed & dated by two people.
Area for improvement 3 **Ref**: Standard 14.9 **Stated:** First time **To be completed by:** 22 March 2019	The registered person shall ensure that (cash) deposit receipts are available in the home. It is best practice for these receipts to be signed by two people. Ref: 6.5
	Response by registered person detailing the actions taken: Deposit receipts will now always be given when monies exchanged either income or expenditure and signed by two people.

Area for improvement 4 **Ref**: Standard 14.9 **Stated:** First time **To be completed by:** 22 March 2019	The registered person shall ensure that expenditure receipts are available to evidence how a patient's money has been spent on their behalf. If monies are withdrawn and provided to individual patients for their own use, the ledgers must detail this specifically. Ref: 6.5
	Response by registered person detailing the actions taken: Expenditure receipts will be retained on file for inspection at any time. Monies withdrawn by clients for their own use, with no receipt retained will be noted on general ledger.
Area for improvement 5 **Ref**: Standard 14.25 **Stated:** First time **To be completed by:** 31 March 2019 and at least quarterly thereafter	The registered person shall ensure a reconciliation of patients' personal monies and valuables in the safe place are carried out and signed and dated by two people at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: Reconciliation has been carried out of all monies, signed and dated by Nurse Manger and Office Manager. This shall be carried out quarterly
Area for improvement 6 **Ref**: Standard 14.13 **Stated:** First time **To be completed by:** 22 March 2019	The registered person shall ensure that hairdressing and podiatry treatment records are maintained in the home and detail the information required by standard 14.13. Ref: 6.5
	Response by registered person detailing the actions taken: Hairdressing and podiatry treatment records are now signed by visiting hairdresser and chiropodist on day treatment is carried out to verify patients received the treatment and incurred the cost detailed.
Area for improvement 7 **Ref**: Standard 14.26 **Stated:** First time **To be completed by:** 2 May 2019	The registered person shall ensure that records of patients' furniture and personal possessions which they have brought to their rooms are reconciled and signed and dated by a staff member and countersigned by a senior member of staff at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: An audit of Residents personal possessions and furniture is underway, ensuring same has Residents name on each item for identification purposes and that records are correct. This shall be reconciled, signed and dated by a staff member and senior staff member on admission and quarterly thereafter
Area for improvement 8 **Ref**: Standard 14.6 **Stated:** First time	The registered person shall ensure that each patient is provided with a personal monies authorisation record for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.

To be completed by: 2 May 2019	Ref: 6.7
	Response by registered person detailing the actions taken: Authorisation record will be retained on patient file giving authorisation for the home to spend monies on identified goods and services.

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

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