

# Unannounced Finance Inspection Report 12 October 2018



## Naroon House

**Type of Service: Residential Care Home**  
**Address: 1 Ballyquillan Road, Crumlin, BT29 4DD**  
**Tel No: 028 9445 2204**  
**Inspector: Brieghe 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

Naroon House is a residential care home with 12 beds and provides care for older residents, or those with a learning disability or a mental disorder excluding learning disability or dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Naroon House  <b>Responsible Individual:</b> Margaret Kelly	<b>Registered Manager:</b> Mary Kelly
<b>Person in charge at the time of inspection:</b> Mary Kelly	<b>Date manager registered:</b> 28 August 2015
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category LD - Learning Disability LD (E) – Learning disability – over 65 years MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia	<b>Number of registered places:</b> 12

### 4.0 Inspection summary

An unannounced inspection took place on 12 October 2018 from 10.25 to 15.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards (updated August 2011).

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:

- a safe place was available to enable residents to deposit money or valuables for safekeeping
- mechanisms were in place to record the receipt of income and expenditure of residents' monies on their behalf and to carry out reconciliations (checks) of the monies held
- supporting income and expenditure documents were in place
- there were arrangements in place to support individual residents with managing their monies, and
- there was evidence that residents experienced equality of opportunity

Areas requiring improvement were identified in relation to:

- Ensuring that the contents of the safe place are checked and recorded by two people at least quarterly.
- Ensuring that staff members do not use their personal store loyalty (points) cards when making purchases on behalf of residents.
- Ensuring that where a representative of the home is acting as appointee (managing the social security benefits of a resident) that these details and the records to be kept are detailed in the individual resident's agreement with the home.
- Ensuring that each resident has an up to date record of the furniture and personal possessions which they have brought to their room.
- Ensuring that there is evidencing of engagement with residents and their representatives and HSC trust care management regarding residents paying for personal care products from their own monies.
- Ensuring that there is evidence that each resident or their representative has been provided with an individual written agreement.
- Ensuring that written policies and procedures guiding financial practices are reviewed and updated as necessary.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	3

Details of the Quality Improvement Plan (QIP) were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 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 residents' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues. A poster was provided for display detailing that the inspection was taking place.

During the inspection, the inspector met with the registered manager, the deputy manager and one resident's representative.

The inspector provided written information to the registered manager 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:

- A sample of income, expenditure and reconciliation records ie: records of checks performed and supporting documentation.
- Written policies and procedures:
  - “Access to records policy” November 2017
  - “Residents’ valuables, clothing and furniture” June 2012
  - “Complaints procedure” November 2017
  - “Control of residents personal property” June 2012
- One record of resident’s personal property (in their room).
- The safe contents record “Contents of Naroon House Safe” updated August 2015.
- A sample of treatment records for hairdressing and chiropody services facilitated within the home.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 12 September 2018**

The most recent inspection of the home was an unannounced care inspection. The QIP from the inspection 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 14 June 2012**

The home received an RQIA finance inspection on 14 June 2012; the findings were not brought forward to the inspection on 12 October 2018.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed that adult safeguarding training was mandatory for all staff; the registered manager was the key member of staff with responsibility for the administration of residents’ monies safeguarded by the home.

Discussions with the registered 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 resident.

The home had a safe place available for the deposit of cash or valuables belonging to residents; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables belonging to residents were deposited for safekeeping in the safe place. A safe contents record “Contents of Naroon House Safe” was in place, in which deposits or withdrawals from the safe place had been recorded. However the record contained an entry “updated August 2015”. No evidence was presented to confirm that the safe contents had been checked more recently. The inspector highlighted that the safe contents record should be checked against the items contained within it at least quarterly; the record should be signed and dated by two people.

An area for improvement was identified in respect of this finding.

**Areas of good practice**

There were examples of good practice found, in relation to the availability of a safe place to enable residents to deposit money or valuables for safekeeping.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to ensuring that the safe contents record is checked against the items in the safe at least quarterly; the record should be signed and dated by two people.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager established that the responsible individual was acting as appointee (managing the social security benefits) for several residents in the home. A review of a sample of residents’ files identified that correspondence from the social security agency was on file addressed to the home; official social security documents (Form BF57) were not evidenced on the files. Form BF57 details the name of the appointee and what date the identified appointee took over this role.

Ensuring that the home obtains written confirmation of the appointee details from the social security agency was identified as an area for improvement.

The written agreements for two residents for whom the responsible individual was acting as appointee were reviewed. The agreements on file for each of the two residents failed to evidence that the appointee details and the records to be kept in respect of the appointment were included in the agreements. It was highlighted that once the relevant appointee details had been confirmed; these should be clearly recorded within the relevant residents’ agreements.

For the residents for whom the responsible person was acting as appointee, the residents’ social security benefits were received to a separate bank account. Periodically, the registered manager made a transfer to each residents’ personal monies, a sum representing the balance owed to each resident following the resident’s contribution to their weekly care costs.

A check of a sample of transfers made to the residents' cash balances identified that the correct amounts had been transferred for the respective residents.

The timeliness of the periodic transfers of monies was discussed with the registered manager and advice was provided to ensure that transfers to residents' cash balances are made no more than four weeks after monies are received to the bank account.

For two residents, monies for personal expenditure were deposited for safekeeping by residents' representatives. Deposit receipt books were in place which had been signed by two people.

Income and expenditure records were maintained for residents in a book entitled "Residents' expenses/allowances book". Entries followed a standard financial ledger format and were routinely signed and dated by two people. A check of a sample of entries for expenditure was carried out and the supporting evidence was available for the records selected. Within the sample of records there was evidence that a personal store loyalty card had been used when making purchases on behalf of residents. The registered manager confirmed that she had made the purchases in question and noted that this had been an oversight.

Ensuring that staff members do not benefit personally from store loyalty points earned on purchases made on behalf of residents was identified as an area for improvement.

A review of a sample of residents' income and expenditure records and subsequent discussion with the registered manager identified that three of the residents were paying for products related to their personal care needs. The rationale for residents paying for these products and not the Health and Social Care (HSC) trust was discussed in feedback with the registered manager and deputy manager. The inspector queried whether there would be any written evidence of discussion and agreement with the residents, their family members and the HSC trust for the three residents to pay for these products from their personal monies. However, no evidence was presented to the inspector in this regard.

It was noted by the registered manager that the products being purchased by residents were of a superior nature and that the HSC trust would not meet the cost of these products. However, the inspector was informed that the district nurse was due to visit the home that evening and would be asked for clarity on whether the HSC trust would be prepared to pay for the products.

Following the inspection, the inspector contacted the home to establish the feedback from the district nurse. The deputy manager reported that the district nurse had confirmed that the HSC trust would not pay for the products in question. On this basis, the deputy manager was advised that there would be an additional area for improvement in the QIP. This would be to engage with the residents, their families and the relevant HSC trust care managers to detail discussion and agreement to the decision for the residents to continue to pay for these products from their personal monies. Ensuring that discussions are held and agreement obtained and appropriately recorded in each of the three residents records was identified as an area for improvement.

Discussions were held with the registered manager regarding the checks of cash balances held on behalf of residents and a record was provided for review. This detailed that the individual balances held for each resident had been recorded; however, the records had not been signed or dated.

Ensuring that the cash balances held are checked against the record at least every quarter was identified as an area for improvement. It was highlighted that best practice would be for two people to carry out the check and sign and date the record accordingly. An area for improvement has been listed above under section 6.4 above in respect of checking the safe contents (including cash balances) at least quarterly.

Records for hairdressing and chiropody services attracting an additional charge were available in the home and it was noted that these were signed by two people. A sample of the charges was traced to the corresponding residents' expenditure records and these agreed with the records which had been made.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see a sample of the property records maintained for three residents. Only one resident had a record made in the "Residents property book", the remaining two residents did not have a record of property available. The registered manager reported that the remaining two residents had lived in the home for many years and did not have any items in their rooms which belonged to them bar their clothing which it was the home's policy not to record. The representative of one of the two residents was visiting the home during the inspection and the registered manager asked the representative to confirm this with the inspector, which she did.

The inspector acknowledged that the resident may have little or no items to record on their personal property record however each resident should have a record in place should the need to record any item arise in the future. It was highlighted that where any resident did not have any personal items whatsoever, their record should reflect this.

Ensuring that each resident has an up to date record of the furniture and personal possessions which they have brought to their room was identified as an area for improvement.

### **Areas of good practice**

There were examples of good practice found in relation to the availability of mechanisms to record the receipt of income and the expenditure of residents' monies on their behalf and the existence of supporting income and expenditure documents including deposit and expenditure receipts and hairdressing and chiropody treatment records.

### **Areas for improvement**

Four areas for improvement were identified during the inspection. These related to ensuring that: each resident has a record of the furniture and personal possessions which they have brought to their room; ensuring that a quarterly check of the cash deposited for safekeeping is carried out, recorded and evidenced at least every quarter (previously listed under section 6.4 above); ensuring that discussions are held and agreement obtained and appropriately recorded in each of the three residents records in relation to the purchase of personal care products from residents' personal monies; ensuring that staff do not earn points with personal store loyalty cards when making purchases for residents and ensuring a record is kept of persons working at the home acting as the appointee of a resident.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	1



**6.6 Is care compassionate?**

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

Day to day arrangements in place to support residents were discussed with the registered manager. She described a range of examples of how the home supported residents with their money. These discussions established that arrangements to appropriately support residents with their money would be discussed with the resident or their representative at the time of the resident's admission to the home.

Arrangements for residents to access money outside of normal office hours were discussed with the registered manager. This established that there were arrangements in place to ensure that the individual needs and wishes of residents could be met in this regard.

**Areas of good practice**

There were examples of good practice found in respect of the arrangements in place to support individual residents discussed during the inspection.

**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 residents in order to deliver safe, effective and compassionate care.**

A range of written policies and procedures were in place to guide record keeping and financial practices in the home and were easily accessible by staff. However a review of the policies established that a number of these were outside of the three-year time period for review. For instance, the policy addressing "Control of residents' personal property" was dated June 2012. The registered manager reported that she was currently reviewing all of the policies and that these were being updated gradually.

An area for improvement was listed to ensure that policies directing financial practices in the home are reviewed and updated accordingly.

Individual resident agreements were discussed with the registered manager and a sample of three residents' finance files was requested for review. A review of the files established that each of the three residents had a written agreement in place setting out the terms and conditions of their residency in the home. However none of the agreements had been signed and dated by the resident or their representative. There was therefore no evidence presented that these agreements had been shared for signature by the resident or their representatives.

A review of the agreements on the residents' file identified that only the total weekly fee was detailed. Feedback was therefore provided to the registered manager in respect of clearly setting out within the updated agreements, the weekly fee, the person(s) paying the fee and the respective method(s) of payment.

Each resident should be provided with an up to date written agreement which is kept up to date to reflect all changes. Any change to a resident's agreement should be agreed in writing by the resident or their representative.

This was identified as an area for improvement.

The inspector discussed with the registered manager the arrangements in place in the home to ensure that residents experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of residents. The registered manager could describe how the comprehensive pre-admission assessment helped to capture this information about each resident as well as getting to know, for instance, the activities which each resident liked to participate in.

The registered manager confirmed that the home did not operate a residents' comfort fund or a transport scheme.

### **Areas of good practice**

There were examples of good practice found in respect of evidence that residents experienced equality of opportunity.

### **Areas for improvement**

Two areas for improvement were identified as part of the inspection. These related to ensuring that there is evidence that each resident has been provided with an up to date written agreement setting out the terms and conditions of the residency in the home (residents' agreements should be kept up to date to reflect all changes) and ensuring that written policies and procedures addressing financial practices in the home are reviewed and updated.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 registered manager as part of the inspection process. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Home Minimum Standards (Updated August 2011).

## **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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 October 2018</p>	<p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>This relates to staff not using their personal store loyalty cards when making purchases on behalf of residents.</p> <p><b>Ref:</b> 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> As stated on the day of the inspection this was an oversight by the manager and this does not occur when making purchases for our residents.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 22 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</p>	<p>The registered person shall ensure that a record is kept of persons working at the home acting as the appointee of a resident.</p> <p><b>Ref:</b> 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This record has been updated to state that the registered person is appointee for just two of our residents who have been with us, one for over 30 years and the other resident for over 18 years. Management do not act as an appointee for any of our other residents, it is either a family member or Trust representative who act as an appointee and this has been the case for several years now.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</p>	<p>The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).</p> <p><b>Ref:</b> 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person has updated each of our residents' personal property records to include any of their personal possessions and if they have any furniture with them or if they have any items of a monetary or sentimental value.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2018</p>	<p>The registered person shall ensure that there is evidence that each resident has been provided with an up to date written agreement setting out the terms and conditions of their residency in the home (residents' agreement should be kept up to date to reflect all changes) with the change agreed in writing by the resident or their representative.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Residents written agreements have been updated. The agreements are signed by the resident or their representative. A copy will be retained in the resident personal file, where a representative is unable to sign this will be recorded.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Home Minimum Standards (Updated August 2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 15.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2018 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a quarterly check of the contents of the safe place is carried out, recorded and evidenced at least every quarter. Best practice would dictate that two people sign and date the check.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been updated and there will be a quarterly check of the contents of the safe carried out, dated and recorded by two staff.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 7.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 December 2018</p>	<p>The registered person shall ensure that procedures are explained to residents and their representatives informing them of the implications of the treatment and any options available to them. This is documented in care records.</p> <p>This area for improvement relates to evidencing engaging with residents and their representatives and HSC trust care management regarding residents paying for personal care products from their own monies.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This is the choice of three of our female residents to purchase a more discrete form of personal care product than those offered to them from the Trust. This is recorded in their personal care files and their families, and their Trust representatives are aware of this.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 21.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to, or the introduction of, new policies and procedures.</p>

<b>To be completed by:</b> 12 November 2018	Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> These policies and procedures have been updated.

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)