

Unannounced Finance Inspection Report 08 March 2018



The Cara

Type of service: Residential Care Home
Address: 114 Duneaney Road, Rasharkin, BT44 8SR
Tel No: 028 2957 1330
Inspector: Briega Ferris

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 residential care home with 8 beds that provides care for older residents.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Cara Care Home Ltd Responsible Individual: Mrs Elizabeth Kathleen Mary Lisk | Registered Manager: Linda Jamieson |
| Person in charge at the time of inspection: Linda Jamieson | Date manager registered: 12 June 2017 |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category | Number of registered places: 8 <ul style="list-style-type: none"> • a maximum of eight residents shall be accommodated in single bedrooms in the main home only • the chalet accommodation comprising three beds must not be used by residents until approval has been granted by RQIA • the home is approved to provide care on a day basis to 4 persons. |

4.0 Inspection summary

An unannounced inspection took place on 08 March 2018 from 10.15 to 13.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last finance inspection (if any) 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 adult safeguarding training; the availability of a safe place in the home, records of income and expenditure maintained and supporting documentation; listening to and taking account of the views of residents; the availability of written policies and procedures to guide record keeping and financial practices in the home and that each sampled resident had a signed individual written agreement with the home.

Two areas for improvement were identified in relation to ensuring each resident or their representative is given written notice of all changes to their individual written agreement, which are agreed in writing by the resident or their representative and ensuring that the home's generic resident agreement is compared to standard 4.2 of the Residential Care Homes Minimum Standards (2011) to ensure that the minimum content is detailed.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Linda Jamieson, 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. The most recent inspector to visit the home was contacted, who advised there were no matters to be followed up from the previous inspection.

During the inspection, the inspector met with the registered manager. The following records were examined during the inspection:

- The statement of purpose
- The resident guide
- Income, expenditure and reconciliation records for residents' monies
- A sample of treatment records for hairdressing and podiatry services facilitated in the home
- Written policies and procedures (reviewed 2017) in respect of:
 - Complaints
 - Whistleblowing - making a disclosure in the public interest
 - Record Keeping
 - Gifts to staff
 - Financial policy
 - A sample of charges in respect of care and accommodation fees
- Three residents' individual written agreements with the home
- Three records of residents' personal property in their room including audits which had been recorded

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The QIP from the inspection was approved by the pharmacist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents 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 and that the home administrator had most recently received this training in 2017; the home administrator was on leave on the day of the inspection.

Discussions 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 any money or valuables to be deposited by residents for safekeeping. On the day, several balances of cash were being held for residents, no valuables were on deposit.

Areas of good practice

There were examples of good practice found, adult safeguarding training was mandatory for all staff and a safe place was available in the home for residents to deposit any money or valuables for safekeeping.

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.

Arrangements in place for the home to receive the personal monies of any resident directly were discussed. The registered manager confirmed that no representative of the home was acting as nominated appointee for any resident (i.e.: managing and receiving social security benefits on a resident's behalf).

She explained that money was received from the families of residents in order to pay for hairdressing and podiatry services facilitated in the home. No other goods or services were routinely purchased from monies deposited by families on behalf of their relative. Discussion with the registered manager established that previously, those depositing cash would have been provided with a receipt and a review of the duplicate receipt book in place confirmed this.

However, the registered manager explained that residents' family members generally deposited the exact amount for forthcoming hairdressing or podiatry treatments and the practice of issuing a deposit receipt had ceased. However, the inspector highlighted that this practice provided protection for both the resident and the member of staff receiving cash and advice was provided to the registered manager that the practice should be resumed from the date of the inspection.

Income and expenditure records were available for each resident for whom money was held which followed a standard financial ledger format, and each transaction was signed and dated by two people. There was evidence that the records were regularly reconciled to the cash in hand, the most recent reconciliation which was signed and dated by two people had been carried out in January 2018.

The registered manager explained that the home had a third party top up charge which was payable for each of the rooms. She explained that the home met the cost of all residents' toiletries which was also included in the third party top up charge.

Hairdressing and podiatry services were facilitated in the home and records were available to confirm the dates of treatments. Advice was provided to the registered manager in respect of clearly recording on the podiatry treatment records, the names of the individual residents treated on each occasion, as a sample of records identified that the number of residents treated had been recorded, not residents' names.

A sample of the invoices raised to residents or their representatives in respect of charges for care and accommodation fees identified that the correct amounts had been charged by the home.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see the completed property records for three randomly sampled residents. The registered manager reported that these records were held within the "Personal Possessions" book. A review of the content of the book identified that each resident had a written record in place. There was also evidence that records had been updated and that audits of the property had been recorded by the registered manager, the most recent audit had been conducted in September 2017.

Advice was provided to the registered manager in respect of ensuring that records of personal property recorded on behalf of residents are clearly dated.

The registered manager confirmed that no bank accounts were managed on behalf of residents, the home did not the home operate a comfort fund, nor were transport services provided by the home.

Areas of good practice

There were examples of good practice found: records of income and expenditure, reconciliations and supporting documents were maintained, a sample of charges for care, accommodation identified that the correct amounts had been charged and each resident had a written record of the furniture and personal possessions which they had brought to their rooms.

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?

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

The arrangements to support residents with their money on a day to day basis were discussed with the registered manager. The registered manager explained the arrangements which were in place to support individual residents with their monies. This included recent contact which had been made with care management in the commissioning trust to ensure that one resident's finances were appropriately safeguarded to ensure they had access to their monies for personal expenditure.

Discussion established that the home had a number of methods in place to encourage feedback from residents or their representatives in respect of any issue, including ongoing day-to-day feedback, six-monthly relatives' meetings and an annual residents' opinion survey.

Areas of good practice

There were examples of good practice identified for example, in relation to listening to and taking account of the views of residents.

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

The statement of purpose and resident guide encompassed a range of information for a new resident, including general information regarding the current fees payable and the goods and services receivable in respect of the total weekly charge, together with details as to services attracting additional charges.

A range of written policies and procedures were easily accessible and addressed practices in the home including record keeping, financial record keeping, complaints and whistleblowing.

Discussion was held regarding the individual written agreements in place with residents and three residents' files were sampled to review the agreements in place. This review evidenced that all three residents had a signed agreement on their files; two of the residents' agreements were up to date, however one resident's agreement did not reflect the current fee arrangements and required updating.

This was identified as an area for improvement.

A review of the home's generic resident agreement template identified that it was not wholly consistent with the minimum content of standard 4.2 of the Residential Care Homes Minimum Standards (2011). The inspector highlighted that the home's agreement should be compared with the above standard to ensure that it contains all of the content of the standard as a minimum.

An area for improvement was made to ensure that the generic resident agreement is reviewed and updated as appropriate. Each resident should receive an up to date version of their individual written agreement from the date of the next change in any matter included in the resident agreement. Any change to a resident's agreement should be agreed in writing by the resident or their representative.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide record keeping and financial practices in the home and each sampled resident had an individual written agreement in place with the home (albeit at least one of these required updating).

Areas for improvement

Two areas for improvement were identified during the inspection. These related to updating residents' agreements to reflect up to date fee arrangements and ensuring that the content of the home's generic resident agreement is consistent with the minimum content of a resident agreement as detailed within standard 4.2 of the Residential Care Homes Minimum Standards (2011).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Jamieson, 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 Residential Care 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 Homes 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 DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 08 March 2018</p> | <p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.7</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Residents contracts have been updated that the resident or their representative will be given four weeks written notice to all changes concerning their agreement and this will be agreed in writing by the resident or their representative if for any reason they refuse to sign this will be documented in their records.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 08 March 2018</p> | <p>The registered person shall ensure that the home's generic resident agreement is compared with the standard 4.2 of the Residential Care Homes Minimum Standards (2011) to ensure that its content is consistent with the minimum content of a resident agreement as detailed within the standard.</p> <p>Ref: 6.7</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The contract has been amended to ensure compliance with standard 4.2 of the Residential care Home minimum Standards 2011.</p> <p>All other fees Private Chiropodist's and Hairdressers fees have been added to the contract.</p> <p>Mrs Elizabeth Lisk</p> |

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



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