

Unannounced Finance Inspection Report 28 March 2017



Hollybank

Type of Service: Residential Care Home
Address: 13 Union Road, Magherafelt BT45 5DF
Tel No: 02879633369
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hollybank took place on 28 March 2017 from 10:25 to 13:30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

A safe place in the home to store residents' money and valuables was available and staff members were familiar with controls in place to safeguard residents' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure residents' money and valuables were safeguarded were found to be in place and operating effectively, no areas for improvement were identified.

Is care compassionate?

Discussion with staff members evidenced an empathic attitude to ensuring residents' money and valuables were appropriately safeguarded; no areas for improvement were identified.

Is the service well led?

Governance and oversight arrangements were found to be in place; however two areas for improvement were identified during the inspection. These related to ensuring that the registered person is satisfied that each new resident of the home has received a copy of the home's resident guide and to ensuring that the home provides to each resident an individual written agreement, detailing the terms and conditions of their stay in the home and including as a minimum, the content of DHSSPS standard 2.2.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the quality improvement plan (QIP) within this report were discussed with Cecelia Donnelly, acting 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.

1.2 Actions/enforcement taken following the most recent finance inspection

There has been no previous finance inspection of the home.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust/Anthony Baxter Stevens	Registered manager: Cecelia Donnelly (Acting)
Person in charge of the home at the time of inspection: Cecelia Donnelly (Acting manager)	Date manager registered: Cecelia Donnelly (Acting – no application required)
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 9

The home provides respite care to residents; discussion with staff identified that the duration of each resident's stay can range from 1 day to approximately 2 weeks, however this depends on each resident's individual needs.

3.0 Methods/processes

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 services users' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues; the previous inspector to visit the home was also contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with Cecelia Donnelly, the acting manager, and a senior support worker. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The Residents' Guide
- The Northern Health and Social Care Trust- standing financial procedures
- Four residents' "record of cash held documents"
- The record of safe contents – "Safe register- Hollybank short break unit"
- Three records of residents' personal property (in their rooms)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 March 2017

The most recent inspection of the home was an unannounced care management inspection; any QIP issued as a result of the inspection will be followed up by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, there has been no previous finance inspection of the home.

4.3 Is care safe?

The acting manager confirmed that all staff in the home had recently received training on the Protection of Vulnerable Adults (POVA). The acting manager and the senior support worker who met with the inspector were both very familiar with the controls in place to safeguard residents' money and valuables in the home; and both could clearly describe these.

During discussion, the acting manager confirmed that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any 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 belonging to a number of residents was lodged with for safekeeping; no valuables belonging to residents were being held.

The home had a written safe register to record items held for safekeeping in the safe place. As noted above, no valuables were being held; however, the safe register detailed the transfer of safe keys twice daily at each staff handover.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with staff established that no representatives of the home were acting as nominated appointee for any resident in the home, nor was the home in direct receipt of the personal monies for any resident. Staff explained that residents may bring a certain amount of personal money to spend while they are staying at the home. Staff also advised that residents may choose to keep their money with them or they have the option of having their money stored in the home's safe place until they need it.

Staff confirmed that residents’ monies were not spent on their behalf; residents’ monies were only spent on items or services while the resident was personally present. This included the cost of goods or services purchased whilst out shopping or on other outings. The acting manager confirmed that no services were facilitated in the home for which there was an

additional charge. Transport services were provided by the home; however there was no cost to residents for using this service.

The home maintained records of money signed into and out of the safe place and receipts for held for expenditure made by residents while they were staying in the home. Records were made on “Hollybank – record of cash held” sheets. Records followed a standard financial ledger format and entries detailing lodgements and expenditure were routinely signed by two people. Discussion established that where possible, residents were encouraged to be one of the signatories on their individual records. Records also routinely detailed the amount signed over to each resident or their representative at the end of a period of respite.

No bank accounts were maintained by the home for residents. The home had a comfort fund for donations to the home, however discussion established that this was managed centrally by the NHSCT finance department; no records were maintained at the home in respect of the fund.

Staff confirmed that the property which residents brought with them to the home (and that which was discharged home again) was recorded. The home used a template entitled “Service user personal belongings record”. A sample of three records were reviewed and these reflected that each resident’s record had been dated and detailed the items brought with the resident and signed out again on discharge.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Day to day to day arrangements in place to support residents were discussed with the acting manager and a senior support worker. Staff described specific examples of how the home supported a number of residents with their money. Discussion established that arrangements to safeguard a resident’s money would be discussed with the resident or their representative prior to or at the time of the resident’s admission to the home and options for the home to support each resident with their money would be discussed and agreed. Staff described the sensitivities around these discussions with empathy and emphasised that residents’ personal needs and preferences were prioritised when making arrangements to support them with managing their money.

Discussion with the registered manager identified that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue, including ongoing verbal feedback, and discharge questionnaires, a sample of which were reviewed on inspection. A review of the standard questionnaire established that it did not contain any questions regarding the resident’s money (or valuables). This was discussed with the acting manager and advice was provided regarding the possibility of including one or more questions regarding the resident’s feelings about how their money was managed whilst staying in the home. The acting manager reported that this would be considered in future.

Arrangements for residents to access money outside of normal office hours were discussed with the registered manager. The acting manager explained that the senior support worker on duty on each shift had access to the safe place; therefore, residents had access to their monies at all times.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Staff referred to the NHSCT standing financial procedures as the primary reference documents regarding how money and valuables belonging to residents was recorded on their behalf. The acting manager also noted that the home referred to the online policy library and a senior support worker had been designated to highlight any policy which had been updated on the library to other staff. As noted above, staff were familiar with controls in place to record income and expenditure on behalf of residents in the home.

The home's resident guide included a range of useful information for a prospective resident. It also included a clear organisational structure. The acting manager and the senior support worker spoken with were clear on their individual roles and responsibilities in relation to safeguarding residents' money and valuables.

Discussion with the acting manager established that she believed a copy of the resident guide was provided by each resident's keyworker while they were still a prospective resident of the home.

A recommendation was made for the registered person to be satisfied that each new resident of the home has received a copy of the home's resident guide.

Individual resident agreements were discussed with staff. The acting manager noted that she believed these to be provided by keyworkers in the community who arranged each resident's placement in the home. She reported that updated versions of the home's statement of purpose and residents' guide were provided to keyworkers.

These findings were discussed with the acting manager and it was noted that there was no evidence that each resident had received a written agreement from the home. It was highlighted that it was a statutory responsibility to ensure that each resident received a written agreement detailing the terms and conditions of their residency in the home.

A requirement was made to ensure that the home provides to each resident, an individual written agreement detailing the terms and conditions of their stay in the home and including as a minimum, the content of DHSSPS standard 2.2.

It was highlighted that in subsequent admissions to the home, each resident's written agreement with the home should be updated to reflect any changes to fees payable or any other matter as detailed in the agreement. Changes to the agreement should be agreed in writing with the resident or their representative.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that the registered person is satisfied that each new resident of the home has received a copy of the home's resident guide and to ensuring that the home provides to each resident an

individual written agreement detailing the terms and conditions of their stay in the home and including as a minimum, the content of DHSSPS standard 2.2.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cecelia Donnelly, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards (updated August 2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP **to the web portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider must ensure that each resident is provided with a written agreement which specifies the fees payable by or in respect of the resident for the provision of accommodation and personal care. The written agreement must detail the method of payment of the fees and the person(s) by whom the fees are payable.</p>
	<p>Response by registered provider detailing the actions taken: We will develop an agreement template to reflect requirements above, in user friendly format.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 29 March 2017</p>	<p>The registered provider should ensure that prospective residents or their representatives are given a "Residents' Guide" that provides comprehensive, up to date information about the home and the services provided. The information is available, if required, in a format and language suitable for each prospective resident or their representative.</p>
	<p>Where copies of the Residents' Guide are provided to keyworkers in the community, for distribution to prospective residents, the registered provider should be satisfied that new residents have received a copy of the Residents' Guide.</p>
	<p>Response by registered provider detailing the actions taken: Will clarify with Team managers in each locality that residents guide is distributed to new Service Users and these are also available within the Unit.</p>



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