

Announced Finance Inspection Report 20 June 2017



Lisgarel

Type of Service: Residential
Address: Gloucester Park, Larne, BT40 1PD
Tel No: 028 2827 4833
Inspector: Joseph McRandle

www.rqia.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 40 beds that provides care for residents living with old age.

3.0 Service details

<p>Organisation/Registered Provider: Northern Health and Social Care Trust</p>	<p>Registered Manager: Mr Andrew David Jamison</p>
<p>Responsible Individual(s): Mr Anthony Baxter Stevens</p>	

Person in charge at the time of inspection: Mr Andrew David Jamison	Date manager registered: 01 April 2005
Categories of care: Residential care (RC) I - Old age not falling within any other category	Number of registered places: 40

4.0 Inspection summary

An announced inspection took place on 20 June 2017 from 10:15 to 14:30. Less than one hours' notice was given prior to the inspection.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, 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.

Evidence of good practice was found in relation to providing a safe place for residents to deposit items for safekeeping and the controls surrounding the safe place, informing residents or their representatives in advance of increases in fees and residents signing records when receiving their personal allowance monies.

Areas requiring improvement were identified in relation to the home's administration staff receiving adult safeguarding training, implementing a system for recording the balance of monies held for residents, confirming if the Northern Health and Social Care Trust (NHSCT) acts as an appointee, implementing a system for recording the reconciliations of residents' monies.

Other areas for improvement included updating records of residents personal possessions and items of furniture following admission, updating the financial policies and procedures operated at the home, recording residents' financial arrangements within their written agreements, implementing a system for recording monies received from the NHSCT separately from the safe contents book, updating the residents' guide with a list of services included in the weekly fee, ceasing the practice of staff receiving monies directly from residents to make purchases on behalf of residents, developing and implementing a robust system for staff making purchases on behalf of residents, update residents' agreements and residents and staff to sign records when monies handed over to residents from the safe place.

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	2	11

Details of the Quality Improvement Plan (QIP) were discussed with Mr Andrew Jamison, 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.

4.2 Action/enforcement taken following the most recent pharmacy inspection dated 5 April 2017

The most recent inspection was an unannounced Medicines Management inspection undertaken on 5 April 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous Medicines management inspection, notifiable events submitted to RQIA following the last inspection, there were no financial issues identified.

During the inspection the inspector met with the registered manager, the home's administration officer and one care assistant

The following records were examined during the inspection:

- Four service users' finance files
- Four service users' individual written agreements
- The residents' guide
- Records of safe contents
- Records of residents' monies forwarded from the NHSCT
- Records from monies deposited at the home on behalf of residents
- Financial policies and procedures
- One resident's records of personal property.

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 5 April 2017

The most recent inspection of the home was an unannounced Medicines Management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next Medicines Management inspection.

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

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

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

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. Monies held on behalf of four residents were counted, the amount retained agreed to the balance recorded at the home.

Review of records confirmed that the balance recorded was the overall balance held for the four residents, there was no record of the amounts held for each resident. Records showed that the balance of residents' monies was recorded on an envelope. An area for improvement was identified in relation to the system for recording the balance of monies held on behalf of residents.

Review of records and discussion with staff confirmed that no valuables were held on behalf of residents. A safe contents book was in place and up to date at the time of the inspection.

Discussion with the administration member of staff confirmed that they had not received training in relation to the safeguarding of residents' monies. This was identified as an area for improvement.

Discussion with staff confirmed that there were no finance related restrictive practices in place for any resident.

Areas of good practice

There were examples of good practice found in relation to providing a safe place for residents to deposit items for safekeeping and the controls surrounding the safe place.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to developing and implementing a system for recording the balance of monies held for residents and to ensure administration members of staff receive adult safeguarding training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Staff could not confirm if the NHSCT was the appointee for any resident, i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual. No record of the details of the person nominated to act as appointee was maintained within the residents' files. This was identified as an area for improvement.

Discussion with staff confirmed that no member of staff at the home or at the NHSCT acted as an agent for any resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

Discussion with staff confirmed that monies held on behalf of residents were reconciled to the records of monies held, on a monthly basis. It was noted that there was no evidence of the reconciliations maintained at the home. The inspector highlighted to staff that as in line with standard 15.12 of the DHSSPS Residential Care Homes Minimum Standards 2011, reconciliations should be carried out at least quarterly and recorded. Two signatures should also be recorded to evidence the reconciliations. Following the discussion, the registered manager agreed to implement a system for recording the reconciliations of residents' monies. This was identified as an area for improvement.

Discussion with the registered manager and review of records confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Discussions also confirmed that these records were not always updated following admission e.g. televisions located in residents' bedrooms. This was identified as an area for improvement.

Records confirmed that residents or their representatives were informed in advance of any increase in fees as in line with The Residential Care Homes Regulations (Northern Ireland) 2005.

Discussion with staff confirmed that the NHSCT managed Patient Private Property (PPP) accounts on behalf of four residents. Staff also confirmed that no bank accounts were managed on behalf of residents.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies did not reflect all of the procedures currently operated at the home e.g. the procedure for staff to purchase items on behalf of residents. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice in relation to informing residents or their representatives in advance of increases in fees.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to confirming if the NHSCT acts as an appointee for residents, implementing a system for recording the reconciliations of residents' monies, update records of residents personal possessions and items of furniture following admission and updating the financial policies and procedures operated at the home.

	Regulations	Standards
Total number of areas for improvement	0	4

6.6 Is care compassionate?

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

Review of records and discussion with staff confirmed that the NHSCT forwarded monies to the home on behalf of four residents. A sample of records of monies forwarded by the Trust were examined, the records showed that monies recorded as received by the home agreed to the amounts forwarded by the Trust. Records also showed that the residents' weekly personal allowance monies were paid over to them for which the residents and a member of staff had signed the records to confirm the transaction.

Review of records showed that these financial arrangements were not included within the residents' written agreements as in line with standard 15.2 of the DHSSPS Residential Care Homes Minimum Standards (2011). This was identified as an area for improvement.

It was noted that transactions of the amounts received from the Trust and the amounts paid over to residents were recorded in the safe contents book. The inspector highlighted to staff that this made it difficult to agree the balance held for the residents after monies were paid over. Following a discussion the registered manager agreed to develop and implement a system for the transactions to be recorded separately from the safe contents book. This was identified as an area for improvement.

At the time of the inspection the home did not provide a transport scheme. Discussion with staff confirmed that alternative arrangements were in place to support residents wishing to undertake journeys; this included the use of taxis which were paid for by the residents or their representatives.

Discussion with staff confirmed that arrangements were in place to offer support to residents when managing their own monies.

Areas of good practice

There were examples of good practice in relation to residents signing records when receiving their personal allowance monies and facilitating residents to undertake journeys.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the recording of residents' financial arrangements within their written agreements and developing and implementing a system for the transactions of monies received from the NHSCT to be recorded separately from the safe contents book.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

No records of fees paid by residents were available at the time of inspection. Discussion with staff confirmed that all fees were managed by the NHSCT. Staff confirmed that no additional monies were received for fees over and above the amount agreed through the contracting arrangement with the Trust.

A residents' guide was in place at the time of the inspection. The guide included a written agreement which was issued to residents on admission to the home. It was noted that neither the guide nor the agreement included the details of the services provided to residents as part of their weekly fee. The guide stated that these services were listed in the information sheet provided by the Trust from the residents' financial assessments. The guide did include a list of the additional services provided at the home to be paid by residents e.g. hairdressing. An area for improvement was identified within the QIP of this report for the residents' guide to be updated to include the services provided to residents as part of their weekly fee.

Review of four residents' files evidenced that individual written agreements were in place for all four residents. It was noted that the agreements were not in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011). One of the agreements did not show the weekly fee paid by the resident. The remaining three agreements did not show the current fee paid by residents. None of the agreements indicated if residents were making a contribution towards their fee. The four agreements reviewed were signed by the resident, or their representative and a representative from the home. An area for improvement was identified for residents' agreements to be updated to be in line with minimum standard 4.2.

Discussion with staff confirmed that residents managed their own monies. Residents or their representatives would purchase essential items, e.g. toiletries and paid the hairdresser and

podiatrist directly. During the discussions staff informed the inspector that members of staff made purchases on behalf of four residents. This practice would take place approximately every four months. The residents had no next of kin or designated representative. Residents handed monies directly to staff members who would make the purchases and return the items along with the receipts from the purchases. Residents also handed monies to staff in order to pay the hairdresser. Two members of staff would be present when the residents own records were updated with the transactions undertaken. These records were not be verified by the inspector as they were outside the remit of the inspection. It was noted that no records were maintained by the home.

The inspector raised concerns with the registered manager regarding this practice. It was highlighted to the manager that although residents had the right to manage their own monies, there was a potential risk to the residents and the members of staff involved in the practice. It was also highlighted that as members of staff were involved in making purchases on behalf of residents, records of the transactions must be in place.

Following a discussion the registered manager agreed to cease this practice from the date of the inspection. The registered manager also agreed to contact the NHSCT in order to develop and implement a robust system for staff making purchases on behalf of residents. These were identified as areas for improvement.

An area for improvement has been previously identified within this report (section 6.5) for the financial policies and procedures to be updated to include all procedures undertaken by staff on behalf of residents.

Two records of monies deposited at the home on behalf of residents were reviewed. It was noticed that on occasions relatives would deposit monies which would be retained within the safe place. Two signatures were recorded when the monies were deposited. Discussions with staff confirmed that the monies would then be handed over to the residents by members of staff. It was noticed that neither residents nor staff had signed the records to show that the monies and been handed over. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice in relation to listing the additional services charged to residents within the residents' guide.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to updating the residents' guide with the list of services included in the weekly fee, updating residents' agreements, ceasing the practice of staff receiving monies directly from residents to make purchases, developing and implementing a robust system for staff making purchases on behalf of residents and residents and staff to sign records when monies handed over to residents from the safe place.

	Regulations	Standards
Total number of areas for improvement	2	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Andrew Jamison, 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, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 21 June 2017	<p>The registered person shall cease with immediate effect the practice of members of staff receiving monies directly from residents to either make purchases or pay the hairdresser on the residents' behalf.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Practice ceased following the inspection.</p>
Area for improvement 2 Ref: Regulation 14 (4) Stated: First time To be completed by: 28 July 2017	<p>The registered person shall develop and implement a robust system for members of staff undertaking purchases, or paying the hairdresser, on behalf of residents.</p> <p>The registered person shall forward a copy to RQIA of the approved system once implemented.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: A written procedure has been put in place.</p>
Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.	
Area for improvement 1 Ref: Standard 20.14 Stated: First time To be completed by: 21 July 2017	<p>The registered person shall develop and implement a robust auditing process for the recording of monies held on behalf of residents. The system should identify the balance held for each resident.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been actioned.</p>
Area for improvement 2 Ref: Standard 16.3 Stated: First time To be completed by: 10 August 2017	<p>The registered person shall ensure that the administration members of staff receive vulnerable adults safeguarding training.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been actioned.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person shall contact the NHSCT to confirm if they are acting as an appointee for any resident. If this is the case then a record of the name of the person from the Trust nominated to act as appointee should be kept in the residents' files.</p> <p>The record should also include the date the person was approved to act as appointee by the Social Security Agency.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This will be actioned for those for whom the Trust acts as "Corporate appointee."</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2017</p>	<p>The registered person shall develop and implement a system for recording the reconciliations of monies and valuables held on behalf of residents in order to facilitate the audit process. The reconciliations should be undertaken at least quarterly.</p> <p>The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff to evidence that they have taken place.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This is current practice and is already being carried out daily.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2017</p>	<p>The registered person shall ensure that the inventory of residents' possessions and items of furniture is reviewed and brought up to date. Any additional items brought into the home or items that have been disposed of (for which staff have been informed of) should be recorded. The records should be signed and dated by two members of staff; the records should be reconciled at least quarterly.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This is current practice and will continue.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2017</p>	<p>The registered person shall ensure that the financial policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents.</p> <p>A record should be retained showing that staff have read and understood the revised policies and procedures.</p> <p>Ref: 6.5</p>

	<p>Response by registered person detailing the actions taken: This has been actioned</p>
<p>Area for improvement 7 Ref: Standard 15.2 Stated: First time To be completed by: 15 August 2017</p>	<p>The registered person shall ensure that details of residents' financial arrangements are included within their written agreements e.g. the arrangement's for the Trust to act as appointee and the arrangements for residents' monies to be held in a Trust PPP account and forwarded to the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This has been actioned</p>
<p>Area for improvement 8 Ref: Standard 20.14 Stated: First time To be completed by: 21 July 2017</p>	<p>The registered person shall develop and implement a system for recording the amount of residents' monies received from the Trust, and the amounts handed to residents, separately from the safe contents book.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This has been actioned</p>
<p>Area for improvement 9 Ref: Standard 3.2 Stated: First time To be completed by: 31 July 2017</p>	<p>The registered person shall update the residents' guide with the list of the services provided to residents as part of their weekly fee.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been actioned</p>
<p>Area for improvement 10 Ref: Standard 4.2 Stated: First time To be completed by: 15 August 2017</p>	<p>The registered person shall update residents' written agreements in order to be in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011.</p> <p>The agreements should show the current amount paid by the Health and Social Care Trust and the current contribution paid by residents (if any).</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been actioned.</p>
<p>Area for improvement 11 Ref: Standard 15.5</p>	<p>The registered person shall ensure that two signatures are recorded when monies deposited at the home are handed over to residents from the safe place. The record should be signed by the resident and the member of staff handing over the monies.</p>

Stated: First time To be completed by: 21 June 2017	Where a resident chooses not to sign or is unable to sign then this is recorded and a second member of staff signs the record. Ref: 6.7
	Response by registered person detailing the actions taken: This is normal procedure and will continue.

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



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