

Announced Finance Inspection Report 30 August 2017



Westlands

Type of Service: Residential
Address: 2 Westland Road, Cookstown, BT80 8BX
Tel No: 0288672 3922
Inspector: Joseph McRandle

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 29 beds that provides care for residents living with old age.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual(s): Mr Anthony Baxter Stevens	Registered Manager: Mr Sean McCartan
Person in charge at the time of inspection: Mrs Gertrude Monaghan, senior care assistant	Date manager registered: 1 April 2005
Categories of care: Residential care (RC) I - Old age not falling within any other category	Number of registered places: 29

4.0 Inspection summary

An announced inspection took place on 30 August 2017 from 10:30 to 14:00. Less than one hours' notice was given prior to the inspection. The registered manager and the home's administration assistant were not available at the time of the inspection. The inspector discussed the findings from the inspection with the senior care assistant on the day of the inspection and with the registered manager via a telephone conversation on 01 September 2017.

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 place for residents to deposit items for safekeeping, the controls surrounding the safe place, staff involved in managing residents' finances receiving training in adult safeguarding, recording residents' personal possessions on admission to the home, policies and procedures in place in relation to residents' finances, resident signing records when receiving their personal allowance monies, facilitating residents to undertake journeys, arrangements in place to offer support to residents for managing their own monies, listing the services provided to residents as part of their weekly fee.

Areas requiring improvement were identified in relation to: implementing a system for recording the reconciliations of residents' monies, updating the records of residents' personal possessions and items of furniture following admission, updating the financial policies and procedures operated at the home, the recording of one resident's financial arrangements within their written agreement, retaining up to date written agreements within residents' files, recording the full details of the service provided by the hairdresser, ceasing the practice of staff receiving monies directly from residents to make purchases and developing and implementing a robust system for staff making purchases on behalf of residents.

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	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr Sean McCartan, registered manager, by telephone conversation on 01 September 2017, 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 care inspection dated 08 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 08 June 2017.

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 care inspection, notifiable events submitted to RQIA following the last inspection, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the senior care assistant

The following records were examined during the inspection:

- Three residents' finance files
- One resident's written agreement
- The residents' guide
- Records of safe contents
- Records of residents' monies forwarded from the Northern Health and Social Care Trust (NHSCT)
- Records of monies held on behalf of three residents
- A sample of records of payments to the hairdresser
- 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 08 June 2017

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

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

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 three residents were counted, the amount retained agreed to the balance recorded at the home.

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 senior care assistant confirmed that staff involved in managing residents' finances had received training in relation to the safeguarding of vulnerable adults.

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 place for residents to deposit items for safekeeping, the controls surrounding the safe place and staff involved in managing residents' finances receiving training in adult safeguarding.

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.

Discussion with the senior care assistant confirmed that no member of staff at the home or at the NHSCT acted as an appointee for any resident, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual.

Discussion with the senior care assistant also confirmed that no member of staff 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 regular basis. It was noticed that there was no evidence of the reconciliations maintained at the home. The inspector highlighted 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. This was identified as an area for improvement.

Discussion with the staff and review of records confirmed that an inventory of residents' property was maintained when residents were admitted to the home. The senior care assistant was unsure if the records were updated following admission with items brought into the home for which staff had been informed of e.g. televisions or items of furniture. This was identified as an area for improvement.

Review of records showed that the NHSCT managed a Patient Private Property (PPP) account for at least one resident. 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 recording residents' personal possessions on admission to the home and policies and procedures in place in relation to residents' finances.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: implementing a system for recording the reconciliations of residents' monies, updating the 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	3

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 confirmed that the NHSCT forwarded monies to the home on behalf of at least one resident. 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 resident's weekly personal allowance monies were paid over to them. Good practice was observed as the resident 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 resident's written agreement as in line with standard 15.2 of the DHSSPS Residential Care Homes Minimum Standards (2011). 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 for managing their own monies.

Areas of good practice

There were examples of good practice in relation to: one resident signing records when receiving their personal allowance monies, facilitating residents to undertake journeys and arrangements in place to offer support to residents for managing their own monies.

Areas for improvement

One area for improvement was identified during the inspection. This related to the recording of one resident's financial arrangements within their written agreement.

	Regulations	Standards
Total number of areas for improvement	0	1

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 arrangements with the Trust.

A residents' guide was in place at the time of the inspection. The guide listed the services provided to residents as part of their weekly fee. The guide included a written agreement which was issued to residents on admission to the home. Review of three residents' files evidenced that written agreements were not retained within two of the files. The file for the remaining resident retained an agreement which was not in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011). The agreement did not show the details of the current fee paid by, or on behalf of, the resident e.g. the amount paid by the Health and Social Care Trust and the contribution paid by the resident towards their fee (if applicable). An area for improvement was listed within the QIP of this report for updated written agreements to be retained within all residents' files.

Review of records confirmed that a book was retained to record the treatments provided by the hairdresser. The book recorded the names of the residents availing of the hairdresser, the date the service was provided and the amount charged to each resident. The hairdresser and a member of staff had signed the records to confirm that the treatments took place. It was noticed that the details of the service provided to the residents was not recorded within the book. This was identified as an area for improvement.

A sample of payments to the hairdresser for two residents was examined. The amounts deducted from the two residents' monies agreed to the amounts recorded in the hairdressing book. Two signatures were recorded against the transactions reviewed.

Discussion with staff confirmed that a number of residents managed their own monies. Records of transactions for residents for whom the home held monies did not show any purchases undertaken on behalf of the residents. The inspector discussed this finding with the registered manager by telephone on 01 September 2017. The registered manager confirmed that in the majority of instances residents or their representatives purchased essential items, e.g. toiletries. During the discussion the registered manager also confirmed that occasionally residents handed monies directly to staff members to make purchases on their behalf. The members of staff would return the items to the residents along with the receipts from the purchases.

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 residents and 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.

During the discussions 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. Two areas were identified 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.

Areas of good practice

There were examples of good practice in relation to listing the services provided to residents as part of their weekly fee.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: retaining up to date written agreements within residents' files, recording the full details of the service provided by the hairdresser, ceasing the practice of staff receiving monies directly from residents to make purchases and developing and implementing a robust system for staff making purchases on behalf of residents.

	Regulations	Standards
Total number of areas for improvement	2	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 Mr Sean McCartan, 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: 31 August 2017	<p>The registered person shall cease with immediate effect the practice of members of staff receiving monies directly from residents to make purchases on the residents' behalf.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Practice ceased following the inspection.</p>
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Area for improvement 2 Ref: Regulation 14 (4) Stated: First time To be completed by: 22 September 2017	<p>The registered person shall develop and implement a robust system for members of staff undertaking purchases 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> <p>Response by registered person detailing the actions taken: A written procedure has been put in place.</p>
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Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.

Area for improvement 1 Ref: Standard 15.12 Stated: First time To be completed by: 15 September 2017	<p>The registered person shall develop and implement a system for recording the reconciliations of monies 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.</p>
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Area for improvement 2 Ref: Standard 8.7 Stated: First time To be completed by: 22 September 2017	<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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This has been actioned.</p>
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 30 September 2017	<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>
Area for improvement 4 Ref: Standard 15.2 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that details of the financial arrangements for the resident, identified during the inspection, are included within their written agreement e.g. the arrangements for the resident's 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>
Area for improvement 5 Ref: Standard 4.2 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that updated written agreements are retained within all residents' files. 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>

Area for improvement 6 Ref: Standard 20.14 Stated: First time To be completed by: 15 September 2017	The registered person shall implement a system to ensure that the full details of the services provided by the hairdresser are recorded. The records should include the details of the treatment provided to residents. Ref: 6.7
	Response by registered person detailing the actions taken: This has been actioned.



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter [@RQIANews](https://twitter.com/RQIANews)