

# Unannounced Finance Inspection Report 30 October and 7 November 2018



## Westlands

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

[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

This is a residential care home with 29 beds that provides care for residents living with a physical disability and older people.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern Health & Social Care Trust  <b>Responsible Individual(s):</b> Dr Anthony Stevens	<b>Registered Manager:</b> Sean McCartan.
<b>Person in charge at the time of inspection:</b> Sean McCartan	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category PH – Physical disability other than sensory impairment.	<b>Number of registered places:</b> 29  Maximum of 3 residents in RC-PH category of care

### 4.0 Inspection summary

An unannounced inspection took place on 30 October 2018 from 11:00 to 12:30 hours and 7 November 2018 from 11:00 to 13:00 hours.

During the inspection on 30 October 2018 the registered manager was not available and certain records relating to residents' monies could not be accessed. Senior members of staff stated that records were located within the home and the registered manager would be able to provide them on his return. The inspection reconvened on 7 November 2018 and the records were available at that time.

This inspection was underpinned by 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, members of staff involved in managing residents' finances receiving adult safeguarding training, maintaining records of reconciliations of residents' monies, updating the inventory of residents' property following admission to the home, recording of residents' monies received from the Northern Health and Social Care Trust (NHSCT), facilitating journeys on behalf of residents, offering support to residents for managing their own finances and listing the services provided to residents as part of their weekly fee.

Four areas requiring improvement were identified under standards in relation to: confirming if the NHSCT was the appointee for any resident, issuing updated written agreements to residents, recording the full details of the service provided by the hairdresser (restated for a second time) and implement a revised system for recording transactions 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
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Sean McCartan, 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 care inspection dated 18 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 October 2018. 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 care inspection, notifiable events submitted in relation to finance issues (there were no financial issues identified), the returned QIP from the previous finance inspection and the previous finance inspection report.

During the inspection the inspector met with the registered manager and the home's administrator.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors or relatives to speak to the inspector. No relatives or visitors chose to speak to the inspector.

The following records were examined during the inspection:

- one resident's finance file
- one resident's written agreement
- records of safe contents
- cash held on behalf of three residents
- records of monies held on behalf of three residents
- a sample of records of reconciliations between residents monies held and records of monies held
- records of residents' monies forwarded from the NHSCT

- cash held on behalf residents whose monies were forwarded from the NHSCT
- a sample of records of payments to the hairdresser and podiatrist
- financial policies and procedures
- one resident's records of personal property

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

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 18 October 2018

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

### 6.2 Review of areas for improvement from the last finance inspection dated 30 August 2017

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2017	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that since the previous finance inspection on 30 August 2017, this practice has ceased. It is the policy at the home for residents to manage their own monies. No purchases are undertaken on behalf of residents. The inspector was informed by the registered manager that residents or their representatives purchased essential items e.g. toiletries when required.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 September 2017</p>	<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><b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager confirmed that since the previous finance inspection on 30 August 2017, it is the policy at the home for residents to manage their own monies. No purchases are undertaken on behalf of residents.  A review of records evidenced that since the previous finance inspection the policies and procedures have been updated to include the procedure for members of staff to make purchases on behalf of residents, if required. The policy included a copy of the template used to record the purchases requested by residents.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 15.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2017</p>	<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><b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager and a review of records confirmed that reconciliations between the monies held on behalf of residents and the records of monies held were undertaken on a monthly basis.</p> <p>The records of the reconciliations were signed by the person undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p><b>Met</b></p>



	It was noticed that the last recorded reconciliation was over four weeks ago, discussion with the registered manager confirmed that the reconciliations had taken place. The registered manager was advised to keep the recordings of reconciliations up to date in order to be in line with minimum standard 15.12.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b> 22 September 2017	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of a sample of records evidenced that the inventory of residents' possessions had been brought up to date since the previous finance inspection.  Discussion with the registered manager also confirmed that records were updated with items acquired and disposed of after admission for which staff had been made aware of.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2017	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.  A record should be retained showing that staff have read and understood the revised policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the policies and procedures evidenced that the policies were updated since the previous finance inspection on 30 August 2017. The financial procedures undertaken by staff on behalf of residents were included within the revised policies. A record of the names of the members of staff who had read and understood the revised	

	<p>policies and procedures was retained in the home at the time of the inspection.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 15.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<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><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that the financial arrangements would form part of the residents' annual assessments which were retained within the residents' care plans. The registered manager was advised to retain a copy of the financial element of the annual assessment within the files used to retain copies of the residents' written agreements.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<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><b>Action taken as confirmed during the inspection:</b> A review of one resident's file evidenced that a signed written agreement was retained within their file. Although the agreement showed the current amount paid by the Health and Social Care Trust and the current contribution paid by the resident, it was not in line with the majority of the requirements set out in standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011).</p> <p>During the inspection the registered manager produced an updated draft agreement. A review of the draft agreement evidenced that it was in line with standard 4.2. An appendix was attached to the agreement which showed the amount of the fee paid by the resident and the amount paid by the NHSCT. The appendix also included a list of additional services (with their associated costs) which were not included in the weekly fee, i.e. hairdressing and private podiatry. The registered manager</p>	<p><b>Met</b></p>



	was advised that the updated agreements needed to be issued to residents as soon as possible in order to be in line with minimum standard 4.2.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 20.14 <b>Stated:</b> First time <b>To be completed by:</b> 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.  <b>Action taken as confirmed during the inspection:</b> A review of a sample of records from the hairdressing service showed that since the previous finance inspection in 2017 the details of the services provided by the hairdresser were not recorded. The comments in the returned QIP from the previous finance inspection in 2017 stated that the area for improvement had been actioned. This was discussed with the registered manager and the area for improvement has been restated for a second time.	<b>Not met</b>

### 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 members of staff with access to it. Monies held on behalf of three residents were counted, the amounts retained agreed to the balance of monies 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.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies and procedures reflected the financial operational areas of the home.

Discussion with the registered manager confirmed that members of staff involved in managing residents' finances had received training in relation to adult safeguarding. Discussion with staff also 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 and members of staff involved in managing residents' finances receiving adult safeguarding training.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

Discussion with the registered manager could not confirm if the NHSCT was the 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. No record of the details of the person nominated to act as appointee was maintained within residents' files. This was discussed with the registered manager and identified as an area for improvement.

Discussion with the registered manager 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 and a review of records confirmed that in line with standard 15.12 of the DHSSPS Residential Care Homes Minimum Standards (2011), reconciliations between the monies held on behalf of residents and the records of monies held were undertaken on a monthly basis. In line with good practice two signatures were recorded against the records of the reconciliations. It was noticed that the last recorded reconciliation was over four weeks ago, discussion with the registered manager confirmed that the reconciliations had taken place. The registered manager was advised to keep the recordings of reconciliations up to date in order to be in line with minimum standard 15.12.

Discussion with the registered manager and a review of records confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Discussion with staff also confirmed that the records were updated with items acquired and disposed of after admission for which staff had been made aware of. The registered manager confirmed that all furniture and televisions in residents' rooms were provided by the NHSCT.

Review of records showed that the NHSCT managed a Patient Private Property (PPP) account for a number of residents. Discussion with Staff confirmed that no bank accounts were managed on behalf of residents and no comfort fund monies were maintained on behalf of residents.

## Areas of good practice

There were examples of good practice found in relation to maintaining records of reconciliations of residents' monies and updating the inventory of residents' property following admission to the home.

## Areas for improvement

An area for improvement was identified under standards in relation to confirming if the NHSCT was the appointee for any resident.

	Regulations	Standards
Total number of areas for improvement	0	1

### 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 a number of 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. Monies held on behalf of residents were counted, the amount retained agreed to the balance of monies recorded at the home.

Records also showed that the residents' 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.

Discussion with the registered manager confirmed that the above financial arrangements would form part of the residents' annual assessments which were retained within the residents' care plans. The registered manager was advised to retain a copy of the financial element of the annual assessment within the files used to retain copies of the residents' written agreements.

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 found in relation to the recording of residents' monies received from the NHSCT, facilitating journeys on behalf of residents and offering support to residents for managing their own finances.

## 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 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 included a written agreement which was issued to residents on admission to the home. Review of one resident's file evidenced that a written agreement was retained within the file. Although the agreement showed the current amount paid by the Health and Social Care Trust and the current contribution paid by the resident, it was not in line with the majority of the requirements set out in standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011).

During the inspection the registered manager produced an updated draft agreement. A review of the draft agreement evidenced that it was in line with standard 4.2. An appendix was attached to the agreement which showed the amount of the fee paid by the resident and the amount paid by the NHSCT. The appendix also included a list of additional services (with their associated costs) which were not included in the weekly fee, i.e. hairdressing and private podiatry.

Discussion with the registered manager confirmed that the revised agreements needed to be finalised by the NHSCT and envisaged that they would be implemented in the near future. The registered manager was advised that the updated agreements needed to be issued to residents as soon as possible. An area for improvement was listed within the QIP of this report for the updated agreements to be implemented within a specific timescale.

Review of records confirmed that a book was retained to record the services provided by the hairdresser and podiatrist. The book recorded the names of the residents availing of the service, the date the service was provided and the amount charged to each resident. The hairdresser and podiatrist 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 by the hairdresser were not recorded within the book. An area for improvement was listed during the previous finance inspection for the details to be recorded. The comments in the returned QIP from the registered person confirmed that the area for improvement had been met. This was discussed with the registered manager and identified as an area for improvement for a second time.

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

Discussion with the registered manager confirmed that apart from payments to the hairdresser and podiatrist no purchases were undertaken on behalf of residents. The inspector was informed by the registered manager that residents or their representatives purchased essential items e.g. toiletries when required.

A review of records evidenced that correction fluid was used on a number of the entries in the residents' transaction book. No explanation for the errors was recorded and no initials were recorded against the amendments. This was discussed with the registered manager and an area for improvement was identified within the QIP of this report for a revised system of recording residents' transactions to be implemented in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home.

The inspector discussed with the registered manager, the arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered manager informed the inspector that the equality data collected was managed in line with best practice.

### Areas of good practice

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

### Areas for improvement

Three areas for improvement were identified under standards. These related to: issuing updated written agreements to residents, recording the full details of the service provided by the hairdresser and implement a revised system for recording transactions on behalf of residents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 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 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.



Quality Improvement Plan	
Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.10  <b>Stated:</b> First time  <b>To be completed by:</b> 7 December 2018	<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><b>Response by registered person detailing the actions taken:</b>  This information has been ascertained from NHSCT Finance Department and details recorded in the residents file as appropriate.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2019	<p>The registered person shall ensure that the draft updated written agreements (identified during the inspection) are finalised by the NHSCT and issued to residents. The agreements should be signed by residents or their representatives (if resident lacks capacity to make decisions in relation to the agreement) and a representative from the home. Where a resident or their representative is unable or chooses not to sign this should be recorded.</p> <p>Copies of the signed agreements should be retained within residents' files.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>  The updated written agreement has been approved and signed copies of these will be retained within residents' files.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.14  <b>Stated:</b> Second time  <b>To be completed by:</b> 8 November 2018	<p>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.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>  The details of services provided by the hairdresser have been updated and are now in place.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 November 2018</p>	<p>The registered person shall implement a robust system for recording residents' transactions in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of using correction fluid should cease immediately.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> This relates to one error made by a new member of staff. This member of staff has been updated on the correct procedures within the unit as described above and will use these in future.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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