

Unannounced Finance Inspection Report 01 March 2018



Rosedale

Type of Service: Residential Care Home
Address: 100 Kilgreal Road, Antrim, BT41 1EH
Tel No: 028 9442 9402
Inspector: Brieghe Ferris

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 38 beds that provides care for older residents. The home has a small number of permanent residents; the majority of places in the home are occupied by short term admissions for a period of recovery before discharge either home or on to permanent care placements.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Anthony Stevens	Registered Manager: Heather Allison
Person in charge at the time of inspection: Heather Allison	Date manager registered: 01 April 2005
Categories of care: RC-I – Old age not falling within any other category	Number of registered places: 38

4.0 Inspection summary

An unannounced inspection took place on 01 March 2018 from 10.00 to 13.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last finance inspection (if any) and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to adult safeguarding training; the availability of a safe place in the home (although this was not used to store money or valuables belonging to residents); in relation to listening to and taking account of the views of residents; the availability of written policies and procedures to guide record keeping and financial practices in the home and in respect of the provision of information to newly admitted residents.

Two areas for improvement were identified in relation to ensuring that when the updated resident agreement template has been approved for use, each relevant resident should be provided with an up to date written agreement and ensuring that the home administrator receives refresher training in adult safeguarding. Resident agreements should also be updated to reflect the change in fees payable, any change to a resident's agreement should be agreed in writing by the resident or their representative.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Heather Allison, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to residents' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the registered manager, and the home administrator. A poster detailing that the inspection was taking place was positioned in a prominent position the home, however no visitors or representatives chose to meet with the inspector.

The following records were examined during the inspection:

- The resident guide "A guide to Rosedale Residential Unit"
- Written policies and procedures in respect of:
 - "Management of service user finances " dated June 2016
 - "Records management" dated April 2017
- Two residents' individual written agreements with the home
- Two residents' records of personal possessions
- The safe book

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 23 February 2018

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

6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed that adult safeguarding training was mandatory for all staff. Following the inspection, the registered manager confirmed that the home administrator had most recently received this training in November 2014. As this was outside the three year time period at the date of the inspection, an area for improvement was identified for the administrator to receive refresher training as soon as possible.

The registered manager explained that on the day of inspection, no monies or valuables which belonged to residents were being held. Two permanent residents in the home managed their monies independently and the home did not engage in purchases of any goods or services on behalf of those residents. The remaining residents in the home were using the service on a "rehab" basis, normally as a step-down from hospital; again the registered manager confirmed that no monies were held on behalf of any of these residents.

Discussions with the registered manager established that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any resident.

The home had a safe place available, however as noted above, this was not used to store money or valuables belonging to residents.

Areas of good practice

There were examples of good practice found, adult safeguarding training was mandatory for all staff; a safe place was available in the home and a written safe record was in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Arrangements in place for the home to directly receive the personal monies of any resident were discussed. The registered manager confirmed that no representative of the home was acting as nominated appointee for any resident (i.e.: managing and receiving social security benefits on a resident's behalf). In addition, she confirmed that no personal monies were otherwise received on behalf of residents from any source. Therefore income and expenditure records were not maintained, as residents' monies were not being handled by the home.

She explained that services attracting an additional charge such as hairdressing were arranged by residents' family members and the cost settled directly. Therefore, the home did not receive any monies on deposit to pay for these services on behalf of any resident.

The registered manager reported that no charges were raised by the home directly in respect of care and accommodation costs for the two permanent residents living in the home on the day of inspection.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see the completed property records for two residents. The registered manager reported that these were held on each resident's care file and the files were provided for review. Each resident had a record in place which had been signed and dated.

The registered manager confirmed that no bank accounts were managed on behalf of residents nor did the home operate a transport scheme.

The home operated a comfort fund; however the majority of funds were centrally handled by the Northern Health and Social Care Trust finance department. A small float of cash was regularly received from the trust from the home's comfort fund balance. The registered manager reported that this was used to purchase newspapers for the home. Receipts were not reviewed as the registered manager reported that these were sent to the trust to evidence how the monies had been spent. A record was maintained of the running balance held in cash (which was safeguarded within the safe place); the record agreed to the balance of cash in hand.

The registered manager provided a breakdown of the total received into the comfort fund and the purchases which had made from the fund over time. She explained the process of applying for funds using a template which was reviewed. The template detailed the various levels of authorisation required depending on the amount to be spent.

Areas of good practice

There were examples of good practice found: the record of comfort fund monies held agreed to the balance in hand and each resident had a written record of the furniture and personal possessions which they had brought to their rooms.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The arrangements to support residents with their money on day to day basis were discussed with the registered manager and deputy manager. As noted above, the registered manager explained that no residents’ monies or valuables were handled or safeguarded by the home in any way.

Discussion established that the home had a number of methods in place to encourage feedback from residents or their representatives in respect of any issue, including ongoing day-to-day feedback, annual quality questionnaires and by encouraging residents to provide feedback to the HSC trust via the “Your views matter” initiative.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The resident guide “A guide to Rosedale Residential Unit” encompassed a range of information, including general information regarding the fees, the management of valuables and bringing furniture into the home. The registered manager confirmed that new residents received a copy of the resident guide on admission to the home.

A range of written policies and procedures were easily accessible and addressed practices in the home including records management and the management of service user finances. The registered manager confirmed that written policies and procedures in place addressing the management of complaints and whistleblowing.

The home administrator confirmed that she was confident how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

Discussion was held regarding the individual written agreements in place with residents and two residents were sampled to review the agreements in place. This review evidenced that both residents had a signed "occupancy agreement" on their files. A review of the agreements identified that they did not contain the information as required by standard 4.2 of the Residential Care Homes Minimum Standards (2011). This was discussed with the registered manager who reported that a more comprehensive agreement template was currently a work in progress. She contacted a colleague who confirmed this and advised that the document was currently with a senior member of trust staff for review.

A copy of the draft document was provided to the inspector. A review of this document identified that it was more comprehensive and provided more detail for instance, in respect of fees payable, the costs covered by those fees and the costs of any additional services not covered by the weekly fees.

The inspector highlighted that when the updated resident agreement template had been approved for use, each relevant resident should be provided with an up to date written agreement. The timescale for completion of this exercise was agreed with the registered manager. Resident agreements should also be updated to reflect the change in fees payable, any change to a resident's agreement should be agreed in writing by the resident or their representative.

Updating all relevant residents' agreements to reflect the up to date fee arrangements (which should be agreed in writing by the resident or their representative) was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide record keeping and financial practices in the home and the provision of information to newly admitted residents.

Areas for improvement

One area for improvement was identified during the inspection. This related to updating all residents' agreements to reflect the up to date fee arrangements. These changes should be agreed in writing by the resident or their representative.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Allison, registered manager and responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Residential Care Home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).	
<p>Area for improvement 1</p> <p>Ref: Standard 16.9</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</p>	<p>The registered person shall ensure that the home administrator received refresher training in adult safeguarding.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Administrator booked on Refresher training in Adult Safeguarding for the 15th May 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 01 May 2018</p>	<p>The registered person shall ensure that each resident is provided with an individual written agreement which is consistent with the regulatory framework. In particular the agreement should detail at a minimum those aspects set out within standard 4.2.</p> <p>(Any change to a resident’s agreement should be agreed in writing by the resident or their representative.)</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Actioned.</p>

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



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