

Unannounced Finance Follow Up Inspection Report 05 February 2019



The Martin Residential Trust

Type of Service: Nursing Home

Address: 28 Ballyclare Road, Glengormley, BT36 5HL

Tel No: 028 9034 2365

Inspector: Briege Ferris

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 provider 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 nursing home with 19 beds that provides care for patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: The Martin Residential Trust Responsible Individual(s): Lisa McFarland	Registered Manager: Penny McCanny
Person in charge at the time of inspection: Penny McCanny	Date manager registered: 01/04/2005
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 19

4.0 Inspection summary

An unannounced inspection took place on 05 February 2019 from 13.00 to 16.00

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (2015).

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.

The following areas were examined during the inspection:

- Income, expenditure, banking and property records
- Patient Agreements
- Physical security and safe contents

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities and enhance safe financial practices.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lisa McFarland, responsible individual, Penny McCanny, registered manager and the general 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 finance inspection dated 14 February 2017

During a finance inspection of the home on 14 February 2017, RQIA raised concerns regarding the management of patients' monies by the home. This included findings that the home had purchased items from patients' personal monies which should have been paid by the home or the commissioning HSC trust and the operation of an inequitable transport scheme which had led to some patients being financially disadvantaged. As a result of RQIA's concerns, RQIA referred the matter to the Northern HSC trust (NHSCT) adult safeguarding team.

Following consideration of enforcement action, RQIA met with the (then) responsible individual and his representatives and an action plan was submitted to address the identified concerns. The home have subsequently worked in liaison with the NHSCT to identify amounts to be repaid to patients in the home and implement new arrangements for patients' monies including the introduction of a fair and equitable transport scheme. Repayments of any monies owed to patients for whom the home or the NHSCT should have been responsible have now been made; this process has been overseen by the NHSCT.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA since the last inspection was reviewed; this established that none of these incidents related to patients' 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 responsible individual, the registered manager and the general manager. A poster was provided for display in a prominent position in the home detailing the inspection was taking place, no relatives or visitors requested to meet with the inspector.

The inspector provided to the registered manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home. No feedback was received prior to issuing this report.

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

The following records were examined:

- A sample of patients' income, expenditure and banking records, including supporting documents
- Evidence of the reconciliation of service users' monies and valuables
- A sample of patients' personal property records
- A sample of patients' individual written agreements
- A sample of written financial policies and procedures

The findings of the inspection were provided to the responsible individual, the registered manager and general manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 September 2018

The most recent inspection of the home was an unannounced care inspection. The returned QIP from the inspection was approved by the care inspector and 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 14 February 2017

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
Requirement 1 Ref: Regulation 18 (2) (c) Stated: First time To be completed by: 23 February 2017	The registered provider must provide in rooms occupied by patients, adequate furniture, bedding and other furnishings, including curtains and floor coverings and equipment suitable to meet the needs of patients and screens, where necessary.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of a sample of expenditure records were reviewed which evidenced that no such items were paid for by patients from their personal monies.	
Requirement 2 Ref: Regulation 12 (1) (b) Stated: First time To be completed by: 23 February 2017	The registered provider must ensure that transport services provided to patients by the home are administered in a manner which reflects best practice. The principles of operating a transport scheme as outlined in extant guidance e.g. RQIA's Guidance on Transport Schemes, 2013 should be followed.	Met
	Action taken as confirmed during the inspection: Discussion with all three members of staff identified that since the previous finance inspection, the home had introduced a	

	<p>transport scheme based on best practice i.e.: on a pay as you travel basis. The home had liaised with the NHSCT to establish the new mechanism for charging patients for transport services provided by the home.</p> <p>Discussion with the registered manager established that the home had made repayments of monies to patients in relation to the former method of charging for transport services. This exercise had been carried out in conjunction with the NHSCT who visited the home in November 2018 to finalise the issue.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered provider must ensure that each patient has a written record of the furniture and personal possessions which have been brought by them into their room.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of the records established that records were in place for patients. Advice was provided in feedback with respect to capturing the appropriate signatures on the quarterly review of these records.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 19 (3)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2017</p>	<p>The registered provider must ensure that the records referred to in Schedules 3 and 4 of the Nursing homes Regulations (Northern Ireland) 2005 are available at all times for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Action taken as confirmed during the inspection:</p> <p>During the course of the inspection, a broad sample of records was requested for review; records were available and were provided to the inspector.</p>	Met

<p>Requirement 5</p> <p>Ref: Regulation 5</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider must ensure that current and future patients are provided with a written agreement which reflects regulatory requirements (as per regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005) and care standards (specifically standard 2.2 of the Care Standards for Nursing Homes, 2015).</p> <p>Action taken as confirmed during the inspection:</p> <p>A sample of records were reviewed which identified that all but two patients had a signed agreement in place with the home. The staff members participating in the inspection were able to describe the difficulties in securing a signed agreement from one of the commissioning trusts (acting as appointee for the two patients in question).</p> <p>Advice was provided in feedback to ensure that the evidence of the lengths staff had gone to in order to secure a signature from the relevant persons is maintained on file.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered provider should ensure that a written safe register/record is in place which details the contents of the safe place including any cash and valuables held for safekeeping.</p> <p>(The safe record should be reconciled to the safe contents at least quarterly and a written record of the reconciliation should be signed and dated by two people.)</p> <p>Action taken as confirmed during the inspection:</p> <p>A written safe register was in place which detailed the items held for safekeeping within the safe place. This had been checked and signed by two members of staff in January 2019.</p> <p>Advice was provided in feedback with respect to improving the layout of the safe record ie: the items which remain in the safe (long-term) could be typed and the quarterly double-signed check of the entire safe contents more clearly recorded.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 13.11</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider should the general manager and any other member of staff with access to patients' money or valuables receives safeguarding training.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and the general manager established that the general manager had received the training in 2017 and was due to participate in this training again in 2019.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider should ensure that a standard financial ledger format is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the patient's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A broad sample of income and expenditure records was reviewed for patients. This established that clear, detailed records were maintained of income received and expenditure incurred on behalf of patients. Expenditure receipts were available for the transactions sampled. However, a review of the ledgers established that each transaction was not signed by two people, as is required. At the end of each month, the signature of the general manager and the registered manager had been recorded in respect of the transactions recorded for that particular month.</p> <p>It was noted that the home also maintained a small float of cash which is accessible for nursing staff for ongoing day to day withdrawals to make purchases on behalf of patients. A ledger was also maintained by staff, however this was only signed by one person.</p> <p>It was emphasised that securing a second</p>	<p>Not met</p>

	signature on the ledgers is an important control to have in place as it acts as a protection for both the patients and for individual members of staff handling patients' monies. As this matter was identified as an area for improvement from the previous finance inspection on 14 February 2017, it is listed in the QIP for the second time.	
Recommendation 4 Ref: Standard 36.1 Stated: First time To be completed by: 14 April 2017	The registered provider should ensure that written policies and procedures which address patients' money and valuables are updated to reflect new practices. Policies and procedures must be consistent with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015).	Met
	Action taken as confirmed during the inspection: A sample of written policies and procedures were reviewed which addressed current practices in the home and which reflected best practice. Policies and procedures were all dated within three years of the inspection date.	

6.3 Inspection findings

6.3.1 Income, expenditure, banking and property records

A sample of written policies and procedures were reviewed which addressed current practices in the home and which reflected best practice. Policies and procedures were all dated within three years of the inspection date. These addressed areas including: the management of keys, patients' personal furniture, money and valuables and accounting and financial control arrangements.

The registered manager confirmed that a representative of the home was acting as appointee for the majority of patients in the home and the continuation of this arrangement had been agreed in conjunction with the relevant stakeholders including family representatives and the NHSCT.

A broad sample of income and expenditure records was reviewed for patients. This established that clear, detailed records were maintained of income received and expenditure incurred on behalf of patients. Expenditure receipts were available for transactions sampled. Discussion with the registered manager and a review of a sample of expenditure records were reviewed which evidenced that no items which the home or the HSC trust are required to provide were paid for by patients from their personal monies.

A review of the ledgers however established that each transaction was not signed by two people as required. At the end of each month, the signature of the general manager and the

registered manager had been recorded in respect of the transactions recorded for that particular month.

It was noted that the home also maintained a small float of cash which is accessible for nursing staff for ongoing day to day withdrawals to make purchases on behalf of patients. A ledger was also maintained by staff however this was only signed by one person.

It was emphasised that securing a second signature on the ledgers is an important control to have in place as it acts as a protection for both the patients and for individual members of staff handling patients' monies.

Discussion as part of the inspection identified that a computerised record (a copy of the existing income and expenditure records) was already maintained and that the home may, in future, maintain this record and cease use of the manual ledger.

However, as the issue of recording two signatures against each written transaction was identified as an area for improvement from the previous finance inspection on 14 February 2017, it is listed in the QIP for the second time.

Discussion established that the home operated a bank account for patients' monies which was appropriately named. The general manager provided evidence that the account was reconciled and signed and dated by two people on a monthly basis.

Discussion with the registered manager and a review of the records identified that each patient had a written record of the furniture and personal possessions which have been brought by them into their room. Advice was provided in feedback with respect to capturing the appropriate signatures on the quarterly review of these records.

Transport services were provided by the home for patients. Discussion with all three members of staff identified that since the previous finance inspection, the home had introduced a transport scheme based on best practice ie: on a pay as you travel basis. The home had liaised with the NHSCT to establish the new mechanism for charging patients for transport services provided by the home.

Discussion with the registered manager established that the home had made repayments of monies to patients in relation to the former method of charging for transport services. This exercise had been carried out in conjunction with the NHSCT who had visited the home in November 2018 to finalise the issue.

Detailed transport journey records were maintained identifying the miles travelled by each patient on a monthly basis. At the time of the inspection, transport was being charged at a rate of £0.80/mile divided equally by the number of patients travelling on the same journey. Individualised arrangements were in place for those patients or their representatives who had opted out of the transport scheme. Signed transport agreements were in place for patients.

A written transport policy and procedure which reflected best practice was in place dated November 2018, this included details as to the principles of the transport scheme, the costs associated with the scheme and the basis for charging, the current cost per mile and record keeping arrangements.

Evidence was available which confirmed that the registered manager carried out a quarterly audit of patients' finances and this included reviewing relevant policies, patient agreements, income and expenditure records and arrangements to physically safeguard patients' monies

and valuables. The audit included an action plan as to how to address any matters identified for improvement in the completed audit tool. Good practice was observed.

6.3.2 Patient Agreements

A sample of records were reviewed which identified that all but two patients had a signed agreement in place with the home. The staff members participating in the inspection were able to describe the difficulties in securing a signed agreement from one of the commissioning trusts (acting as appointee for the two patients in question).

Advice was provided in feedback to ensure that the evidence of the lengths staff had gone to in order to secure a signature from the relevant persons is maintained on file.

The agreements in place for the majority of patients included three documents: “financial transactions - appointee details”, “financial transactions - details of fees and charges” and the “transport agreement”. These documents clearly detailed the nature of the current financial arrangements in place for each patient, the current fees for care and accommodation and the expected charges for any additional services and facilities beyond care and accommodation. The current charges for transport service were clearly detailed on the separate transport agreement.

6.3.3 Physical security and safe contents

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and important documents belonging to a number of patients were lodged for safekeeping.

A written safe register was in place which detailed the items held for safekeeping within the safe place. This had been checked and signed by two members of staff in January 2019.

Advice was provided in feedback with respect to improving the layout of the safe record ie: the items which remain in the safe (long-term) could be typed with the quarterly double-signed check of the entire safe contents more clearly recorded.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa McFarland, responsible person, Penny McCanny, registered manager and the general 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 nursing 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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015.

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 the DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 14.10 Stated: Second time To be completed by: 06 February 2019	The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the patient's cash total held; and the signatures of two persons able to verify the entry on the ledger. Ref: 6.3.1
	Response by registered person detailing the actions taken: The electronic record has replaced the written ledger. A copy of the electronic record will be printed and signed by the registered manager and general manager each quarter. The document relating to small cash expenditures is now signed by the nurse in charge and the person making the purchase.

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



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