

# Finance Inspection Report 20 July 2016



## Clonlee

**Type of Service: Nursing Home**  
**Address: 132 Belfast Road, Muckamore, Antrim, BT41 2ET**  
**Tel No: 0289446 1166**  
**Inspector: Briega Ferris**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Clonlee took place on 20 July 2016 from 11:00 hours to 15:30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

A safe place in the home was available and staff spoken to were familiar with controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

### **Is care effective?**

Controls to ensure service users' money is appropriately safeguarded were found to be in place and operating effectively; no areas for improvement were identified as part of the inspection.

### **Is care compassionate?**

Staff spoken to presented as proactive in supporting service users with their money as far as possible; no areas for improvement were identified.

### **Is the service well led?**

While governance and oversight arrangements were found to be in place, two areas for improvement were noted during the inspection; these related to updating the home's policy and procedure addressing "Bringing personal possessions into the home" and ensuring that records of service users' property are reconciled at least quarterly and signed and dated by two people.

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

For the purposes of this report, the term 'service users' will be used to describe those living in Clonlee which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the quality improvement plan (QIP) within this report were discussed with Perpetua Latta, 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.

## 1.2 Actions/enforcement taken following the most recent finance inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Hutchinson Homes Ltd/Naomi Carey & Janet Montgomery	<b>Registered manager:</b> Perpetua Latta
<b>Person in charge of the home at the time of inspection:</b> Perpetua Latta	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> NH-I, NH-LD, RC-PH(E), NH-PH	<b>Number of registered places:</b> 53

### 3.0 Methods/processes

Prior to the inspection, the report and QIP from the previous inspection of 19 March 2015 was reviewed. The record of notifiable incidents reported to RQIA in the last twelve months was also reviewed; this established that none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issue. The care inspector for the home was contacted and confirmed that there were no matters to be followed up from the previous care inspection.

During the inspection, we met with Perpetua Latta, the registered manager, the home's finance manager, the part-time administrator and the activities nurse. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The patient guide
- Five service user finance files
- Five signed up to date, individual service user agreements
- A sample of records detailing hairdressing and podiatry services facilitated in the home
- The record of safe contents book
- A sample of bank statements for the service users' bank account
- A sample of income and expenditure records for service users
- The home's written policies addressing: patients' involvement; bringing personal possessions into the home; confidentiality; handling complaints; handling residents' money and valuables and friends of Clonlee
- A sample of Regulation 29 monthly monitoring reports
- A sample of service users' property/furniture and personal possessions

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 2 June 2016

The most recent inspection of the home was an unannounced care inspection, the findings from which will be reported on separately. This QIP from the previous inspection (if any) will be validated by the specialist inspector at their next inspection.

## 4.2 Review of requirements and recommendations from the last finance inspection dated 19 March 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. (Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.) A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p> <p>Where the home are involved in supporting individual service users with their personal finances, the service users' agreements must clearly detail what individual current arrangements are in place.</p> <p>Agreements must detail the arrangements for safeguarding any monies received on behalf of individual service users including the records to be retained in respect of these arrangements.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A sample of five service user finance files were reviewed which evidenced that files were neat, well maintained and contained detailed information in an organised fashion. The inspector was able to evidence that each of the five service users sampled had a written agreement in place, which had been signed by the service user or their representative. Fees and financial arrangements were found to be clearly detailed and up to date for each respective service user sample.</p>	

	This requirement was met.	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 5 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must consistently provide to each service user or their representative at least 28 days written notice of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence on a sample of files reviewed, that service users had been informed in a timely manner of any change to their individual agreement with the home, in particular in respect to changes in fees. Structured organised files which contained copies of previous agreements with service users were evidenced.</p> <p>This requirement was met.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed, specific expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A sample of five files containing service users' agreements was reviewed. It was noted that the home's standard agreement contained an appendix detailing the current charges for any services facilitated within the home for which there was an additional charge, such as hairdressing and podiatry. Four files evidenced that service users' representatives had signed to confirm they were in agreement with the arrangements as detailed in the appendix. Only one of the five agreements contained an unsigned appendix; however it was noted that the main body of the agreement had been signed. In addition, it was noted that the HSC trust were acting as nominated appointee for the service user in question and therefore there was evidence that the agreement in its entirety, had been shared with the HSC trust for review.</p> <p>This requirement was met.</p>	
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered person is required to ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home. Only when the person making the lodgement refuses or cannot sign should a second member of staff sign the lodgement.</p> <p><b>Action taken as confirmed during the inspection:</b> The finance manager confirmed that this requirement was being adhered to.</p>	<b>Met</b>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that the bank account used for holding the personal monies of service users in the home is renamed to reflect that the money belongs to the service users in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed evidence which confirmed that the name on the bank account had been changed as required.</p> <p>This requirement was met.</p>	<b>Met</b>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that a standard ledger format is used to clearly and accurately detail transaction for service users. This 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 a withdrawal, the amount; the running balance of the service user’s cash total held and the signatures of two persons to verify the entry in the ledger.</p> <p>The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this.</p> <p>Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p>	<p style="text-align: center;"><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A sample of income and expenditure records were reviewed which identified that improvements had been made in the way that income and expenditure records were made and retained. Records were found to be clear, detailed and maintained in a secure and organised manner.</p> <p>A minor suggestion was made to the finance manager as to how to improve layout of the income and expenditure records.</p> <p>This requirement was met.</p>	
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p>	<p>Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of a sample of both the money and valuables lodged for safekeeping by residents or their representatives evidenced that reconciliations were being carried out, and recorded by two people at least quarterly.</p>	<p style="text-align: center;"><b>Met</b></p>



	This requirement was met.	
<b>Requirement 8</b> <b>Ref:</b> Regulation 14 (4) <b>Stated:</b> First time	<p>The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  A review of a sample of income and expenditure records failed to identify that any personal loyalty cards had been used when making purchases on behalf of service users.</p> <p>This requirement was met.</p>	<b>Met</b>
<b>Requirement 9</b> <b>Ref:</b> Regulation 19 (2) Schedule 4 (9) <b>Stated:</b> Second time	<p>The registered person must ensure that the treatment records for hairdressing and podiatry services provided are signed by both the person providing the treatment and a member of staff at the home to verify the treatment received and the associated cost to each service user.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  A review of a sample of hairdressing and podiatry records evidenced that for hairdressing, the home had been using a template to record all of the relevant information, including the name of the service user, the date of treatment, the cost and the signature of the hairdresser and a member of staff.</p> <p>A sample of podiatry records was also reviewed which evidenced that the podiatrist provided a treatment record to the home which contained all of this information and again, these records were routinely signed by the podiatrist and by a member of staff.</p> <p>This requirement was met.</p>	<b>Met</b>
<b>Requirement 10</b> <b>Ref:</b> Regulation 19 (2) Schedule 4 (9) <b>Stated:</b> First time	<p>The registered person is required to document in detail the arrangements in place for the home to support to the identified service user who visits their local bank. The detailed note must clarify the arrangements in place for a representative of the home to support the service user in this way and must detail the rationale for it being in place, reference to the service user's capacity to understand and consent to the arrangement and</p>	<b>Met</b>

	<p>controls and safeguards in place at the home to ensure that the service user’s personal monies are appropriately safeguarded. This detailed note should be retained on the service user’s records in the home and updated as necessary. A copy of this note must be shared with the commissioning HSC trust.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the finance manager established that since the previous finance inspection of 19 March 2015, there had been a change in the financial arrangements in respect of the identified service user. The change was agreed and clearly documented in the service user’s financial records.</p> <p>This requirement was met.</p>	
<p><b>Requirement 11</b> <b>Ref:</b> Regulation 19 (2) Schedule 4 (9) <b>Stated:</b> Second time</p>	<p>The registered person is required to ensure that a written safe register accurately records any valuable items held within the safe place as well as any items deposited for safekeeping on behalf of service users. The record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.</p> <p>Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector noted that a “safe register record” was in place which recorded any movement into or out of the safe place. The record was detailed and tidy and it was easy to identify from the record, those items which had been deposited for safekeeping.</p> <p>A trace of a number of items detailed in the record agreed to those held within the safe place.</p>	<p><b>Met</b></p>

<p><b>Requirement 12</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that one consistent method for recording service user inventory is used. A review of all of the items of furniture and personal possessions owned by existing service users accommodated in the home must be carried out, records must be updated as necessary and reflect that two members of staff have carried out this review.</p> <p>All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p>The registered person must ensure that an up-to-date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users which reflect these principles.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion established that from the previous finance inspection in March 2015, the home had amended how service users' property was recorded. The finance manager explained that a property file was maintained (which contained forms entitled "residents property on admission" alongside computerised records which recorded any "items of value". A sample of written records was chosen and these were found to be signed by two people in all cases and dated in all but one case. The finance manager explained that anyone posting information onto the computerised system was identifiable by a personalised individual login; she also noted that records could not be deleted from the system, only updated.</p> <p>The inspector noted that since the previous inspection in March 2015, the Care Standards for Nursing Homes (2015) had come into effect. She noted that these required that records of service users' property are reconciled at least quarterly and signed by two people. The inspector highlighted that the computerised records would not facilitate this and that the registered person must review the current method of recording and updating service</p>		

	<p>users' property to make sure that it meets the minimum standards.</p> <p>A recommendation was made in respect of this finding.</p> <p>This requirement has been deemed met; however a related recommendation has been made which will be reviewed at a future finance inspection of the home.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 35 (7) <b>Stated:</b> First time	<p>It is recommended that the registered person include assessing progress with the actions required in this Quality Improvement Plan (QIP) as part of the next three Regulation 29 monthly monitoring visits.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Evidence was reviewed which identified that service users' finances had been reviewed as part of the Regulation 29 monthly monitoring visits.</p>	

#### 4.3 Is care safe?

A review of the records and discussion with the finance manager, part-time administrator and activities nurse (who are all involved in financial record keeping) evidenced that they were confident in their training and they had all recently received training on the Protection of Vulnerable Adults (POVA).

The home had a range of policies and procedures in place to guide practice and day-to-day procedures relating to how service users' money and valuables were safeguarded; the inspector noted that these were easily accessible on the day.

During discussion, the finance manager confirmed 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 service user. The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

The finance manager confirmed that the home did not provide any transport services to service users, nor was any representative of the registered person acting as nominated appointee for any resident.

Discussion established that the home operated a “Friends of Clonlee” fund established to fund-raise and use the money for the benefit of the service users in the home. Records existed to substantiate that financial oversight and governance arrangements were in place in respect of the management of any monies raised and used on service users’ behalf. A written policy and procedure exists outlining the principles behind the fund and the oversight and record keeping arrangements.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The inspector spoke with both the finance manager and the activities nurse and noted that they spoke with compassion and concern for the service users.

The arrangements for service users to access their money outside of normal office hours was discussed, both staff noted that this was not a normal occurrence for the home but that two main measures were in place to address this. The activities nurse explained that she and her colleagues knew the service users very well and if a service user was planning to require their money for a certain reason, staff would plan ahead for this, and she gave a recent example of how this particular occurrence had happened in the home. The finance manager also noted that there was a small sum of money accessible only by senior nursing staff, which was referred to as the “taxi fund”. The finance manager explained how this money would be available to a service user in the event that they required access to money at short notice.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

As noted above, written policies and procedures for the management of service users’ money and valuables were in place. The inspector noted that one relevant policy “Bringing personal possessions into the home” was brief and did not reflect current practice in the home in respect to recording service user’ property. The inspector also noted that the policy was dated April 2013 and noted that policies and procedures should be updated at least every three years.

The importance of updating this particular policy was noted in light of the requirement from the previous finance inspection in relation to service users' property records.

The finance manager explained that there was currently an ongoing process in the home to review all of the policies and procedures and provided evidence that a meeting had been scheduled in early September 2016, to address updating the home's financial policies and procedures.

A recommendation was made that the policy on "Bringing personal possessions into the home" is updated and that relevant members of staff within the home are familiar with its content and requirements.

As noted above, the inspector highlighted that since the previous inspection in March 2015, the Care Standards for Nursing Homes (2015) had come into effect. She noted that these required that records of service users' property are reconciled at least quarterly and signed by two people. The inspector noted that the computerised records would not facilitate this and that the registered person should review the current method of recording and updating service users' property to make sure that it meets the minimum standards.

A recommendation was made in respect of this finding.

### Areas for improvement

Two areas for improvement was identified during the inspection; this related to updating the home's policy and procedure addressing "Bringing personal possessions into the home" and ensuring that records of service users' property are reconciled at least quarterly and signed and dated by two people.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Perpetua Latta, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) and assessed by the inspector.

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 registered provider/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 14.26

**Stated:** First time

**To be completed by:**  
20 September 2016  
and at least quarterly  
thereafter

The registered provider should ensure that records of service users' inventory is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

**Response by registered provider detailing the actions taken:**

The residents belongings will be recorded on the epicare system, and reconciled quarterly by two staff

#### Recommendation 2

**Ref:** Standard 36.1

**Stated:** First time

**To be completed by:**  
20 September 2016

The registered provider should ensure that the home's policy and procedure addressing "Bringing personal possessions into the home" is reviewed and amended as necessary. Relevant staff members should be familiar with the content of the new policy and procedure.

**Response by registered provider detailing the actions taken:**

The policy on bringing personal possessions into the home has been updated and will include a quarterly reconciliation

*\*Please ensure this document is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address\**





The Regulation and  
Quality Improvement  
Authority

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](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews