



The Regulation and  
Quality Improvement  
Authority

Maine Nursing Home  
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**Unannounced Finance Inspection  
of  
Maine Nursing Home**

**20 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced finance inspection took place on 20 July 2015 from 12.00 to 17.15. A poster detailing that the inspection was taking place was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	9	0

The details of the QIP within this report were discussed with the Mr Ian McGoldrick as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Adarra Developments Ltd/Ian McGoldrick	<b>Registered Manager:</b> Colleen McWilliams
<b>Person in Charge of the Home at the Time of Inspection:</b> Sharon Irvine (Deputy Manager)	<b>Date Manager Registered:</b> 26 May 2015
<b>Categories of Care:</b> NH-LD, NH-LD(E)	<b>Number of Registered Places:</b> 25
<b>Number of Patients Accommodated on the Day of Inspection:</b> 19	<b>Weekly Tariff at Time of Inspection:</b> £624.00 - £895.93

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

#### **Inspection Theme: Patients' finances and property are appropriately managed and safeguarded**

##### Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

##### Statement 2

Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

##### Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

##### Statement 4

Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the responsible individual, Mr Ian McGoldrick, and the deputy manager
- Examination of records
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were examined during the inspection:

- The patient guide
- The home's policy on safeguarding patients money and valuables
- The home's policy on transport arrangements
- Patient agreements
- Patient income/lodgements and expenditure records
- Hairdressing treatment records
- Patients' Pooled Bank Accounts
- Patients' personal property records

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced care inspection on 20 February 2015; the completed Quality Improvement Plan was returned and approved by the care inspector.

### **5.2 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care**

#### **Is Care Safe?**

We were provided with a copy of the home's patient guide on the day of inspection. We noted that the guide included general information on fees payable in respect of care and accommodation in the home.

The home has involvement in supporting a number of patients in the home with their money, for example a representative of the home is acting as nominated appointee for an identified number of patients in the home. This matter is discussed in more depth in a subsequent section of the report.

#### **Is Care Effective?**

We selected a sample of four patient agreements for review. On reviewing the sample of four patients' files, we noted that agreements had been signed and dated at the time of admission, but had not been updated to reflect increases in fees over time.

On reviewing the sample of agreements, we noted that one patient had an additional document entitled "Individual financial care plan" which detailed the financial arrangements in place for the patient and their specific abilities and needs in respect of how they are supported to manage their money. We noted that this was a highly valuable document and would be a good document to adapt and use for all of the patients in the home.

We discussed these findings with Mr McGoldrick, noting that the DHSSPS Care Standards for Nursing Homes 2015 were now in effect and that Standard 2.2 of the Care Standards for Nursing Homes (2015) requires a number of additional areas to be included in the home's individual agreement with patients.

An individual agreement which meets the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and the requirements of the DHSSPS minimum standards is required to be provided to each patient or their representative and kept up to date in line with any changes.

A requirement has been made in respect of these findings.

### Is Care Compassionate?

Given the findings above, it was established that all patients or their representatives had not been informed in writing of any of increases in the fees payable over time which must be reflected in each patient's individual agreement with the home.

A requirement has been made in respect of this finding.

### Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for improvement; these were in relation to providing up to date individual written agreements to all patients and providing written notice of any changes to the patient's agreement and updating each agreement over time.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.3 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

#### Is Care Safe?

A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each patient in the home and the amount to be contributed by each patient, where relevant.

The home is in receipt of the social security benefits for an identified number of patients. The home maintain clear details of the separate Social Security benefits received on behalf of individual patients which enables the home to ensure that the right benefits have been received for individual patient and the correct amounts are transferred to the home and to the individual patients' balances respectively.

We reviewed the records relating to amounts charged to a selection of sample of patients contributing to their fees and were satisfied that the correct amounts were being charged by the home.

We noted that the home has a written policy and procedure to guide practice in respect of safeguarding patients' money and valuables. We highlighted that the home's "Resident Money Policy" was six sentences in length and this represented an overly brief explanation of the processes in place to safeguard patients' money and valuables.

A recommendation has been made in respect of this finding.

#### Is Care Effective?

Discussions with the responsible individual established that on the day of inspection, a representative of the home was acting as nominated appointee for an identified number of patients. There was a clear rationale in place as to why this arrangement was in place for the relevant patients. For a number of patients, the relevant HSC trust send the personal monies

belonging to an identified number of patients to the home for safekeeping. Records are retained by the home detailing the timing of these transfers to the home and subsequently to the relevant individual patients' balances.

For other patients, representatives lodge money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as hairdressing, private podiatry or other sundries such as newspapers).

Discussion with the responsible individual established that the home does not routinely provide a receipt to persons lodging money for safekeeping on behalf of patients. We noted that a receipt must be provided which is signed by two people, ideally one of whom should be the person lodging the money.

A requirement has been made in respect of this finding.

A review of a sample of the records and discussion with the responsible individual established that the home did not have personal allowance contracts in place with patients or their representatives providing the necessary written authorisation to purchase specific goods and services on behalf of patients.

A requirement has been made in respect of this finding.

A review of the documentation identified that the home operates two bank accounts on behalf of patients, one for personal allowance monies and second for DLA mobility monies.

We noted that the accounts were named appropriately in favour of the patients. We noted that while Mr McGoldrick carries out transfers to and from the bank accounts on a very regular basis, however there were no written reconciliations of the money in the accounts. A written reconciliation should be carried out, recorded and signed and dated by two people at least quarterly.

A requirement has been made in respect of this finding.

We reviewed the records for expenditure incurred on behalf of a sample of patients. We reviewed a number of transactions and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for expenditure recorded on the income and expenditure record. Records detailed the date and description of the income or expenditure as well as the balances and the signatures of two people. However, there was no evidence that regular reconciliations of the monies held on behalf of patients had been carried out at least quarterly. A requirement has been made above in respect of this same finding.

Within the sample of records reviewed, we noted that a representative of the home had used a personal supermarket points card when making a purchase on behalf of a patient in the home. We noted that this was not acceptable practice and that the relevant staff must be reminded of the importance of this.

A requirement has been made in respect of this finding.

In reviewing a sample of the records for hairdressing services facilitated within the home, we noted that the record detailed the name of the patient, the cost of the treatment to each patient

and the signature of two people. We noted that the treatment should be detailed beside the associated cost.

A recommendation has been made in respect of this finding.

### **Is Care Compassionate?**

Mr McGoldrick described how the annual care review provides an opportunity to discuss financial matters generally and that there is a good working relationship with HSC trust representatives and the Office of Care and Protection, where relevant.

We queried how patients would be able to access their money outside of normal working hours and Mr McGoldrick was able to describe appropriate contingency arrangements which would allow patients to access cash outside of normal working hours, should this be necessary.

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the responsible individual confirmed that none of the patients had any known assessed needs or restrictions.

### **Areas for Improvement**

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were four areas identified for improvement; these were in relation to providing countersigned receipts for any money lodged for safekeeping; obtaining written authorisation to spend patients personal monies on identified goods and services; the use of personal loyalty cards when making purchases for patients and carrying out and recording reconciliations of patients money and valuables at least quarterly.

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>2</b>
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## **5.4 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained**

### **Is Care Safe?**

A safe place exists within the home to enable patients or their representatives to deposit cash or valuables. We reviewed the safe place within the home and were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the content of the safe place and established that on the day of inspection, no valuables belonging to patients were lodged for safekeeping. Cash balances were held for patients in respect of personal allowance monies. We undertook a count of a sample of the cash balances and noted that these agreed to the records held by the home.

We noted that there is no safe record in place in the home, we highlighted that a written "safe book/register" must be introduced to record all items held within the safe place.

A requirement has been made in respect of this finding.

## Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money. As noted above, a representative of the home is acting as nominated Appointee for an identified number of patients in the home. The costs of any additional services such as hairdressing is paid for from monies either received on behalf of patients directly by the home or lodged with the home by representatives of other patients for safekeeping.

We requested the inventory/property records for patients and were provided with the "residents' property folder". This reviewed a sample of the records of property in the folder and noted that a template was being used to record items for patients. On reviewing the records we noted that there was inconsistency in the record keeping; a number of records were signed and dated by one person while others were neither signed nor dated. Some records detailed furniture and bedding, it was not clear on reviewing the records whether these items belonged to the home or the patient.

We discussed this with Mr McGoldrick who advised that some of the items described did belong to the home and not to the identified patient. The records therefore did not accurately reflect the items of furniture and personal possessions solely owned by the patient and therefore the records could not be relied upon. We noted that the updated Care Standards for Nursing Homes (2015) require that these records are reconciled and signed and dated by two people at least quarterly. We noted that records for all patients would need to be updated again to reflect the correct information.

A requirement has been made in respect of this finding.

## Is Care Compassionate?

A safe place exists within the home to enable patients or their representatives to deposit cash or valuables should they wish to.

## Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for improvement; these related to the introduction of a safe book/register and the recording of patients' personal property.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.5 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

#### Is Care Safe?

The home has a minibus which is used to provide transport services to patients. Patients have the option of opting out of using transport services provided by the home. Discussions established that journeys are mainly undertaken for medical appointments.



The home has a written policy regarding transport provision to patients, which details the arrangements for recording journeys taken by patients and for subsequently charging patients; the details of the charges per mile are also outlined.

Discussions established that there is not a separate transport agreement between the home and those patients choosing to avail of the home's transport; the option to agree to the terms of transport services provided by the home is set out as part of the individual patient agreement which exists between the home and each patient.

As noted above, we reviewed a sample of the agreements for patients and noted that agreements were not kept up to date in line with increases in fees. A requirement has been made as part of these findings for up to date agreements to be provided to patients or their representatives and for these to be kept up to date. Under the current arrangements, patients or their representatives will also therefore to review arrangements for charging for transport as part of the updated agreement.

### **Is Care Effective?**

The home's policy on transport provision to patients states that "each month the passenger miles for each Patients are multiplied by the rate per mile, charged to the Patient's account and the payment transferred to the Home's account". A review of the records for transport charges established that the records only went up to January 2015, therefore at the time of inspection; charges to patients were six months behind. We discussed this with Mr and Mrs McGoldrick and discussions established that the administration of these records had simply fallen behind.

A requirement has been made in respect of these findings.

### **Is Care Compassionate?**

The home's policy and procedure on transport details arrangements for appropriate personnel to accompany patients to ensure their needs are appropriately met. Patients have the ability of opt out of using the transport services provided by the home.

### **Areas for Improvement**

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there was one area identified for improvement; this was in relation to keeping up to date records of charges to patients for transport services.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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### **Additional Areas Examined**

There were no additional areas examined as part of the inspection.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Ian McGoldrick, the responsible individual, 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 your premises. 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 5 (1) (a) (b)

**Stated:** First time

**To be Completed by:** 30 September 2015

The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.

Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet Standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.

A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.

**Response by Registered Person(s) Detailing the Actions Taken:**  
Agreements forwardrd where appropriate 05/08/15

#### Requirement 2

**Ref:** Regulation 5 (2) (a) (b)

**Stated:** Second time

**To be Completed by:** From the date of the next change

The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable.


The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly.

Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

**Response by Registered Person(s) Detailing the Actions Taken:**  
2015/16 rates advised to NOK or representative 05/08/15

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19(2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</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.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> New receipt book purchased. Receipts now being issued.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 19(2) Schedule 4 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required. The registered person must ensure that where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care manager.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Correspondence being sent to NOK&lt; not yet fully completed. All NOK to be advised by 31/10/15</p>
<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><b>To be Completed by:</b> From the date of inspection</p>	<p>Reconciliations of the monies/valuables held on behalf of patients in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Now being done.</p>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<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 patients in the home.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> All staff have been advised not to use loyalty cards.</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><b>To be Completed by:</b> 20 September 2015</p>	<p>The registered person is required to ensure that a written “safe book/register” is introduced to record any items held within the safe place. This should record anything held within the safe place including items deposited for safekeeping on behalf of patients. Should any item be deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the patient 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><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Register now in place.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 19(2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 20 September 2015</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 patients. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. (<u>Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly</u>).</p> <p>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><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Inventories were in place for the majority of patients. This exercise is now being undertaken again to ensure that all patients have an inventory.</p>

<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 19(3) 2 (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>The registered person is required to ensure that records detailing the cost to patients for using transport provided by the home are kept up to date. Charges to patients for transport must be processed on a timely basis.</p>		
	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Udated 06/10/15</p>		
<p><b>Recommendations</b></p>			
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 35.21</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 20 September 2015</p>	<p>It is recommended that the registered person arrange to expand the current policy on patients' money and valuables to appropriately describe the controls and procedures in place in the home to safeguard patients' money and valuables on their behalf. The relevant staff should be made aware of changes to the policy and procedure.</p>		
	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> The policy is currently being revised.</p>		
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>It is recommended that the registered person ensure that the hairdressing treatment records detail the individual treatment provided to each patient alongside the associated cost.</p>		
	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> Being done.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Colleen McWilliams</p>	<p><b>Date Completed</b></p>	<p>06/10/15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Ian Mcgoldrick</p>	<p><b>Date Approved</b></p>	<p>08/10/15</p>
<p><b>RQIA Inspector Assessing Response</b></p>		<p><b>Date Approved</b></p>	<p>14/10/2015</p>

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