

Unannounced Finance Inspection Report

8 December 2016



Ravenhill

Type of service: Nursing Home

Address: 79-81 Shore Road, Greenisland, BT38 8TZ

Tel no: 028 9086 2169

Inspector: Briega Ferris

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Ravenhill took place on 8 December 2016 from 10:00 to 13:30 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 was available in the home and the home administrator was familiar with controls in place to safeguard service users' money and valuables. No areas for improvement were identified during the inspection.

Is care effective?

Controls in place in respect of documenting service users' money and valuables were found to be in place; however one area for improvement were identified as part of the inspection. This related to ensuring that records of service users' furniture and personal possessions (in their rooms) are in place, are reviewed for each service user, kept up to date and reconciled by two people at least quarterly.

Is care compassionate?

A review of a sample of records evidenced that service users or their representatives had over time, been sent written notification of any changes to the fees payable. With the exception of invoicing service users' representatives for care fees and hairdressing services, the home was not involved in supporting any service user with their money. No areas for improvement were identified during the inspection.

Is the service well led?

Governance and oversight arrangements were found to be in place, no areas for improvement were identified during the inspection.

This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (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 Ravenhill which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the quality improvement plan (QIP) within this report were discussed with Christine Kim, 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

A finance inspection of the home was carried out on 18 October 2008 on behalf of RQIA; the findings from this inspection have not been brought forward to the inspection on 08 December 2016.

2.0 Service details

Registered organisation/registered person: Ravenhill Private Nursing Home/William Trevor Gage	Registered manager: Isabella Christine Kim
Person in charge of the home at the time of inspection: Christine Kim	Date manager registered: 1 November 2007
Categories of care: RC-I, NH-I, NH-PH	Number of registered places: 38

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that there had been one incident notified to RQIA in relation to a service user's money and valuables. This matter was discussed with the registered manager and an update was provided. It was clear that the home had taken the appropriate steps in relation to the matter discussed.

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 prior to the inspection; there were no matters to be followed up from the previous care inspection.

During the inspection, we met with the registered manager and the home administrator; 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 home's Statement of Purpose encompassing the Service user Guide
- Four service users' finance files
- Four signed service user agreements
- A sample of correspondence to service users or their representatives detailing notification of changes to the fees payable
- A sample of records detailing hairdressing services facilitated in the home
- A sample of records relating to the service users' comfort fund

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 November 2016

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

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, a finance inspection of the home was carried out on 18 October 2008 on behalf of RQIA; the findings from this inspection have not been brought forward to the inspection on 08 December 2016.

4.3 Is care safe?

The home administrator noted that she had received training on the Protection of Vulnerable Adults (POVA) in April 2016. She confirmed that annual training took place for all staff and that senior representatives in the organisation were open to suggestions for training which she felt may be helpful for her particular role.

The home administrator described how service users' family members were highly involved in supporting service users with their money and as such, the home had a minimal role in handling service users' money or valuables. She described that the home was involved only to the extent of billing service users' representatives for hairdressing services facilitated in the home and for the cost of care and accommodation, where relevant. The administrator was able to describe the arrangements in place with ease. There is further detail on these arrangements in section 4.4 of the report.

The home had a safe place available; however this did not contain any money or valuables for service users as it was the home's policy to not routinely hold money or valuable items for service users. The home administrator explained that service users' representatives were advised to take home any valuables belonging to their loved one. The home's policy in this regard was clearly detailed within the home's statement of purpose and resident guide.

The administrator also noted that there was a locked storage unit within each room and that service users would use this to store some items. At the time of inspection, the home had a vacant room and the inspector was able to verify that a locked space was available in the room.

Discussion was held regarding a notification RQIA had received from the home in relation to an adult safeguarding referral. The home had made the referral to the HSC trust in respect of concerns relating to one service user's money or valuables. Discussion established that the home had taken the appropriate action in the circumstances.

With the exception of the above matter, the registered manager confirmed that there were no additional current suspected, alleged or actual incidents of financial abuse. The registered manager also confirmed that there were no finance-related restrictive practices in place for any service user.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with the home administrator and registered manager identified that no representative of the home was acting as nominated appointee (managing the social security benefits) of any service user. It was also confirmed that the home was not in direct receipt of any personal monies for any service user in the home. The administrator advised that the home did not provide transport to service users.

The home administrator explained that the only matters which the home dealt with in respect of fees or financial arrangements were invoicing for care and accommodation and invoicing for hairdressing services facilitated in the home. A sample of the invoices raised for a number of service users evidenced that the correct amounts were being charged by the home.

The administrator explained that a hairdresser visited the home on a regular basis. A template was in use to record hairdressing treatments and it was noted that recent records reflected the details as required in the DHSSPS care standards, including the signature of the hairdresser and a person from the home to verify that the treatments had been provided.

The administrator explained that as the home did not hold any cash for the payment of hairdressing services, the cost of treatments were invoiced to service users' representatives on a monthly basis. A sample of the invoices raised was reviewed and these agreed to the hairdressing treatment records held by the home.

Discussions established that the home operated a comfort fund on behalf of the service users. Clear records of income and expenditure were in place, entries were routinely countersigned; and regularly reconciled by the home administrator and the registered manager.

A written policy and procedure was in place to guide the administration of the fund. A bank account was also in place which was appropriately named in favour of the service users in the home; bank statements were regularly reconciled.

Records of service users' personal property (in their rooms) were discussed. This established that the home was currently reviewing the process for recording service users' furniture and personal possessions. The registered manager showed the inspector a copy of the draft template which the home had developed in order to record these details; she confirmed that when this had been ratified for use, it would be implemented in the home.

The registered manager acknowledged that at the time of the inspection, there were no property records in place to be reviewed. This was therefore identified as an area for improvement.

As no records were available, a requirement was made for the home to ensure that each service user has a written record of the furniture and personal possessions brought into their room. These records should be kept up to date and be reconciled by one person and countersigned by a senior member of staff on a least a quarterly basis.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that each service user has a written record of the furniture and personal possessions brought into their room. These records should be kept up to date and be reconciled by one person and countersigned by a senior member of staff on a least a quarterly basis.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

Discussions were held regarding arrangements in the home to support service users with their money. The administrator and registered manager confirmed that (with the exception of invoicing service users' representatives for care fees and hairdressing), the home was not involved in supporting any service user with their money.

The home administrator explained that when a service user was admitted to the home, the arrangements about payment of fees or where to store any valuable items would be explained. She noted that the service user or their representative would be discouraged from bringing large amounts of money or expensive items into the home.

Discussion took place regarding service users having access to money outside of normal office hours. The registered manager and home administrator explained the contingency arrangement which would be in place to cope with these circumstances.

A review of a sample of finance files evidenced that service users or their representatives had, over time, been sent written notification of any changes to the fees payable and the rationale for this. There is further discussion on notification to service users or their representatives in section 4.6 of the report.

It was noted that the home had a range of methods to obtain feedback from service users or their representatives, including service users' meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

A home had a number of written policies and procedures in place in respect of money and valuables, record keeping, complaints management and whistleblowing.

There was a clear organisational structure within the home, which was set out in the home's statement of purpose and service user guide. Following discussion with the home administrator and the registered manager, it was evident that they were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables and escalating any concerns, as appropriate.

Four service user records were sampled in order to review the written agreements in place between the home and the service user/their representative. All four service users sampled had a signed agreement on their file, detailing the terms and conditions at the time each service user had been admitted to the home. In addition, there were letters on the files advising of changes to the fees over time; three of the four letters had been returned, signed, from the representatives to indicate that they accepted the change to the original agreement; one was still out for signature. This service user's file contained a copy of the documents which had been sent to the representative and the copy was clearly annotated to evidence the date it was posted, the record was also signed by the home administrator.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 Christine Kim, 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 provider 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 (April 2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to finance.team@rqia.org.uk for assessment 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 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 with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time To be completed by: 19 January 2017	The registered provider must ensure that each service user has a record of their furniture and personal possessions brought into their room. The record is kept up to date and reconciled by one person and countersigned by a senior member of staff, on a least a quarterly basis.
	Response by registered provider detailing the actions taken: Following the inspection, a system for recording furniture and personal possessions brought by residents into their room has been established. A property record is now in place for each resident and will be maintained and reconciled every 3 months or more frequently if required.

Please ensure this document is completed in full and returned to finance.team@rqia.org.uk from the authorised email address



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