

# Unannounced Finance Inspection Report 21 September 2018



## Castleview

**Type of Service: Nursing Home**  
**Address: 40-42 Scotch Quarter, Carrickfergus, BT38 7DP**  
**Tel No: 028 9336 6763**  
**Inspector: Briege Ferris**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home with 36 beds that provides care for patients with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Castlevew Private Nursing Home Ltd  <b>Responsible Individuals:</b> Lynda McCourt	<b>Registered manager:</b> Rhonda Murray
<b>Person in charge at the time of inspection:</b> Rhonda Murray	<b>Date manager registered:</b> 19 August 2013
<b>Categories of care:</b> Nursing Home (NH) LD - Learning Disability LD(E) - Learning disability – over 65 years	<b>Number of registered places:</b>  36

### 4.0 Inspection summary

An unannounced inspection took place on 21 September 2018 from 10.45 to 16.00 hours.

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

Evidence of good practice was found in respect of:

- a safe place was available for the deposit of money or valuables; access was limited to authorised persons
- income and expenditure transactions recorded followed a standard financial ledger format and there was evidence of regular reconciliations (checks) being carried out
- there were mechanisms to listen to and take account of the views of patients and their representatives in respect of any issue
- written policies and procedures easily accessible; and
- the business director was able to describe specific examples of how patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to:

- ensuring that a double-signed reconciliation of the safe contents is carried out at least quarterly
- ensuring that treatment records are signed by the person providing the treatment and a member of staff who is in a position to verify the patient received the treatment
- ensuring that each patient has an up to date record of the furniture and personal possessions which they have brought to their room
- ensuring that the identified patient or their representative is provided with a written transport agreement for signature and agreement

- ensuring that where a representative of the home is acting as appointee, these details are clearly reflected within each relevant patient's agreement
- ensuring that the generic patient agreement template is reviewed and updated to ensure consistency with standard 2.2 of the Care Standards for Nursing Homes (2015)
- ensuring that each patient or their representative is provided with an up to date, written agreement setting out the terms and conditions of their residency in the home
- ensuring that up to date agreements with patients or their representatives are shared for agreement and signature, and
- ensuring that (financial) agreement/authorisation documents are shared for agreement with any relevant patient or their representative.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	8

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline McCourt, a director of the nursing home business, 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 08 April 2013

A finance inspection was carried out on 08 April 2013; the findings from which were not brought forward to the inspection on 21 September 2018.

#### 5.0 How we inspect

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

During the inspection, the inspector met with a director of the business which owns the home, and two members of administrative staff (one of whom had only recently commenced employment in the home). The registered manager was on duty on the day although discussion with the director of the business as aforementioned established that she was the key senior member of staff with oversight of the administration of patients' monies in the home.

A poster was displayed detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the business director 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.

The following records were examined during the inspection:

- Two patients' individual written agreements with the home
- A sample of income and expenditure and reconciliation (check) records maintained on behalf of patients
- A sample of banking records maintained on behalf of patients
- A sample of appointee documents
- A sample of transport scheme records
- A sample of treatment records in respect of hairdressing and aromatherapy treatments facilitated in the home
- A sample of written policies and procedures addressing areas such as whistleblowing, complaints management and in respect of the management and oversight of patients' monies and income and expenditure records
- The record of safe contents

The findings of the inspection were provided to the business director at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 30 April 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP 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 08 April 2013**

As noted above, a finance inspection was carried out on 08 April 2013; the findings from which were not brought forward to the inspection on 21 September 2018.

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The inspector met with the business director and the home administrator who confirmed that adult safeguarding training was mandatory for all staff members. The home administrator confirmed that she had most recently received this training in 2017. The business director reported that the second administrator who had very recently commenced employment in the home would be participating in this training in due course.

The business director 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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients. On the day of inspection, cash and a number of documents were being secured within the safe place.

A written record of the items safeguarded within the safe place was available, however the records failed to evidence that they had been reconciled on at least a quarterly basis. A reconciliation of the safe place to its contents should be carried out and recorded by two people at least every quarter. This was identified as an area for improvement.

#### Areas of good practice

There were examples of good practice found in respect of a safe place available for the deposit of money or valuables; access was limited to authorised persons.

#### Areas for improvement

One area for improvement was identified during the inspection in relation to the reconciliation of the safe contents record.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1



## 6.5 Is care effective?

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

Discussions with the business director established that home/business was acting as corporate appointee for the majority of patients in the home. On reviewing a sample of patients' files, the appropriate official documentation was found to be in place in respect of these appointments.

However, a review of a sample of patient agreements (as detailed further in section 6.7 of the report) identified that the details of the representative from the home acting as appointee was not detailed within the patient agreements.

Ensuring that these details are appropriately detailed within each relevant patient's agreement was identified as an area for improvement.

Discussion with the business director established that monies were received directly by the home into a designated bank account for that purpose; the account was appropriately named. A weekly adjustment process was undertaken to ensure that the home received from patients' monies part of these receipts as payment for fees; while the remaining monies were transferred to either individual patients' bank accounts or withdrawn in cash and lodged for patients' personal expenditure in the home. Records were in place to detail and amount and timing of these transactions.

In one case, the business director explained that a patient's family member deposited cash for the patients' personal expenditure. The discussions established that the person making the deposit did not receive a deposit receipt and the inspector highlighted that it was best practice to provide a receipt both as a protection for the patient and the member of staff receiving cash. Advice to commence this practice was provided to the business director on the day.

Income and expenditure records were maintained and transactions were routinely signed by two persons. These detailed (separately) transactions both in cash and transactions going through the pooled bank account for the individual patient. Advice was provided to the business director in respect of ensuring that where any errors were made in the records, these were clearly stroked through and the correct entry written on the line below. Discussion with the business director established that it was the home's practice to obtain receipts for any transaction over £5, and this was clearly detailed within the home's financial agreement with each patient. However this does not reflect best practice and advice was provided the business director to consider the appropriateness of not obtaining receipts for patients' expenditure in all but exceptional circumstances.

Evidence of a double signed reconciliation for both patients' income and expenditure records and for the designated bank account was available. The most recent reconciliations were dated 03 and 04 September 2018 respectively.

Hairdressing and aromatherapy treatments were being facilitated within the home and a sample of recent treatment records was reviewed. Routinely, the treatment records detailed the majority of the information required by the Care Standards for Nursing Homes (2015), however some detail was missing such as the costs, and the signature of a member of staff to verify that the person had received the treatment.

An area for improvement was identified to ensure that treatment records include all of the details as required by the Care Standards.

The inspector discussed with the business director how patients' property (within their rooms) was recorded and was informed that the records had been made, as she had been involved in the process personally. However, by the conclusion of the inspection, these records had not been presented to the inspector. There was therefore no evidence that they were in place.

Each patient should have an up to date record of the furniture and personal possessions which they have brought to their rooms and this was listed as an area for improvement. The inspector also highlighted that to be consistent with the Care Standards for Nursing Homes (2015), these records should be checked on at least a quarterly basis, with the records signed by a staff member and countersigned by a senior member of staff.

Discussion with the business director established that the home operated a transport scheme based on a pay as you travel charging arrangement. A review of the records established that a policy and procedure was in place in respect of the administration of the scheme and written transport agreements were used to obtain agreement from patients or their representatives to the terms and conditions of the scheme. Journey records were maintained to detail those patients travelling on each journey with the cost per mile divided by the number of patients travelling on the same journey.

A review of a sample of the patients' file established that transport agreements were in place for all but one person in the sample. This was discussed with the business director who concluded that this must have been an oversight.

Ensuring that the identified patient or their representative is provided with a written transport agreement for signature and agreement was identified as an area for improvement.

Discussions with the business director established that the home did not operate a patients' comfort fund.

### **Areas of good practice**

There were examples of good practice found in relation to official appointee documents on file for patients; income, expenditure records followed a standard financial ledger format and evidence of regular reconciliations was available.

### **Areas for improvement**

Four areas for improvement were identified during the inspection in relation to ensuring that treatment records are signed by the person providing the treatment and a member of staff who is in a position to verify the patient received the treatment; ensuring that each patient has an up to date record of the furniture and personal possessions which they have brought to their room; ensuring that the identified patient or their representative is provided with a written transport agreement for signature and agreement and ensuring that where a representative of the home is acting as appointee, these details are clearly reflected within each relevant patient's agreement.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3



**6.6 Is care compassionate?**

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

The arrangements to support patients with their money on day to day basis were discussed with the business director. These discussions established that the home had measures in place to be flexible to respond to the individual needs and preferences of patients.

Discussions with the business director and administrator established that arrangements to pay fees and handle safeguard patients' monies in the home, would be discussed with the patient or their representative at the time a patient was admitted to the home.

Discussion with the business director established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue. This included family questionnaires, patients' questionnaires and family meetings.

**Areas of good practice**

There were examples of good practice identified in relation to listening to and taking account of the views of patients and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

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

Written policies including those in respect of whistleblowing, complaints management, and authorising patients' expenditure were in place and easily assessable.

Discussion was held with the business director regarding the individual written agreements in place with patients and the home. A sample of three patients' files established that only one patient had a signed written agreement on their file, however this was dated 2015 and there was no evidence that this had been updated in 2018/19 to reflect the change in the fees/financial arrangements which change regionally on an annual basis.

This was discussed with the business director in feedback who noted that the information required to update the agreements (up to date funding details) was currently being received from the HSC trust and that she was holding onto the up to date agreements until all the information for all patients had been received at which point they would be sent out. The inspector highlighted that the process of sharing up to date agreements with patients or their

representatives should not be delayed any further and should be expedited and this was identified as an area for improvement.

One patient had an agreement on their file which was unsigned; the third patient did not have any written agreement on their file whatsoever.

Ensuring that each patient or their representative is provided with an up to date, written agreement setting out the terms and conditions of their residency in the home was identified as an area for improvement.

A review of the home's generic patient agreement identified that it was not wholly consistent with the required minimum content of a patient agreement as detailed within standard 2.2 of the Care Standards for Nursing Homes (2015). Ensuring that the generic patient agreement template is reviewed and updated accordingly was identified as an area for improvement.

A review of the files for each of the three patients identified that distinct financial agreements existed to detail controls in place to manage the individual patient's money and agree to particular financial arrangements being in place. It was noted that for the three patients' files reviewed, two patients had these documents on their files, signed by their respective representatives and a member of staff in the home. The third patient's documents had only been signed by members of staff and therefore there was no evidence that these had been shared with the patient or their representative.

Ensuring that these agreement/authorisation documents are duly shared for agreement with any relevant patient or their representative was identified as an area for improvement.

The inspector discussed with the business director the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of residents. The business director was able to describe specific examples of the way this was achieved.

### **Areas of good practice**

There were examples of good practice found in relation to: the availability of written policies and procedures to guide financial practices in the home, and the business director was able to describe specific examples of how patients experienced equality of opportunity.

### **Areas for improvement**

Four areas for areas for improvement were identified as part of the inspection. These related to ensuring that the generic patient agreement template is reviewed and updated to ensure consistency with standard 2.2 of the Care Standards for Nursing Homes (2015); ensuring that each patient or their representative is provided with an up to date, written agreement setting out the terms and conditions of their residency in the home; ensuring that up to date agreements with patients or their representatives are shared for agreement and signature and ensuring that (financial) agreement/authorisation documents are shared for agreement with any relevant patient or their representative.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	3

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline McCourt, business director, at the close of the inspection. 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 Care Standards for Nursing Homes (April 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 Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 Schedule 4 (10)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought to their room.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All residents have a up to date record of furniture and personal possessions in place.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 5 (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that each patient is provided with an up to date written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Written agreements have always been provided annually. The agreements have been updated and are currently being issued to each resident.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2018 and at least quarterly thereafter	<p>The registered person shall ensure that a reconciliation of the safe contents is carried out and recorded by two people at least quarterly.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A safe reconciliation audit now occurs quarterly by two staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.20  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that if a person within the home acts as an appointee...these arrangements is noted in the individual agreement and a record is kept of the name of the appointee, the resident on whose behalf they act and the date they were approved by the Social Security Agency.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b></p>

	Official documentation has always been in place detailing appointee information. The appointee is now named, and the corresponding information detailed in the updated individual agreements.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> First time  <b>To be completed by:</b> 22 September 2018	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Although a receipt book was in place at the time of the inspection, this has been made more detailed and is now in line with the standards.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 15  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that a written transport agreement is prepared and shared for signature and agreement with the identified patient or their representative.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>  All transport agreements have been updated and are currently being issued to residents and families.</p>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 2.8  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>  The registered person will ensure that there is a record held of non signatures of agreements.</p>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 2.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that the home's generic patient agreement template is compared with the standard detailed to ensure that the minimum required content is included.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>  The generic residents written agreement has been up dated to ensure the standards are reflected appropriately.</p>

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<b>Area for improvement 7</b>  <b>Ref:</b> Standard 14.6, 7  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits. The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b>  A written financial agreement has always been in place for each resident. This has been updated and a record in place for non signatures of agreements.</p>

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



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