

REGULATION AND QUALITY IMPROVEMENT
AUTHORITY

9th Floor Riverside Tower 5 Lanyon Place Belfast BT1 3BT
Tel: (028) 9051 7500 Fax: (028) 9051 7501

ANNOUNCED FINANCE
INSPECTION REPORT

- for -

LEABANK

- on -

14 APRIL 2014

**NURSING HOME
FINANCE INSPECTION
2013/14**

1.0 GENERAL INFORMATION

Name of Home:	Leabank
Address:	1 Beechwood Avenue Ballycastle BT54 6BL
Telephone:	02820763392
Proprietor Organisation:	Mrs Sheila McGill
Registered Organisation / Registered Provider:	Mr Brian Macklin
Registered Manager:	Mrs Sheila McGill
Number of Registered Places:	52
Occupancy on Date of Inspection:	51
Finance Inspector:	Briege Ferris
Date and Times:	14 April 2014 10.00- 13.00
Previous Announced Finance Inspection:	None

2.0 INSPECTION COVERAGE

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
Charges & payments	4 (1) 4 (1) (b)	3.1 & 25.10 3.2	Patient's guide: Terms and conditions, amount and method of payment	The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on arrangements of payment of fees to the home; the safe custody of service users' valuables; the range of additional services provided within the home free of charge and extra services/luxuries which attract a charge.
	4 (1) (c) 4 (4)	3.2	Standard form of contract. (This would include a copy of the trust(s) contract)	Copies of the home's contracts with the trusts were available on the day of inspection. Further information on the home's standard form of contract is included in the following section of the report.

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
Information about fees	5 (1)	4.1	Statement to each patient of fees payable for:	<p>The inspector discussed the individual financial circumstances of service users in the home with the home's administrator; and selected three files and associated records for further examination.</p> <p>The inspector was also provided with the home's current form of agreement for new individual service users and on review, the inspector noted that this agreement reflected the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 and DHSSPS Nursing Homes Minimum Standard 4.2.</p> <p>The inspector noted that on reviewing the three service user agreements, these reflected an older form of contract which had previously been in use and therefore did not meet the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 and DHSSPS Nursing Homes Minimum Standard 4.2.</p> <p>The home's administrator confirmed that the home would be writing to service users/their representatives to advise them of the new fees rates which were due to change in the coming weeks and that the new form of contract would be used for service users.</p> <p>Requirement 1 is listed in the Quality Improvement Plan in respect of this finding.</p>
	5 (1) (a) (i)	4.2	Accommodation, including food	
	5 (1) (a) (ii)	4.2	Nursing	
	5 (1) (a) (ii)	4.2	Services to which each fee relates	
	5 (1) (b)	4.2	Method of payment and by whom	

	5 (2) (a) & (b)	4.6 4.7	Notification of increase or variation in fees	A review of the records held evidenced that the home had previously notified service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.
	5 (3) (a) & (b)	4.2	Statement specifying any nursing contributions	<p>Where the home is in receipt of a nursing contribution for any service user, these details should be outlined within the individual agreement with the service user, including the date the payment commenced and the amount of the nursing contribution.</p> <p>Requirement 1 in respect of providing up to date agreements to each service user (including current fees and financial arrangements) has been listed above.</p>

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
Patients' money and valuables	18 (2) (l) 19 (2) Schedule 4.9	15.2 15.3	Place for deposit of money & valuables for safe keeping and arrangements to record in writing all transactions	The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.
	19 (2) 18 (2) (d) Schedule 4.10	Appendix 2	Record of furniture & personal possessions. Policy and procedure in place	<p>The inspector requested the inventory/property records for service users and was provided with two property books.</p> <p>The inspector noted that within the books a sample of records had been: signed and dated by one person; signed and not dated; dated but not signed and not signed or dated.</p> <p>This indicated to the inspector that the process of recording service user inventory was not being managed well.</p> <p>The inspector also noted that different staff members recorded varying levels of detail of the service users' possessions and that maintaining consistency in recording items was important.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p>

Records	19 (4)	27.6	Policy in place for retention of financial records for not less than six years from date of last entry	Records are retained in the home for a period of at least six years.
Acting for patients	22 (1) (a) & (b)	15.1	Monies belonging to any patient paid into an account in the name of that patient and not paid into a business account used in carrying on the establishment	On the day of inspection, no monies belonging to service users were being paid into an account used in carrying on the establishment.
	22 (2)	15.2		
	19 (2)	15.2	A record is kept at the home of persons acting as an appointee or agent	Discussion with the home's administrator and a review of the records evidenced that on the day of inspection, no representative of the home was acting as nominated appointee for any service user.
	22 (3)	15.10		
	Schedule 4.3	15.11		

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
Records to be kept in a nursing home	19 (2) Schedule 4.3	15.4	Record of patients' fees received	<p>A review of the records evidenced that the home retain copies of the trust remittances confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant.</p> <p>The inspector reviewed the records relating to amounts charged to a sample of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p>
	19 (2) Schedule 4.3	15	Record of financial arrangements handled by the home	<p>Discussions with the home's administrator and a review of the records evidenced that the home were not acting as nominated appointee for any service user on the day of inspection.</p> <p>The home does however; receive monies from service user representatives to be spent by the home on the service user's behalf. The inspector noted that if the home were purchasing goods or services on behalf of the service user, the home needed written authorisation from the service user/their representative to make these purchases.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p>

				<p>The inspector reviewed the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, or other non-frequent sundry items. The inspector noted that the home maintain records detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash lodged or hairdressers or shop receipt for expenditure. The inspector traced a sample of transactions and was able to evidence the all of the relevant documents.</p> <p>The inspector noted however that reconciliations of the income and expenditure records were being reconciled, however these reconciliations were not being performed at least quarterly.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p> <p>The inspector was provided with a copy of the home’s current policy and procedure on “resident and financial interests”. The inspector noted that the policy included reference to donations made to the home, which would form a “comfort fund” for service users. The inspector noted that the detail within this section of the policy was overly brief and did not adequately describe the principles and procedures regarding the safeguarding and expenditure of the service users’ comfort fund.</p>
--	--	--	--	--

				Recommendation 1 is listed in the QIP in respect of this finding.
	19 (2) Schedule 4.8	15.2 15.4	Record of the nursing home's charges to patients, including any extra amounts payable for additional services not covered by those charges and amounts paid by or in respect of each patient	<p>The home maintains copies of payment remittances from the commissioning trusts which detail the amount receivable by the home and the amount to be contributed by the service user/representative where relevant.</p> <p>The inspector noted that the costs of hairdressing services facilitated within the home were included in the home's standard form of contract with service users. As noted above, a requirement (requirement 1) has been made for service users to be provided with updated agreements which reflect the content of the standard form of contract.</p>

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
Records to be kept in a nursing home	19 (2) Schedule 4.17	18	Record of charges made to patients for transport & amounts paid by or in respect of each patient	On the day of inspection, the home did not provide transport services to service users.
	19 (2) Schedule 4.18 (a) 19 (2) Schedule 4.18 (b)	18 18	Where patients collectively own the vehicles – record of amounts paid by or in respect of each patient running the vehicle Record of journeys made and names of patients being transported	On the day of inspection, the home did not provide transport services to service users.
		18 Appendix 2	Policy & procedure in place for transport - use & provision	On the day of inspection, the home did not provide transport services to service users.

3.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

**Briege Ferris
Finance Inspector / Quality Reviewer
Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

QUALITY IMPROVEMENT PLAN

ANNOUNCED FINANCE INSPECTION

LEABANK

14 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Sheila McGill either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and the Nursing Homes Regulations (NI) 2005

NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5 (1) (a) (b)	<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 Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>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>	Once	Individual agreements are provided to each patient/relative with details of current fees and financial arrangement. We are awaiting fee amount for 2014/2015 from Trust and will then forward change of new agreements with change of fee to each person. Copy of signed agreement retained for each service user. Record of agreements not signed retained. Care Manager will be informed of patients without relatives/representatives.	6 weeks from the date of inspection: 26 May 2014

2	19(2) Schedule 4 (10)	<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. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home.</p> <p>All inventory records should be updated on a regular basis.</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>	Once	New inventory with details of all patients possessions implemented on reporting and will be reviewed following any changes to possessions.	4 weeks from the date of inspection: 12 May 2014
3	19 (2) Schedule 4 (3)	<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 expenditure.</p> <p>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</p>	Once	New authorisation form implemented for patients/relatives to sign to authorise any monies spent on behalf of patient. Where no representative/family then Care Manager will be informed.	6 weeks from the date of inspection: 26 May 2014

		<p>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.</p> <p>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>			
4	19 (2) Schedule 4 (9)	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.	Once	Reconciliations of monies/valuables checked and signed every 3 months.	4 weeks from the date of inspection: 12 May 2014 and at least quarterly thereafter


RECOMMENDATIONS

These recommendations are based on Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	Appendix II	The registered person should elaborate on the current policy which addresses donations to the home. The policy should describe in detail the principles and procedures regarding the safeguarding and management of the service users' comfort fund.	Once	New policy developed on monies spent activity provision and how money in patients' comfort fund will be spent. Copy available in hall. Patients/Relatives invited to contribute ideas on questionnaires.	4 weeks from the date of inspection: 12 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Sheila McGill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mary Macklin

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			15 May 2014
B.	Further information requested from provider				