



The Regulation and
Quality Improvement
Authority

Ben MadiganCare Home
RQIA ID: 1398
36 Mill Road
Newtownabbey
BT36 7BH

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**Unannounced Finance Inspection
of
Ben Madigan Care Home**

21 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced finance inspection took place on 21 October 2015 from 11:15 to 16:15. A poster detailing that the inspection was taking place that day 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 there are some areas identified for improvement, which 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.

On the day of inspection, we met with the home manager and the administrator; no relatives or visitors chose to meet with us during the inspection. We would like to thank those who participated in the inspection for their co-operation.

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 action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	3

The details of the QIP within this report were discussed with Mrs Jillian Campbell, the home manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Priory Care Homes Number 2 Ltd/Caroline Denny	Registered Manager: Mrs Jillian Campbell (registration pending)
Person in Charge of the Home at the Time of Inspection: Mrs Jillian Campbell	Date Manager Registered: Registration Pending
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI, NH-DE	Number of Registered Places: 64
Number of Patients Accommodated on the Day of Inspection: 60	Weekly Tariff at Time of Inspection: £623.00 to £750.00

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 home manager and the home administrator
- 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 reviewed during the inspection:

- The patient guide
- The home's policy on "Service Users' Funds"
- The home's policy on "Donations and Amenity Funds" (Comfort Funds)
- The home's policy on "Action to be Taken in the Event of a Minibus Accident"
- The home's policy on "Transporting Residents"
- Four patient agreements
- Protection of Vulnerable Adults Training record for the home's administrator
- Most recent HSC trust payment remittances
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Income/lodgements and expenditure records including comfort fund records
- Hairdressing, Chiropody and Aromatherapy treatment records
- "Safe Register" book
- Two records of patients' property in their rooms

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 26 August 2015; the completed Quality Improvement Plan was returned and approved by the care inspector. We were not required to follow up on any matters arising from this inspection.

5.2 Review of Requirements and Recommendations from the Last Finance Inspection

There has been no previous RQIA inspection of the service.

5.3 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?

The home has a patient guide and a written agreement, an individual copy of which is provided to each patient or their representative at the time the patient is admitted to the home.

We selected a sample of four files for review in order to view the written agreements in place with individual patients. On reviewing the files, we noted that all four patients had a signed agreement on their file. However, only one of the four agreements reflected the correct fee details. Included within the sample of files, were agreements which had been signed in 2014 and 2012. We noted that two of the agreements included a page with the words "updated 27/6/14"; however the agreement had not been signed by the patient or their representative. There was therefore no evidence that the home had notified all patients or their representatives of the increases in fees over time and that the changes had been agreed in writing.

We clarified that in order to comply with Regulation 5 (1) of the Nursing Care Homes Regulations (Northern Ireland) 2005; a patient's agreement must clearly state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment. We noted that the home must provide updated agreements to all of the patients in the home.

A requirement has been made in respect of these findings.

We also highlighted that Standard 2.2 of the Care Standards for Nursing Homes (April 2015), details all of the components which must be included in a patient's individual agreement with the home. We noted that the home should compare the home's current agreement with patients with Standard 2.2 of the Care Standards for Nursing Homes (2015), to ensure that all of the required elements are included.

A requirement has been made in respect of these findings.

Written evidence was reviewed which confirmed that the home's administrator had received training in the Protection of Vulnerable Adults.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; and we were advised that there was no direct involvement by the home in this regard. The home has a policy and procedure in place addressing how the home seeks to safeguard money and valuables belonging to patients.

Is Care Compassionate?

The findings above evidenced that all patients or their representatives had not been informed in writing of changes to the fees payable over time. We noted that every patient or their representative must be advised in writing of changes to the fees payable and that these changes must be agreed in writing with the patient or their representative, with the patient's individual agreement with the home updated accordingly.

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 related to: providing individual written agreements to all patients which reflect the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015); and providing written notification of an increase in the fees payable to each patient, with the changes agreed in the individual patient's agreement.

Number of Requirements	2	Number Recommendations:	0
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5.4 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 trusts' payment remittances are available confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or part, directly to the home. For all other patients, the home is paid directly by the relevant HSC trust. A review of a sample of charges established that the correct amounts were being charged by the home.

The home manager advised that the home is not in direct receipt of the personal allowance monies for any patient, nor is any representative of the home acting as nominated Appointee for any patient (i.e.: managing their social security benefits).

Discussion established that patients' representatives deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing, chiropody or other sundries). A review of the records identified that the home provides a receipt to anyone depositing money. We reviewed a sample of receipts

and noted that they are routinely signed by the person receiving the money and the person depositing the money; good practice was observed.

We discussed how patient expenditure was recorded on behalf of patients; we noted that records were made on personal allowance statements. We noted that there were receipts for lodgements of cash on behalf of patients and expenditure receipts were maintained to substantiate the entries on the statements.

We sampled a number of transactions from the personal allowance statements and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or a purchase receipt.

We also noted that a bank account was in place to hold patients' monies and that this account was named appropriately. The home administrator advised us that reconciliations of the bank account were carried out at the organisations head office; we therefore did not review these records as part of the inspection.

We reviewed the records for hairdressing, aromatherapy and chiropody services facilitated within the home. We noted that there was an inconsistency in the details recorded from one type of service to the next. For instance, while the records for aromatherapy were routinely signed by the aromatherapist, neither the hairdressing nor the chiropody records were signed. We also noted that a printed template was routinely stapled to the back of the hairdressing and aromatherapy records; however this had not been signed or dated by two people as the template necessitated. We noted that all of the treatment records must be signed by the person providing the treatment and by a member of staff who can verify that the patient has received the treatment and incurred the associated cost.

A requirement has been made in respect of this finding.

Discussions established that the home operates a fund for the benefit of the patients in the home; this is referred to as the comfort fund. We noted that there was a bank account in place for the administration of the fund, which was named appropriately.

We noted that records of income and expenditure were maintained for the comfort fund with lodgement and expenditure receipts retained to substantiate this. We also noted that the home has a written policy and procedure to guide practice regarding the operation of the comfort fund.

We reviewed a sample of the comfort fund records and noted that receipts were available for the transactions sampled. Within the records of expenditure, we noted two entries relating to items, the purchase of which we noted as potentially inconsistent with the home's comfort fund policy and procedure. These related to the purchase of lamps and vases for the residents' lounges. We noted that the home's comfort fund policy and procedure states "purchases...must not be for ...decoration...furniture and furnishings."

We discussed this matter with the home manager and noted that the home should review the previous comfort fund purchases in light of the home's policy and having done so, make a repayment of the cost of any relevant purchases identified.

A recommendation has been made in respect of this finding.

We reviewed the records of reconciliations of the comfort fund monies and noted that a reconciliation had not been carried out since March 2015. We highlighted that reconciliations which should be signed and dated by two people, should be carried out at least quarterly.

A recommendation has been made in respect of this finding.

Is Care Effective?

As noted above, the home receives money from family representatives, which is deposited to pay for additional goods or services not covered by the weekly fee. A review of a sample of patients' records established that personal allowance authorisations to provide the home with the necessary written authorisation to purchase goods and services on behalf of a patient were in place for each of the patients sampled.

Is Care Compassionate?

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the patients had any known assessed needs or restrictions. We also discussed access to patients' money outside of normal office hours. The home manager and administrator advised that at present, the needs of the patients were such that access to their money during office hours was currently sufficient to meet their needs and that this would be kept under review.

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 three areas identified for improvement. These related to treatment records for hairdressing etc, reviewing the previous record of comfort fund purchases and ensuring the reconciliations are carried out and signed and dated by two people at least quarterly.

Number of Requirements	1	Number Recommendations:	2
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5.5 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 to deposit cash or valuables; we were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the contents of the safe place and established that on the day of inspection, cash balances and a number of other valuable items were deposited for safekeeping by the home.

We noted that the home has a "safe register" in place to detail the lodgement and withdrawal of any items from the safe place; entries were routinely signed and dated by two people, good practice was observed. We noted that as new items were added to the safe place over time, each entry had been written on a new page in the "safe register" book. We noted that the items

which were still contained within the safe place were dispersed throughout the book and records of reconciliations had been made on each item's individual page. We highlighted how it would be preferable if there was a composite record of the items in the safe place with the reconciliation of the items recorded only once. This would avoid the need to sign and date each relevant page in the book and would also avoid ultimately running out of space to record the reconciliation on each page.

A recommendation has been made in respect of this finding.

Is Care Effective?

We enquired how patients' property within their rooms was recorded and requested to see the completed property records for a sample of four patients. We were provided with the property records for two of the patients selected. The home administrator advised that having spoken to nursing colleagues, the records for the other two patients could not be located.

We reviewed the two records which had been provided and noted that they had both been made on an "Inventory of Residents Property" template. We noted that the majority of items recorded on both records were clothing. Neither of the two records had been dated, one record had been initialled; the second record was not signed. There was no evidence to suggest that the records had been updated.

We discussed these findings and noted that any additions or disposals from patients' property records must be signed and dated by two people. We also highlighted that the Care Standards for Nursing Homes (2015) require that these records are updated at least quarterly. We noted that the home must update all of the current property records for patients in the home.

A requirement has been made in respect of this finding.

Is Care Compassionate?

As detailed above, there are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; discussions established that the home provides a personal monies contract detailing arrangements for the home to securely store any money deposited for safekeeping. The home's administrator also advised that these matters are explained to family members the first time the relative visits the office to deposit money.

Areas for Improvement

Overall, the financial arrangements were found to be delivering safe, effective and compassionate care; however there were two areas identified for improvement, these related to the introduction of a composite safe record and the way in which patients' property is recorded.

Number of Requirements	1	Number Recommendations:	1
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5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

Is Care Safe?

On the day of inspection, the home had a minibus used to provide transport services to patients. The home has a written policy and procedure in place regarding transport provision. We also noted that information was available to staff detailing what actions to take in the event of an accident.

Is Care Effective?

As noted above, a minibus is available to the patients in the home; we were advised that it is normally used for outings and patients' hospital appointments. The home manager and administrator confirmed that no charges were made to patients for the use of the bus.

Is Care Compassionate?

We were advised that all of the patients have access to the home's minibus. We also queried whether the home provides support to any patients to access other means of transport. We were advised that on a rare occasion, a resident may request that a taxi to be ordered, and we were informed that the organisation would cover the cost of the taxi; we noted this as compassionate practice.

Areas for Improvement

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. No areas for improvement were noted in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 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 Mrs Jillian Campbell, the home 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 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 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:
21 December 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 an 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:

Please find attached a copy of the template letter that was sent by the homes in Feb/Mar 15 re the increase in top up fees from the 1st April 15. A similar letter is also sent to self funding residents each year in Nov/Dec re the annual fee increase applicable from the 1st Jan - supplied by Finance dept, England.

Residents that are funded by the Northern HSCT & have a contribution to pay to us are notified in writing directly by the Trust of this and of any changes that may occur to the assessed amount.


Also the Belfast Trust pay us the gross weekly fee for all residents funded by them so again any changes to the rates would be advised directly by the Trust as above.

On site each resident has an individual contract which details the breakdown of costs applicable. This has been revised to have the costs detailed on a separate sheet. Also the contracts have been updated to reflect the changes in Standard 2.2 - see attached.

The above named contract states that there is a secure facility on site for the storage of cash - section 2.14

<p>Requirement 2</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the next change</p>	<p>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.</p> <p>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.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Please find attached a copy of the template letter that was sent by the homes in Feb/Mar 15 re the increase in top up fees from the 1st April 15. A similar letter is also sent to self funding residents each year in Nov/Dec re the annual fee increase applicable from the 1st Jan - supplied by Finance dept, England.</p> <p>Residents that are funded by the Northern HSCT & have a contribution to pay to us are notified in writing directly by the Trust of this and of any changes that may occur to the assessed amount.</p> <p>Also the Belfast Trust pay us the gross weekly fee for all residents funded by them so again any changes to the rates would be advised directly by the Trust as above.</p> <p>On site each resident has an individual contract which details the breakdown of costs applicable. This has been revised to have the costs detailed on a seperate sheet. Also the contracts have been updated to reflect the changes in Standard 2.2 - see attached.</p>
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<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that the hairdressing, chiropody and aromatherapy treatment records detail the name of the patient, the treatment received and the associated cost. Each record must be signed by the person providing the treatment and by a member of staff who can verify that the patient received the treatment.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Records for hairdressing, chiropody and aromatherapy are now being signed by staff member and the treatment provider. This was put into effect immediately following the inspection. The form agreed by the inspector on the day of inspection is being used consistently and all other forms have been removed.</p>
<p>Requirement 4</p> <p>Ref: Standard 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 21 January 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. (Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly). 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>Response by Registered Person(s) Detailing the Actions Taken: The process of reconciliation of inventory for all residents has been commenced and will be completed in full by 21.01.16. Any inventories for residents that were not available on the day of inspection will be retrieved from archive and placed back in the residents file. As discussed with the inspector clothing will not be included in the inventory unless it has monetary or sentimental value. The SU guide will reflect that clothing will not be recorded on the residents inventory.</p> <p>The Home Administrator has introduced a system for quarterly reconciliation of inventory.</p>

Recommendations			
Recommendation 1 Ref: Minimum Standard 14.25 Stated: First time To be Completed by: From the date of inspection	It is recommended that the registered person ensure that patients' monies and comfort fund cash records are reconciled at least quarterly.		
	Response by Registered Person(s) Detailing the Actions Taken: The Home Administrator has introduced a system for quarterly reconciliation of both the patients monies and the comfort fund.		
Recommendation 2 Ref: Minimum Standard 35.21 Stated: First time To be Completed by: 4 November 2015	It is recommended that the registered person create a composite record of items held in the safe place, which should continue to be reconciled on at least a quarterly basis.		
	Response by Registered Person(s) Detailing the Actions Taken: As discussed during the inspection the Home Administrator has removed the additional reconciliation documents for the recording of the safe contents and will now use one document to record all instead.		
Recommendation 3 Ref: Minimum Standard 14.29 Stated: First time To be Completed by: 4 November 2015	It is recommended that the registered person ensure that any expenditure paid from the patients' comfort fund is used for the benefit of the body of patients and does not fund any items which should be paid for by the home. The record of previous purchases of any items from the patients' comfort fund should be reviewed, and the cost of any items which the home determines should have been paid for by the home be repaid to the patients' comfort fund.		
	Response by Registered Person(s) Detailing the Actions Taken: Further to discussion during the inspection, the comfort fund has been reimbursed by the home (approx £80), from petty cash, for items deemed the homes responsibility.		
Registered Manager Completing QIP	Jill Campbell	Date Completed	16.11.15
Registered Person Approving QIP	Caroline Denny	Date Approved	19.11.15
RQIA Inspector Assessing Response		Date Approved	27/11/2015

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