

Finance Inspection Report

13 July 2016



Craigdun

Type of Service: Nursing Home
Address: 30 Dunminning Road, Cullybackey BT42 1PE
Tel No: 02825880202
Inspector: Briege Ferris

1.0 Summary

An unannounced inspection of Craigdun took place on 13 July 2016 from 10:00 hours to 14:30 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?

Evidence was reviewed which confirmed that the home's administrator had recently completed training in the protection of vulnerable adults. Controls in place to protect service users' money and valuables were described by the nurse in charge, no requirements or recommendations were made.

Is care effective?

Systems were found to be in place to effectively record monies received and spent on behalf of service users; however three areas for improvement were identified during the inspection. These were in relation to: ensuring that the registered provider contact the HSC trust regarding the large balance held for one service user, which may be earning interest elsewhere, reporting in writing to the HSC trust, the balance of monies held on behalf of any service user who has been assessed as incapable of managing their affairs and reviewing and updating the records of service users' furniture and personal possessions in their rooms.

Is care compassionate?

There was evidence in a sample of files reviewed, that service users were involved to make decisions affecting their care, including arrangements to support them with their money. Records identified that the home's administrator had written to service users' representatives in a timely manner, to inform that the personal monies of their relative were running low and to request that monies be lodged in order to pay for services attracting an additional fee.

However, a recommendation was made for the home to ensure that there are appropriate contingency arrangements in place so that service users have access to money at all times.

Is the service well led?

A review of a sample of records evidenced that governance and oversight arrangements were in place in the home. However, one area for improvement was identified during the inspection in relation to ensuring that there is consistent practice with regards to providing up to date fee information to service users or their representatives. Service users' records must evidence any attempt made by the home to pursue documents which should be returned signed to the home.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (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 the home, which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Wendy McMaster, representing Four Seasons Healthcare, 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

There has been no previous RQIA finance inspection of Craigdun.

2.0 Service details

Registered organisation/registered provider: Four Seasons Healthcare/Maureen Claire Royston	Registered manager: Shirley Ann Marshall
Person in charge of the home at the time of inspection: Maire McQuillan (Nurse in charge)	Date manager registered: 1 April 2005
Categories of care: NH-DE, NH-MP, NH-PH, NH-PH(E), NH-I, NH-TI, RC-I, RC-PH, RC-PH(E)	Number of registered places: 33

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 none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues. Contact was also made with the inspector who had most recently visited the home.

On the day, the inspector met with the nurse in charge. A poster detailing that the inspection was taking place was positioned at the entrance to the home; however, no relatives or visitors chose to meet with the inspector.

The registered manager and the administrator were not in the home on day of inspection; Wendy McMaster, representing Four Seasons Healthcare, was contacted by telephone following the inspection, in order for feedback from the day to be provided.

The following records were examined during the inspection:

- Training record (Protection of Vulnerable Adults)
- Financial Policy "Management of Bank account and cash float" May 2016
- Financial Policy "Management and recording of personal allowance" May 2016
- Financial Policy "Maintenance of personal allowance records" May 2016
- Financial Policy "Person in care - social and other cash floats" May 2016
- Policy "Safekeeping of a personal in care's valuables" May 2016
- Policy "Retention an access to records" May 2016
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing and podiatry services facilitated in the home
- A sample of resident social fund records
- Two service user care files
- Five service user finance files
- Four service user agreements
- A sample of complaints records
- Four records of service users' property within their rooms

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016

The most recent inspection of the home was an unannounced care inspection, the findings from which will be reported on separately.

4.2 Review of requirements and recommendations from the last finance inspection

There has been no previous RQIA finance inspection of the home.

4.3 Is care safe?

The nurse in charge informed the inspector that the home had an administrator who was the key member of staff who dealt with service users' money and valuables and the related records. However, as noted above, the administrator was not in the home on the day of inspection. The nurse in charge directed the inspector to an office, and it was established that service users' finance files were accessible.

However, the nurse in charge noted that there was a safe place in the home to which she did not have access (the safe place was not physically verified by the inspector). Telephone contact with the regional manager established that both sets of keys to the safe place were not available in the home on the day of inspection. There is further comment on this matter in section 4.5 of this report.

As the administrator was not in the home on the day of inspection, it was not possible to evidence from her directly, whether she was familiar with aspects of Protection of Vulnerable Adults (POVA) training which dealt with financial abuse. However, the nurse in charge directed the inspector to a number of files in the office, one of which contained training records. A review of its contents evidenced that the home administrator had recently completed POVA training.

Discussion with the nurse in charge established 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 service user; this was subsequently confirmed by Wendy McMaster.

While there was no access to the safe place on the day, a review of the personal allowance records established that money was being held on behalf of a number of service users; there is further discussion on the management of service users' personal monies in section 4.4 of this report. The inspector could not evidence whether any valuables were being held in the safe place.

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?

The inspector reviewed a sample of the records for income and expenditure incurred on behalf of service users (such as that in respect of hairdressing and podiatry). The inspector noted that the home maintain clear records on "personal allowance account statements" detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or hairdressing or podiatry treatment record. The inspector traced a sample of transactions and was able to evidence the all of the relevant documents. There was evidence that records of personal monies held on behalf of service users were reconciled and signed and dated by two people on a monthly basis.

Hairdressing and podiatry treatment records were in place to evidence the treatments provided and associated costs to service users; records were consistently signed by both the person providing the treatment and a member of staff to verify that the treatment had been provided.

The home receives money from the family/friends of service users in order to pay for additional services facilitated within the home for which there is an additional charge. In addition, a review of the records identified that the home was in direct receipt of the personal monies for an identified number of service users in the home. Money was being received from the HSC trust by cheque and directly to the organisations head office. There was evidence available to confirm the amount and timing of transfers of money received on behalf of the service users to their respective personal monies balances maintained by the home.

Discussion with Wendy McMaster confirmed that no representative of the home was acting as nominated appointee for any service user in the home.

On reviewing the records of money held on behalf of service users, the inspector noted that there was a large balance being held within the pooled service users' bank account for one service user. The inspector noted that the home was directly receiving the personal monies from the HSC trust and that on conclusion; this had built up over time to the current balance held in the account for the service user. The inspector discussed this with Wendy McMaster following the inspection and noted that the registered provider should contact the HSC trust to discuss potential arrangements to temporarily suspend the regular transfer of money to the home from the HSC trust to allow the balance to decrease; and/or to discuss transferring part of the balance from the home's pooled service users' bank account (which is non-interest bearing) to an account managed by the HSC trust which may be interest bearing.

A recommendation was made for the registered provider to contact the HSC trust regarding the large balance held for one service user.

One service user who had a sum of money deposited with the home for safekeeping was noted to have a formally assessed need in respect of their ability to manage their financial affairs. It was noted that in these circumstances the balance of monies held on behalf of any service user who has been assessed as incapable of managing their affairs should be reported at least annually to the HSC trust. A review of the service user's care and finance records failed to evidence that this had been happening; a recommendation was made in respect of this finding.

Following the inspection, Wendy McMaster confirmed that the home did not provide transport to service users; transport to medical appointments etc. was provided for by the ambulance service or by service users' family members.

During the inspection, a sample of the property records held for service users was requested. Four service users were sampled, each service user had a written record in place, however none of the records were signed or dated and there was limited evidence that they had been updated over time. Entries mainly consisted of items of clothing; however the inspector noted entries such as "1 Laptop", "TV". The inspector discussed these findings with the registered manager following the inspection, the importance of advising staff of expectations regarding the description of items (e.g. make/model/size) was emphasised. The inspector noted that records of service users' property must be recorded in a consistent manner by staff with the signatures of (at least) two people recorded against each addition or disposal. The inspector also noted that property records should be reconciled at least quarterly with the reconciliation also signed and dated by two people.

A recommendation was made to ensure that property records for every service user are reviewed, brought up to date and maintained in line with the recommendation.

Areas for improvement

Three areas for improvement were identified during the inspection.

These were in relation to: ensuring that the registered provider contact the HSC trust regarding the large balance of money being held for one service user, which may be earning interest elsewhere, reporting in writing to the HSC trust, the balance of monies held on behalf of any service user who has been assessed as incapable of managing their affairs and reviewing and updating the records of service users' furniture and personal possessions in their rooms.

Number of requirements	0	Number of recommendations:	3
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4.5 Is care compassionate?

The inspector discussed the day to day arrangements in place in the home to support service users. The nurse in charge stated that she not aware of any particular financial arrangement in place for any service users which she was aware of.

As noted above, a review of a sample of records evidenced that the personal money belonging to a number of service users was being received directly by the home on their behalf.

There was evidence in a sample of files reviewed, that service users were involved to make decisions affecting their care, including arrangements to support them with their money. As noted in section 4.4 of this report, a recommendation has been made for the registered provider to contact the HSC trust regarding the large balance held for one service user, which may be earning interest elsewhere.

There was evidence that the home's administrator had written to service users' representatives in a timely manner, to inform that the personal monies of their relative were running low and to request that monies be lodged in order to pay for services attracting an additional fee.

As noted in section 4.3 of this report, on the day of there was no access to the safe place containing service users' money; it was therefore not possible for the inspector to view the contents and reconcile same to records of money and valuables (if any) held.

The inspector and the regional manager spoke briefly by telephone on the morning of the inspection. The regional manager confirmed that two sets of keys were held for the safe place and that the registered manager who was not available that day, was in possession of both sets of keys. The inspector therefore highlighted that any service user with money held in the safe place that day, would not have been able to access their money.

A recommendation was made for the home to ensure that there are appropriate contingency arrangements in place so that service users have access to money at all times.

Areas for improvement

One area for improvement was identified during the inspection, in relation to service users' having access to money at all times.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

There was a clear organisational structure within the home, the home's statement of purpose was available and a guide to the home was available within the reception area of the home.

As noted above, access to money belonging to service users was not possible on the day; a recommendation has been made in respect of ensuring that service users have access to money at all times. The nurse in charge directed the inspector to the manager's office and it was established that financial records were accessible. Financial policies and procedures were easily accessible and noted to have been updated recently.

A complaints file was also readily available and a review of a sample of these records established no issues relating to service users' money and valuables.

The inspector requested a list of the current service users in the home which was provided by the nurse in charge. From this list, the inspector selected a sample of four finance files for review; files were noted to be well maintained and neatly and effectively organised and all four service users had a signed agreement in place with the home. However, only three of the four service user files contained an up to date signed fees amendment document (detailing the most recent change in fees). The fourth service user's most recent fees amendment document was signed in September 2015 and therefore did not reflect the change in fee rates for 2016; there was no recent correspondence on the service user's file to evidence that an updated fees amendment document had been provided to the service user or their representative.

A recommendation was made to ensure that there is consistent practice with regards to providing up to date fee information to service users or their representatives. Service users' records must evidence any attempt made by the home to pursue documents which should be returned signed to the home.

A review of a sample of two service users' care files including the most recent care reviews evidenced an effective working relationship between the home and the HSC trust regarding arrangements in place to ensure appropriate arrangements were in place to safeguard individual service users' money.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that there is consistent practice with regards to providing up to date fee information to service users or their representatives. Service users' records must evidence any attempt made by the home to pursue documents which should be returned signed to the home.

Number of requirements	0	Number of recommendations:	1
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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 Wendy McMaster, representing Four Seasons Healthcare, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider/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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider/s 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 Care Standards for Nursing Homes (April 2015). They promote current good practice and if adopted by the registered provider(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed 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/manager 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/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 14

Stated: First time

To be completed by:
27 August 2016

The registered provider should ensure that where a service user has a significant amount of personal money, this is not held in a pooled bank account, but where possible, transferred to an interest-bearing account in the service user's name.

Contact should be made with the HSC trust to explore whether transfer of excess funds held in the pooled bank account can be facilitated.

Response by registered provider detailing the actions taken:

The Home has transferred excess Personal Allowance monies held back to the NHSCT. These monies had accumulated due to changing expenditures of the residents. Going forward no monies will be held over £800.00 and any excess will be forwarded to the trust as and when this amount is exceeded.

Recommendation 2

Ref: Standard 14.18

Stated: First time

To be completed by:
27 August 2016

The registered provider should ensure that if a service user has been assessed as incapable of managing their affairs and a designated next of kin has been appointed, the amount of money or valuables held by the home on their behalf is reported in writing by the Registered Manager to the referring Trust and designated next of kin at least annually, or as specific in the individual agreement.

Response by registered provider detailing the actions taken:

The home has sent up to date Personal Allowance accounts for residents in home for whom the NHSCT are Corporate Appointee for. Going forward the home will issue copy statement of PA account along with details of any Valuables held annually or periodically due to amount of transactions. All other accounts in home are topped up by N.O.K. / financial representative and accounts are issued upon request for uplift by the home and also upon request from the financial representative.

Recommendation 3

Ref: Standard 14.26

Stated: First time

To be completed by:
27 August 2016

The registered person should ensure that an inventory of property belonging to each service user is maintained throughout their stay in the home. Items added or removed should be signed and dated by two people.

Response by registered provider detailing the actions taken:

The home has brought up to date all inventory of property belonging to each resident within the home and will ensure that it is maintained throughout their stay. Each inventory has been signed by two members of staff and dated accordingly. Inventories will be updated as and when items are added or removed with subsequent signatures and dates recorded for same.

<p>Recommendation 4</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: 03 August 2016</p>	<p>The registered provider should confirm the arrangements in the home which ensure that service users have access to money at all times.</p> <p>Response by registered provider detailing the actions taken: The home always ensures that monies are available to residents for planned outings etc. in advance with monies being duly signed out for personal use etc. at the latest on a Friday. A small float of £20.00 will be left at weekends to facilitate contingency arrangements with receipts held and signatures for expenditures where necessary.</p>
<p>Recommendation 5</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2016</p>	<p>The registered provider should ensure that any changes to the service user's 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>Response by registered provider detailing the actions taken: The home is currently in receipt of all up to date Patient Agreements and issues out amended agreements upon receipt of updated financial assessments or change in resident funding. The home will ensure that documentation to chase up return of same is retained on file.</p>

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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