



The **Regulation** and  
**Quality Improvement**  
Authority

**Drapersfield House**

**RQIA ID: 1420**

**19 Drapersfield Road**

**Cookstown**

**BT80 8RS**

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**Unannounced Finance Inspection  
of  
Drapersfield House**

**11 March 2016**

**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](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced finance inspection took place on 11 March 2016 from 10.30 to 16.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the management of patients' finances. Areas for improvement were identified and 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 and the DHSSPS Care Standards for Nursing Homes, April 2015.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved.

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	8

The details of the QIP within this report were discussed with Margaret Kolbohm, Manager (registration pending) and Mrs Jill Canavan, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr J McCrystal Mrs A McCrystal	<b>Registered Manager:</b> Margaret Kolbohm (registration pending)
<b>Person in Charge of the Home at the Time of Inspection:</b> Margaret Kolbohm	<b>Date Manager Registered:</b> N/A

<b>Categories of Care:</b> RC-MP, NH-MP, NH-I, NH-LD, NH-LD(E), NH-PH, NH-PH(E), RC-I, RC-MP(E)	<b>Number of Registered Places:</b> 45
<b>Number of Patients on the day of Inspection:</b> 40	<b>Weekly Tariff at Time of Inspection:</b> £470.00 - £593.00

### 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 were 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 included the following:

- Discussion with manager and staff
- Audit traces carried out on a sample of patients' records
- Audit of patients' individual files
- Spot check on patients' monies and valuables
- Audit of policies and procedures
- Evaluation and feedback.

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months.
- Report from previous finance inspection dated 10 December 2012.

The following records were examined during the inspection:

- The patient's guide
- Three patients' individual files
- Records of payment of fees for two patients
- Records of lodgements made on behalf of patients
- Records of purchases made on behalf of patients
- Records of safe contents
- Inventory of patients personal possessions
- Policies and Procedures for patients' finances.

## 5. The Inspection

### 5.1. Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 3 February 2016. This was a follow up inspection and a QIP was not issued following the inspection.

### 5.2. Review of Requirements and Recommendations from the last Finance Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 5.1</p>	<p>It is required that the registered person ensure that agreements which meet the requirements of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Minimum Standards (2008) are introduced for all patients/patients at the home.</p>	<p><b>Partially Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three patients' files confirmed that agreements were in place for the three patients. The agreements included the details of the services included in the weekly fee. We noticed that the agreement for a private patient did not include the amount of nursing contribution paid on their behalf by the Health and Social Care Trust. This had been highlighted within the previous report from the finance inspection on 10 December 2012.</p> <p>A recommendation is listed within the QIP of this report for the amount of nursing contribution paid on behalf of patients to be included within their agreements.</p>	

<b>Requirement 2</b>  Ref: Regulation 5.2	It is required that the registered person ensure that 28 days written notice is provided to patients/residents of any increase or variation in the fees payable.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> Review of patients' files confirmed that written documentation was retained showing patients and their representatives were informed of previous increases in fees.		

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4.3</p>	<p>It is required that the registered person ensure that a streamlined system for recording transactions on behalf of residents/patients is introduced. The registered person may wish to consider the introduction of a bespoke duplicate book to capture the information which is currently being duplicated by the current method.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed that since the previous finance inspection on 10 December 2012 the home have introduced a bespoke duplicate receipt book. We discussed the current receipt book operated at the home. Staff agreed to review the current system of issuing receipts that would be in line with the DHSSPS Care Standards for Nursing Homes, April 2015.</p>	<p><b>Met</b></p>
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Appendix II</p>	<p>It is recommended that the registered person elaborates on the issue of transport provision at the home, in order to provide transparency on this issue.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records confirmed that a provision was included in the patients' agreements stating that the home do not provide transport, however , assistance for obtaining transport may be provided to patients.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 15.7</p>	<p>It is recommended that the registered person include within the residents'/patients' guide and the home's standard form of contract, the current list of charges for any additional services facilitated within the home, such as hairdressing.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Review of the patients' guide and patients' agreements confirmed that a list of charges for additional services e.g. hairdressing were included in both documents.</p>	
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### **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?**

A patients' guide was in place at the time of inspection. The guide included the details of the services provided to patients as part of the weekly fee and a list of the additional services provided at the home to be paid by patients e.g. hairdressing.

The guide included a written agreement which is issued to patients on admission to the home. Review of three patients' files evidenced that individual written agreements were in place for all three patients. The agreements reviewed showed the current weekly fee paid by, or on behalf of, patients. The method of payment of the fee and the details of the person paying the fee were also included in the agreements. All three agreements reviewed were signed by the patient or their representative and a representative from the home.

As stated under 5.2 above a recommendation is listed within the QIP of this report for patients' agreements to include the amount of nursing contribution paid on behalf of patients.

#### **Is Care Effective?**

Discussion with staff confirmed that no member of staff at the home acted as the appointee for any patient, i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual. Discussion with staff also confirmed that no member of staff at the home acted as an agent for any patient, i.e. a person authorised by a patient or their representative to collect social security benefits on the patient's behalf.

We discussed with staff the current financial arrangements for one patient. Following the discussion the home agreed to contact the commissioning Health and Social Care Trust to discuss the current arrangements and to request a review of the patient.

A recommendation is listed within the QIP of this report in relation to this matter. RQIA will also be in contact with the Trust to discuss the issue.

#### **Is Care Compassionate?**

Review of patients' files evidenced that records were available showing that patients or their representatives had been informed of previous increases in fees as in line with Standard 2 of the DHSSPS Care Standards for Nursing Homes, April 2015.

### Areas for Improvement

A number of issues were identified during the finance inspection in relation to the delivery of safe and effective care. These were:

- Patients' agreements to be updated to include the details of the amount of nursing contribution paid on behalf of patients
- Contact health and Social Care Trust in relation to current financial arrangements for patient identified during inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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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?

Review of records confirmed that copies of payment remittances from Health and Social Care Trusts showing the weekly fee for care managed patients were retained at the home. The remittances also showed the amount of fees paid by the Trust on behalf of patients and the amount paid by patients directly to the home. Records were also available showing the amounts received from private patients for their fees.

Review of records of payments made by, or on behalf of two patients confirmed that the amounts received agreed to the contribution owed by each patient.

#### Is Care Effective?

Review of records and discussion with staff confirmed that Individual transaction sheets were maintained for each patient. The sheets were used to record the details of purchases undertaken on behalf of patients and the payments made for additional services e.g. hairdressing. The transaction sheets were also used to record small amounts of monies deposited at the home on behalf of patients.

Review of records of monies deposited at the home on behalf of two patients showed that receipts were issued when the monies were received. As in line with good practice the person depositing the monies signed the receipt along with a member of staff.

Discussion with staff confirmed that it was policy at the home for staff to make purchases on behalf of patients. The patients were subsequently invoiced for the purchases on a monthly basis. We reviewed records of seven purchases made by staff on behalf of three patients. The details of one of the purchases were not recorded in the patient's transaction sheet. Three of the transactions only had one signature recorded against them.



Receipts from the purchases were available at the time of the inspection. We had difficulty locating the corresponding receipts from the purchases reviewed. Following discussions the manager and the administrator agreed to review the current system for the retention of receipts.

A recommendation is listed within the QIP of this report for the system of recording transactions on behalf of patients to be reviewed in order to facilitate accurate recording and to aid the audit process. A further recommendation is listed in relation to the retention of receipts from purchases.

Discussion with staff confirmed that a shop was available at the home for patients to purchase certain items e.g. toiletries and treats. Staff informed us that proceeds from the shop were for the replenishment of stock; no financial gain was obtained from selling the items. We reviewed records of purchases made from the shop, the records showed the details of the purchases, the date and the amount of the purchases. Two signatures were recorded against each entry in the residents' transaction sheets.

We noticed that records for purchases from the shop had been crossed out. Discussion with staff confirmed that the transactions were not recorded in error. The practice was used for reconciliation purposes only.

A recommendation is listed within the QIP for this practice to be reviewed in order to facilitate the audit process. The practice of crossing out records should cease from the date of the inspection.

We reviewed invoices forwarded to patients. The amounts on the invoices agreed to the corresponding entries in the patients' transaction sheets. We had difficulty reconciling some of the invoices as the invoices had the same invoice number for different patients within the same month.

A recommendation is listed within the QIP of this report in relation to these findings.

Review of the policies and procedures for the safeguarding of patients' monies operated at the home did not reflect all of the practices undertaken by staff, e.g. staff purchasing items in advance then patients subsequently invoiced for the items.

A recommendation is listed within the QIP in relation to this finding.

Discussion with staff confirmed that no bank accounts were managed on behalf of patients.

### **Is Care Compassionate?**

Review of Patients' files showed that authorisation was obtained from patients or their representatives for staff to make purchases on behalf of patients e.g. toiletries and to make payments to the hairdresser.

Discussion with staff confirmed that no assessed restrictions were in place for any patient receiving their monies.

### **Areas for Improvement**

A number of issues were identified during the finance inspection in relation to the delivery of safe and effective care. These were:

- Accurate recording of transactions made on behalf of patients
- Review current procedure for the retention of receipts from purchases made on behalf of patients
- Review system of reconciling purchases from shop and cease practice of crossing out records
- Review procedure of issuing invoices to patients (specifically the numbering of invoices)
- Update policies and procedures to reflect all practices undertaken on behalf of patients.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>5</b>
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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 was provided within the home for the retention of patients' monies and valuables. We counted the monies held on behalf of four patients; a slight variance was noticed between the amount held and the amount recorded as being held for one patient.

A requirement is listed within the QIP of this report for the monies held on behalf of patients to be reconciled and any variances recorded; an explanation for any variances should also be recorded. Any monies identified as owed to patients following the reconciliation must be reimbursed back to patients.

We noticed that there was no record of patients' monies and valuables being reconciled at least quarterly as in line with standard 14 of the DHSSPS Care Standards for Nursing Homes, April 2015.

A recommendation is listed within the QIP of this report in relation to this finding.

#### **Is Care Effective?**

Review of records and discussion with staff confirmed that an inventory of patients' property was maintained at the home. The list was updated when items were brought into the home by or on behalf of patients.

#### **Is Care Compassionate?**

A safe place was provided to enable patients to deposit monies and valuables when required. A lockable facility was also provided in each patient's room.

#### **Areas for Improvement**

Overall on the day of inspection, we found care to be effective and compassionate in relation to statement 3. Safe care was found to be good. However, there was one area identified for improvement; this was in relation to maintaining a record of the reconciliation of residents' monies and valuables.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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, Effective and Compassionate?**

At the time of inspection, the home did not provide a transport scheme.

##### **Areas for Improvement**

There were no areas of improvement in relation to statement 4.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **7. Additional Areas Examined**

### **7.1. Quality of life**

As part of the inspection process, the care inspector, Sharon Loane, observed a number of care practices and interactions between patients and staff members. The majority of patients were seated in the lounge/dining areas and others were resting in their bedroom's.

The interactions between patients, and staff were appropriate and good relationships were evident. A number of patients spoken with advised that they felt safe, the home was comfortable and warm, and the food was very good.

The serving of the lunchtime meal was observed at this inspection. Meals were served in the dining room or in the patients' individual bedrooms in accordance with their choice. The meals served were nicely presented, smelt appetising and plentiful. Patients' acknowledged that the

food served was tasty and they could get what they wanted. The catering staff advised that the majority of food produce was provided by local suppliers and no issues were raised.

The homes' environment was observed as warm and comfortable and fresh smelling throughout. Staff spoken with advised that there was adequate resources and supplies available to deliver care, these included but not limited to; continence products, gloves and aprons. No concerns were raised by patients and staff at this inspection.

Since the last care inspection, 11 January 2016, management advised that the home had purchased various items of equipment to include; standard lounge chairs, five profiling beds and a number of pressure reducing cushions. The smoking room has also been relocated and was almost complete for operational use. Management advised that a refurbishment plan was also in place for bedroom décor. These improvements were evidenced at this inspection. The home is commended for their continued efforts in this regard.

## **6 Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret Kolbohm, Manager (registration pending) and Mrs Jill Canavan, 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.

### **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.

### **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.

### **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](mailto: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 weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 19 (2)  
Schedule 4 (9) (a)

**Stated:** First time

**To be Completed by:**  
From the date of  
inspection

The registered person must ensure that monies held on behalf of patients are reconciled following the inspection. Any variances are to be recorded with an explanation for the variance.

Monies identified as owed to patients following the reconciliation must be reimbursed back to patients.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

An Audit system has been put in place regarding reconciliation of monies owed to patients. The one account which was incorrect on the day of the inspection has been reimbursed.

### Recommendations

#### Recommendation 1

**Ref:** Standard 2  
Criteria 2

**Stated:** First time

**To be Completed by:**  
22 April 2016

The registered person should ensure that the agreements for those patients receiving nursing contributions are updated to show the amount paid on their behalf.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

All agreements have been updated to include an area for those patients who receive the free nursing contribution and to show the amount paid on their behalf.

#### Recommendation 2

**Ref:** Standard 4  
Criteria 7

**Stated:** First time

**To be Completed by:**  
29 April 2016

The registered person should contact the Health and Social Care Trust to request a review of the current arrangements in place for the patient, identified during the inspection.

RQIA should be informed in writing of the outcome of the review.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

We have requested a review from the Health and Social Care Trust, outcome of the review to follow.

#### Recommendation 3

**Ref:** Standard 35  
Criteria 21

The registered person should ensure that the procedure of recording transactions on behalf of patients is reviewed in order to facilitate accurate recording and to aid the audit process.

<p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b></p> <p>A new system has been put in place for the recording of transactions on behalf of patients.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 35 Criteria 21</p>	<p>The registered person should ensure that a review is undertaken of the procedure for retaining receipts in order to facilitate the audit process.</p>
<p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b></p> <p>A new system has also been put in place for the retaining and recording of receipts.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 35 Criteria 21</p>	<p>The registered person should ensure that a review is undertaken of the procedure for reconciling purchases made on behalf of patients from the internal shop. The practice of crossing out records should cease in order to facilitate the audit process.</p>
<p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b></p> <p>The practice of crossing out records when transferring to another document has ceased, and a new system is in place for reconciling purchases.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 35 Criteria 21</p>	<p>The registered person should ensure that a review is undertaken of the procedure for invoicing patients for purchases made on their behalf by staff in order to facilitate the audit process. Specifically the numbering of invoices forwarded to patients or their representatives.</p>
<p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p><b>Response by Registered Person(s)Detailing the Actions Taken:</b></p> <p>A new computer system and sage accounts programme has been installed and this has reified this problem.</p>

<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 36 Criteria (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 22 April 2016</p>	<p>The registered person should ensure that the policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of patients. This should include the procedure for staff purchasing items in advance and patients subsequently invoiced for the items.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The Homes Policies and Procedures have been updated to include all financial procedures.</p>



<b>Recommendation 8</b>  <b>Ref:</b> Standard 14 Criteria (25)  <b>Stated:</b> First time  <b>To be Completed by:</b> From the date of inspection	The registered person should ensure that a record is maintained of the reconciliation of monies and valuables held on behalf of patients. The record should be signed by the member of staff carrying out the reconciliation and countersigned by a senior member of staff.
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b>  A record is maintained for the reconciliation of monies and valuables held on behalf of patients, this is now being countersigned by a senior member of staff.

<b>Registered Manager Completing QIP</b>	Margaret Kolbohm	<b>Date Completed</b>	29.04.2016
<b>Registered Person Approving QIP</b>	Jill Canavan	<b>Date Approved</b>	29.04.2016
<b>RQIA Inspector Assessing Response</b>	Joseph McRandle	<b>Date Approved</b>	9/05/2016

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