

Unannounced Finance Inspection Report 18 December 2017



Lakeview

Type of Service: Nursing

Address: 1c Orchard Road, Crumlin, BT29 4SD

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Inspector: Joseph McRandle

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 42 persons living with a range of care needs as detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual(s): Christopher Philip Arnold	Registered Manager: Dorothy Stafford
Person in charge at the time of inspection: Dorothy Stafford	Date manager registered: 01 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill	Number of registered places: 42

4.0 Inspection summary

An unannounced inspection took place on 18 December 2017 from 10:30 to 13:30 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (2015).

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: providing a place for patients to deposit items for safekeeping, the controls surrounding the safe place, up to date safe register, members of staff involved in managing patients' finances receiving adult safeguarding training, the financial policies and procedures operated at the home, updating records of patients' personal possessions following admission, facilitating journeys for patients outside of the home, offering support to patients for managing their own monies and the patients' guide detailing the services included in the weekly fee.

Areas requiring improvement were identified in relation to: recording evidence that patients' monies were reconciled at least quarterly, updating patients' records of personal property with the full details of the items, ensuring updated and signed patients agreements are held within patients' files, hairdresser to issue and sign receipt when receiving payment, implement a revised system for recording purchases made on behalf of patients and review the system of recording monies deposited at the home on behalf of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Dorothy Stafford, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 19 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous care inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified.

During the inspection the inspector met with the registered manager.

The following records were examined during the inspection:

- Three patients' finance files
- Two patients' written agreements
- Monies held on behalf of three patients
- The patients' guide
- A sample of records of payments for fees paid by, or on behalf of, three patients
- A sample of records of payments for hairdressing and podiatry services
- A sample of records of purchases undertaken on behalf of two patients
- A sample of records of monies deposited at the home on behalf of two patients
- Policy for Accounting & Financial Control Arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

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

A safe place was provided within the home for the retention of patients' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. Monies held on behalf of three patients were counted, the amount retained agreed to the balance recorded at the home.

No valuables were held on behalf of patients, a safe contents book was in place and up to date at the time of the inspection.

Discussion with the registered manager confirmed that members of staff involved in managing patients finances had received training in relation to the safeguarding of vulnerable adults. The registered manager was able to demonstrate knowledge of their specific role and responsibilities in relation to any concerns raised in relation to patients' finances.

Discussion with the registered manager confirmed that there were no finance related restrictive practices in place for any patient.

Financial policies and procedures for the management and control of patients' finances were in place at the time of the inspection. The policies and procedures reflected the financial operational areas of the home.

Areas of good practice

There were examples of good practice found in relation to: providing a place for patients to deposit items for safekeeping, the controls surrounding the safe place, up to date safe register, members of staff involved in managing patients' finances receiving adult safeguarding training and the financial policies and procedures operated at the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of records and discussion with the registered manager confirmed that no member of staff acted as an appointee for any patient, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual.

Discussion with the registered manager also confirmed that no member of staff 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.

Discussion with the registered manager confirmed that reconciliations between the monies held on behalf of patients and the records of monies held were undertaken on a regular basis. There was no recorded evidence to confirm that the patients' monies were reconciled as in line with standard 14.25 of the Care Standards for Nursing Homes (April 2015). This was identified as an area for improvement.

Discussion with staff confirmed that no bank account belonging to any patient was managed at the home. Review of records and discussion with staff also confirmed that a patients' comfort fund was not in place at the time of the inspection.

Discussion with the registered manager confirmed that an inventory of patients' property was maintained when patients were admitted to the home. Review of records for one patient showed that the records were updated with items acquired following admission for which staff had been made aware of. It was noticed that the records did not give a full description of the items e.g. make and model of TV. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found in relation to updating records of patients' personal possessions following admission.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to: recording evidence that patients' monies were reconciled at least quarterly and updating patients' records of personal property with the full details of the items.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

No transport scheme was in operation at the time of the inspection. Discussions with the registered manager confirmed that alternative arrangements were in place to support patients wishing to undertake journeys; this included the use of taxis which were paid for by the patients or their representatives.

A provision was included within the patients' agreements for patients or their representatives to be informed one month in advance of any increase in fees. Discussion with the registered manager confirmed that the home's head office was responsible for managing patients' fees and copies of correspondence informing patients or their representatives of any increase in fee would be held within patients' files at head office.

Discussion with the registered manager confirmed that arrangements were in place to offer support to patients for managing their own monies.

Areas of good practice

There were examples of good practice found in relation to facilitating journeys for patients outside of the home and offering support to patients for managing their own monies.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager confirmed that copies of payment remittances from the health and social care trusts showing the weekly fee charged for each care managed patient were retained at the home's head office. Copies of the most recent remittances were forwarded from head office during the inspection. The remittances showed the amount of fees paid by the

trust on behalf of patients and the contribution owed by patients towards their fee. Records were also available showing the weekly fee charged to private patients.

Discussion with the registered manager confirmed that details of the amount of fees paid by, or on behalf of, patients were also retained at head office. Following the inspection the inspector spoke to a representative from head office via telephone on 21 December 2017. During the conversation a sample of payments made by, or on behalf of, three patients was taken. The representative confirmed that the amounts paid agreed to the contribution owed by each of the three patients.

Discussion with head office confirmed that care managed patients were not paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

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

The patient's guide included a written agreement which was issued to patients on admission to the home. Review of three patients' files evidenced that written agreements were in place for two of the patients. The two agreements reviewed were not in line with standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015). The agreements did not show the current fee paid by, or on behalf of, the patients. The two agreements reviewed were not signed by the patient, or their representative, or by a representative from the home. An area for improvement was identified within the QIP of this report for patients' agreements to be updated to be in line with standard 2.2.

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

A sample of records of payments made to the podiatrist on behalf of two patients was reviewed. The records showed the name of the patients receiving the service, the service provided to the patients and the amount charged to each patient. Receipts were provided by the podiatrist when they received payment. As in line with good practice the podiatrist had signed the receipt along with a member of staff to confirm that they received payment and that the service took place. A sample of records of three payments made to the hairdresser on behalf of three patients was also reviewed. The records showed the name of the patients receiving the service, the service provided to the patients and the amount charged to each patient. Receipts were not issued by the hairdresser when receiving payment for the service provided. Two signatures were recorded against the entries in the patients' transaction sheets. It was noticed that the hairdresser had not signed the records in the absence of issuing a receipt. This was identified as an area for improvement.

A review of records of two purchases undertaken by staff, on behalf of two patients, showed that the details of the purchases were not recorded in the patients' transaction sheets. Only one signature was recorded against each of the entries. It was noticed that no receipts were available from the purchases. The practice for recording purchases made on behalf of patients was not in line with the home's financial policies and procedures. This was identified as an area for improvement.

Two records of monies deposited at the home on behalf of two patients were reviewed. The amounts deposited were recorded in the patients' transaction sheets. Only one signature was recorded against each of the entries in the transaction sheets. Discussion with staff and review of records confirmed that no receipts were issued to the person depositing the monies. Records also showed that the person depositing the monies had not signed the transaction sheets in the absence of a receipt being issued. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice in relation to: the patients' guide detailing the services included in the weekly fee.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: ensuring updated and signed patients agreements are held within patients' files, hairdresser to issue and sign receipt when receiving payment, implement a revised system for recording purchases made on behalf of patients and review the system of recording monies deposited at the home on behalf of patients.

	Regulations	Standards
Total number of areas for improvement	0	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Stafford, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 14.25 Stated: First time To be completed by: 02 February 2018	The registered person shall develop and implement a system for recording the reconciliations of monies held on behalf of patients. The reconciliations should be undertaken at least quarterly. The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff to evidence that they have taken place. Ref: 6.5
	Response by registered person detailing the actions taken: The registered person has developed and implemented a system for recording the reconciliations of monies held on behalf of residents/ as quarterly.
Area for improvement 2 Ref: Standard 14.26 Stated: First time To be completed by: 09 February 2018	The registered person shall ensure that the inventory of patients' possessions is updated to include the full details of the items recorded e.g. make and model of TV. The records should be signed and dated by two members of staff Ref: 6.5
	Response by registered person detailing the actions taken: The registered person has updated the inventory of residents possessions to include full details of the items recorded.
Area for improvement 3 Ref: Standard 2.2 Stated: First time To be completed by: 16 February 2018	The registered person shall ensure that patients' written agreements are updated to show the current amount paid by the Health and Social Care Trust and the current contribution paid by patients. The agreements should be signed by the patient or their representative (if patient lacks capacity to make decisions in relation to the agreement) and a representative from the home. Where a patient or their representative is unable or chooses not to sign this must be recorded. Copies of the signed agreements should be retained within all patients' files. Ref: 6.7
	Response by registered person detailing the actions taken: Residents written agreements have been updated, The agreements are signed by there residents or their representatives. Copies will be retained in the residents file. Where a representative is unable to sign, this will be recorded.

Area for improvement 4 Ref: Standard 14.13 Stated: First time To be completed by: 19 December 2017	<p>The registered person shall ensure that the hairdresser issues a receipt when receiving payment for providing a service to patients. The receipt or the record of the service provided should be signed by the hairdresser and a member of staff to confirm that the service took place and that the hairdresser received payment.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The hairdresser issues a receipt when receiving payment from a resident. The service provided will be signed by the hairdresser.</p>
Area for improvement 5 Ref: Standard 14.10 Stated: First time To be completed by: 19 December 2017	<p>The registered person shall ensure that the details of the transactions undertaken on behalf of patients are recorded at all times. At least two signatures should also be recorded against each of the recorded entries.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Two signatures will be recorded with the details of the transaction undertaken, on the resident's behalf.</p>
Area for improvement 6 Ref: Standard 35.21 Stated: First time To be completed by: 19 December 2017	<p>The registered person shall ensure that receipts are issued to the person depositing monies at the home on behalf of patients. Where a receipt is unable to be issued the person should sign the record of monies received along with a member of staff. Where the person depositing the monies is unable to sign or chooses not to sign this is recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that receipts are issued to the person depositing monies on behalf of the resident. A copy of the receipt will be evidenced.</p>

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



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