

Unannounced Finance Inspection Report 5 January 2017



Brooklands

Type of Service: Nursing Home
Address: 66 Hospital Road, Magherafelt BT45 5EG
Tel No: 0287963 4490
Inspector: Briega Ferris

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Brooklands took place on 5 January 2017 from 10:05 to 15:05 hours.

The inspection sought to assess progress with any issues raised during and since the last finance inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A safe place in the home was available and staff members were familiar with controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure service users' money and valuables were safeguarded were found to be in place; however three areas for improvement were identified during the inspection. These related to: ensuring that in respect of the one identified service user, written confirmation of the appointee details held by the social security agency are requested and once received, held with the identified service user's agreement; ensuring that a reconciliation of money and valuables held and accounts managed on behalf of service users is carried out at least quarterly and ensuring that each service user's record of personal property is kept up to date and reconciled by two people at least quarterly. Each service user's record of property should be brought up to date and be reconciled on this basis.

Is care compassionate?

Discussion with staff members evidenced an empathic attitude to ensuring service users' money and valuables were appropriately safeguarded. No areas for improvement were identified.

Is the service well led?

Governance arrangements were found to be in place; however four areas for improvement were identified during the inspection. These related to: ensuring that policies and procedures are subject to a three yearly review at a minimum (and more frequently if required), the registered person should ratify any revision to (or the introduction of new) policies and procedures; ensuring that the home has signed personal monies authorisations in place for those service users for whom the home engages in purchases of goods and services on each service user's behalf; ensuring that any changes to each service user's individual written agreement are agreed in writing by the service user or their representative and ensuring that the registered person reviews the home's current agreement and compares the content with DHSSPS Care Standard 2.2. Having done so, each service user in the home should be provided with an individual agreement which is personalised for them and reflects any financial arrangements in place with 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 Brooklands which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	7

Details of the quality improvement plan (QIP) within this report were shared with Deirdre Monaghan, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

A finance inspection of the home was carried out on 20 January 2010 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 5 January 2017.

2.0 Service details

Registered organisation/registered person: Brooklands Healthcare Ltd/Therese Elizabeth Conway (Acting)	Registered manager: Deirdre Monaghan
Person in charge of the home at the time of inspection: Deirdre Monaghan	Date manager registered: 30 September 2014
Categories of care: NH-I, NH-PH, NH-PH(E), RC-I, RC-MP(E), RC-PH(E), NH-TI, RC-DE	Number of registered places: 55

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 reviewed and this did not identify any relevant issues; the care inspector was also contacted prior to the inspection.

During the inspection, the inspector met with Deirdre Monaghan, the registered manager, a director of Brooklands Healthcare Ltd and the home's administrator. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- A sample of written service user agreements (signed and unsigned)
- A sample of personal monies authorisations (signed and unsigned)
- A sample of income/lodgements and expenditure records
- A sample of treatment records for hairdressing and podiatry services facilitated in the home
- The record of safe contents “Safe inventory Magherafelt”
- A sample of service user comfort fund records
- A sample of written policies and procedures including those in respect of :”Resident’s property”; “Residents’ comfort funds”, and “Public interest disclosure (Whistleblowing)
- Four records of service users’ property in their rooms

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 November 2016

The most recent inspection of the home was an unannounced care inspection. The QIP from the inspection will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, a finance inspection of the home was carried out on 20 January 2010 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 5 January 2017.

4.3 Is care safe?

The home had one full time administrator who had recently returned from a period of leave. Arrangements were being made to ensure that she was briefed on any updates on day to day practice within the home. Evidence was reviewed which confirmed that she had received training on the Protection of Vulnerable Adults (POVA). The administrator was familiar with the controls in place to safeguard service users’ money and valuables in the home.

During discussion, the registered manager confirmed 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.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables belonging to service users were lodged with the home for safekeeping.

The home had a written record of any items held for safekeeping on behalf of individual service users; entries in the record (detailing items placed in and removed from the safe place) had

been consistently signed by two people; however there was no evidence that the record had been reconciled. There is further commentary on arrangements to reconcile these records in section 4.4 of the report.

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?

Discussion with staff established that “Brooklands Healthcare” was acting as nominated appointee for one identified service user in the home. A director of the organisation explained the background to this arrangement and that rationale for it being in place; the arrangement was noted to be in place for some years.

It was reported that there were no appointee documents available in the service user's records. The inspector highlighted that DHSSPS Care Standards for Nursing Homes require that written authorisation from the Social Security Agency (for the Registered Person or staff member) to act as an appointee is retained with the individual agreement of the service user identified during the inspection.

A recommendation was made for written confirmation of the appointee details held by the social security agency to be requested and once received, to be held with the identified service user's agreement.

The home was also in direct receipt of the personal monies from the HSC trust (or other identified controller) in respect of a small number of identified service users. In the majority of cases, the home requested a float of personal monies from the HSC trust in order that a sufficient balance was available for the service user in the home. Staff confirmed that the home did not operate a service users' bank account. Cheques received from the HSC trust were cashed via the business bank account and the money subsequently lodged to the service user's cash balance safeguarded in the home on each service user's behalf. The records held supported the amounts and timings of these receipts.

A sample of service users' individual agreements were reviewed to ascertain whether these financial arrangements were detailed, however they were not reflected within the agreements. There is further comment on the content of service users' individual agreements in section 4.6 of this report.

In a number of other cases, money was lodged with the home by service users' representatives in order to pay for additional services facilitated within the home for which there was an additional charge, such as hairdressing, newspapers, podiatry or other sundries. Receipts were provided to those making deposits.

A file was provided for review which contained the records of income and expenditure maintained on behalf of service users. A review of a sample of the records evidenced that the records were made using a standard financial ledger format and entries were routinely signed by two people.

It was noted however, that reconciliations of the money held for safekeeping had not been reconciled to the records on at least a quarterly basis. Some records did not evidence reconciliation, while others had not been reconciled since 2015.

A recommendation was made to ensure that a reconciliation of money and valuables held and accounts managed on behalf of service users is carried out at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

The inspector traced a sample of transactions recorded in the records and was able to locate the relevant documents; for example, a receipt for expenditure or a receipt for a lodgement which had been made.

As noted above, hairdressing and podiatry treatments were being facilitated within the home. Records were in place to evidence the service users treated on any given day and the cost of the respective treatments. A review of a sample of the records evidenced that the information required was being consistently recorded.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for four service users. The registered manager provided two books into which the property records of the service users had been written. Each of the four records was dated and had been signed only by one person. There was limited evidence that the records had been updated since each of the service user's had been admitted to the home.

The inspector highlighted to the registered manager that the DHSSPS Care Standards for Nursing Homes require that each service user's record of personal property is kept up to date and is reconciled by two people at least quarterly. A recommendation was made to ensure that each service users' record of property is brought up to date and reconciled on this basis.

It was noted that the home also had a service user comfort fund; records of income and expenditure were in place, with entries signed by two people. A written policy and procedure was in place to guide the administration of the fund.

The registered manager confirmed that the home did not provide transport to service users.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that in respect of the one identified service user, written confirmation of the appointee details held by the social security agency are requested and once received, held with the identified service user's agreement; ensuring that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly and ensuring that each service user's record of personal property is kept up to date and reconciled by two people at least quarterly. Each service users' record of property should be brought up to date and be reconciled on this basis.

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

Arrangements in place to support service users were discussed with the registered manager and the home administrator. The home administrator described a number of examples of how the home supported service users with their money.

A review of the records established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. The home's Statement of purpose contained a range of information for new service users and detailed arrangements for consultation with service users.

Arrangements for service users to access money outside of normal office hours were discussed; the registered manager explained the contingency arrangement in place in the home to ensure that this could be facilitated.

Areas for improvement

No areas for improvement were identified during the.

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

The home had a range of written policies and procedures addressing matters relating to service users' property and other important matters such as complaints and whistleblowing; these policies were easily accessible by staff on the day.

A review of the "Resident's property" and "Public interest disclosure" (Whistleblowing) policies evidenced that they had not been reviewed in the last three years; they had been due for review in April 2016 and February 2016 respectively.

It was highlighted that policies and procedures should be subject to a three yearly review at a minimum (and more frequently if required), and the registered person should ratify any revision to (or the introduction of new) policies and procedures.

A recommendation was made in respect of this finding.

There was a clear organisational structure within the home; discussion established that those involved in supporting service users with their money on a daily basis were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

The inspector was provided with the "Residents personal allowance records" file which contained a number of signed personal monies authorisations for service users. In addition, a significant number of personal monies authorisation templates had also been drafted and were held on file. These records were unsigned but most included a post-it note detailing the appropriate person to sign the record in each service user's case.

The records had not been signed by a representative of the home (despite there being place to do so) nor were they dated, therefore it was impossible to tell when they had been drafted.

There was also no evidence to identify how or when the home had attempted to have the documents signed by the relevant identified representatives.

The inspector noted that the home should have signed personal monies authorisations in place for those service users for whom the home engages in purchases of goods and services on each service user's behalf. Each service user's record must clearly evidence how the home has attempted to secure the signature of service users or their representatives to documents which provide the home with authority to spend the service user's money on identified goods and services.

A recommendation was made in respect of this finding.

Service users' individual written agreements were discussed. A folder including agreements both signed and unsigned was provided for review. Staff clarified that two copies of the agreements were provided to service users one of which was to be returned (signed) to the home. A director of the organisation, who was present, noted that while agreements had been updated for all of the service users, some agreements had not been returned signed as yet.

A review of the contents of the file evidenced that a significant number of the agreements on the file were unsigned. The contents of the file did not evidence how or when the agreements were provided for signature to the service users or their representatives. A sample of four service users were selected at random to ascertain did they have a signed written agreement in place with the home; only one of the sample of service users had a signed agreement in place.

The inspector discussed these findings with the registered manager and noted that there should be evidence of the attempts the home has made to ensure that service users or their representatives have been provided with a written agreement detailing the current terms and conditions of their stay. There should also be evidence of this process in place over time, as fees or financial arrangements change (such as the regional increase in fees on an annual basis) as any change to a service user's agreement should be agreed in writing by the service user or their representative.

A recommendation was made to ensure that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative. The individual agreement should be updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.

In addition, it was noted that while the home's standard agreement contained a range of relevant information, it did not contain all of the content as set out by standard 2.2 of the DHSSPS Care Standards for Nursing Homes. Nor did the agreements reviewed detail the person by whom the fees were payable and the method of payment. It was clarified that irrespective of how the home is paid, each service user's agreement should detail what the payment arrangements are and the person (or statutory authority) who will pay the home in respect of each individual service user.

A recommendation was made for the registered person to review the home's current agreement and compare the content with DHSSPS Care Standard 2.2. Having done so, each service user in the home should be provided with an individual agreement which is personalised for them and reflects any financial arrangements in place with the home.

Evidence should be available to identify how and when each service user or their representative has been provided with their updated individual agreement and what attempts the home has made to secure the relevant signatures on the agreement.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: ensuring that policies and procedures are subject to a three yearly review at a minimum (and more frequently if required); the registered person should ratify any revision to (or the introduction of new) policies and procedures; ensuring that the home has signed personal monies authorisations in place for those service users for whom the home engages in purchases of goods and services on each service user's behalf; ensuring that any changes to each service user's individual written agreement are agreed in writing by the service user or their representative and ensuring that the registered person reviews the home's current agreement and compares the content with DHSSPS Care Standard 2.2. Having done so, each service user in the home should be provided with an individual agreement which is personalised for them and reflects any financial arrangements in place with the home.

Number of requirements	0	Number of recommendations	4
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Monaghan, registered manager, 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 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 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.

5.1 Statutory requirements

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to finance.team@rqia.org.uk for assessment 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 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 with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 14.21</p> <p>Stated: First time</p> <p>To be completed by: 19 January 2017</p>	<p>The registered provider should ensure that written authorisation from the Social Security Agency for the Registered Person or staff member to act as an appointee is retained with the individual agreement of the service user identified during the inspection.</p> <p>Response by registered provider detailing the actions taken: We have sought the appropriate documents for the service user identified and have been informed that the registered provider does not act as the appointee.</p> <p>We have requested appropriate written evidence to support this current arrangement for the service user's circumstances from the Social Security agency.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: By 12 January 2017 and at least quarterly thereafter</p>	<p>The registered provider should ensure that reconciliation of money and valuables held and accounts managed on behalf of service users is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Response by registered provider detailing the actions taken: Reconciliation of money and valuables held and accounts managed on behalf of the service user are now being reconciled quarterly with the required evidence of this being completed held in the Home.</p>

<p>Recommendation 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2017</p>	<p>The registered provider should ensure that an inventory of property belonging to each service user is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Response by registered provider detailing the actions taken: An inventory record of service user property is held in the Home.</p> <p>This is reconciled quarterly as required and recorded when completed.</p>
<p>Recommendation 4</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 5 February 2017</p>	<p>The registered provider should ensure that policies and procedures are subject to a three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.</p> <p>Response by registered provider detailing the actions taken: Policies and procedures are reviewed three yearly and more often when required.</p>
<p>Recommendation 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2017</p>	<p>The registered provider should ensure that written authorisation is obtained from each service user or their representative to spend the service users' personal monies on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required.</p> <p>Response by registered provider detailing the actions taken: Written authorisation has been obtained from each service user regarding pre agreed spending of service user's monies.</p> <p>Evidence of this is held in each service user records.</p>
<p>Recommendation 6</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2017</p>	<p>The registered provider should ensure that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user 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: Agreements have been revised and are currently being issued to the service user or their representative.</p> <p>Any service user or their representative who chooses not to sign will be recorded accordingly.</p>

<p>Recommendation 7</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 16 February 2017</p>	<p>The registered provider should ensure that the home’s current agreement is reviewed and compare the content with DHSSPS Care Standard 2.2. Having done so, each service user in the home should be provided with an individual agreement which is personalised for them and reflect their any financial arrangements in place with the home to ensure that they have access to their personal money and that their money.</p> <p>Evidence should be available to identify how and when each service user or their representative has been provided with their updated individual agreement and what attempts the home has made to secure the relevant signatures on the agreement.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Home's current agreement has been reviewed and revised.</p> <p>Each service user in the Home are in the process of having their individual personalised agreement issued and signed.</p> <p>Evidence of any individual service user or representative who has not responded will have documented evidence.</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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