



The Regulation and
Quality Improvement
Authority

Kintullagh Care Home
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**Unannounced Finance Inspection
of
Kintullagh Care Home**

16 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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Summary of Inspection

An unannounced finance inspection took place on 16 June 2015 from 09:55 to 15:45. The safety, effectiveness and compassion of care were found to be good, however there are some areas identified for improvement. 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.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	8	0

The details of the QIP within this report were discussed with Ms Jill O'Neill, the acting registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd	Registered Manager: Ms Jill O'Neill (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Jill O'Neill	Date Manager Registered: 30 August 2014
Categories of Care: NH-LD, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	Number of Registered Places: 62
Number of Service Users Accommodated on the Day of Inspection: 55	Weekly Tariff at Time of Inspection: £470 - £608

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: Service users' finances and property are appropriately managed and safeguarded

Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Statement 2

Arrangements for receiving and spending service users' 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 service users are transparent and agreed in writing with the service user/their representative

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the acting registered manager and the home's administrator
- Examination of records
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were examined during the inspection:

- The service user guide
- The home's finance policy
- The home's accounting and financial control arrangements policy
- Two signed service user agreements
- Extracts from two service user agreements
- Income/lodgements and expenditure including comfort fund records
- Cash reconciliations
- Record of safe contents
- Four records of service users' personal property/inventory
- Safeguarding of Vulnerable Adults completion certificate (Home Administrator)

The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection on 2 June 2015, the findings from which have been reported on separately and were not discussed during this inspection.

4.2 Review of Requirements and Recommendations from the last Finance Inspection

There has been no previous finance inspection of the service.

5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Is Care Safe?

We reviewed a copy of the home's service user guide on the day of inspection. We noted that the guide included relevant information on how service users can personalise their rooms and arrangements for the home to safeguard valuables and small amounts of money on behalf of service users.

We queried whether there were any financial arrangements in place with individual service users in the home; the home's administrator described a variety of arrangements in place in respect to a number of service users, including arrangements where there is involvement from the commissioning HSC trusts or solicitors.

Is Care Effective?

We selected a sample of four service user records for review. On reviewing the sample of service users' records we noted that only two of the four files contained a signed agreement. The remaining two service users' files contained only one page which included the signature of the home manager (at the time it was signed) and the signature of the service users' representatives. The remaining parts of the document/agreement were not on file.

The two complete signed service user agreements which were on file were signed in 2014 and therefore did not reflect up to date fee rates and financial arrangements for the service users.

We requested to see an up to date agreement, the type of which would be provided to a newly admitted service user. It is noted that the DHSSPS Care Standards for Nursing Homes (2015) are now in effect. Standard 2.2 of the Care Standards for Nursing Homes (2015) requires that a number of additional areas are included in the home's individual agreement with service users.

On comparing the home's standard form of agreement with service users to Standard 2.2 of the Care Standards for Nursing Homes (2015), we noted that a number of the required components were absent from the home's agreement. The registered person will be required to carry out their own comparison of these documents and update agreements for each service user in the home.

In order to comply with Regulation 5 (1) of the Nursing Homes Regulations (NI) 2005, a service user's agreement must state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

A requirement has been made in respect of these findings.

Given that a review of a sample of the records established that individual agreements for service users in the home were not up to date, there was no evidence that service users/their representatives had been notified of any increase in the fee or variation in the method of payment or person(s) by whom the fees were payable. The home is required to inform each service user/their representative in writing of the up to date arrangements and update the service user's agreement accordingly.

A requirement is made in respect of this finding.

We noted that the home had a number of policies and procedures in place regarding accounting and financial control arrangements to guide practice in these areas.

Is Care Compassionate?

We noted that service users are provided with a copy of the service user guide and a written agreement on their admission to the home. However, a review of the records identified that written agreements were not updated over time, nor was there any evidence that service users or their representatives were provided with advance written notice of the increase in fees.

Areas for Improvement

Overall on the day of inspection, we found care to be safe. The effectiveness and compassion of care were found to be good. However, there were two areas identified for improvement; these were in relation to providing up to date individual written agreements to all service users and providing advance written notification of any change to a service user's individual agreement.

Number of Requirements	2	Number Recommendations:	0
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5.4 Statement 2 - Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant.

We reviewed the records relating to amounts charged to a sample of service users contributing to their fees and were satisfied that the correct amounts were being charged by the home.

A number of service user representatives deposit money for safekeeping with the home in order to pay for the costs of hairdressing, toiletries, newspapers etc.

We reviewed the records of cash deposited for safekeeping and noted that receipts provided to those lodging money were routinely signed by the member of staff receiving the money. We emphasised that it was necessary to ensure that two people sign a receipt for the deposit of money, one of whom should be the person lodging the money. We also highlighted that where the person lodging money refuses to or cannot sign, two members of staff should sign the receipt.

A requirement has been made in respect of this finding.

We reviewed a sample of the records for expenditure incurred on behalf of four service users such as that for hairdressing and podiatry services. We noted that the home maintain "residents personal money sheets" detailing income and expenditure.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as copy receipt for a cash lodgement or the hairdresser's receipt for a treatment recorded on the statement.

We noted that each entry on the records was signed by two people and that the records reflected that a regular reconciliation of the money held for each service user was carried out, recorded, signed and dated by two people; good practice was observed.

We discussed how visits by the hairdresser and podiatrist are recorded. The home's administrator explained how a number of service users are visited by their own hairdresser and that payment is arranged between the hairdresser and the family. The home also arranges for a hairdresser to visit a number of other service users in the home; this hairdresser leaves an individual receipt for each service user treated. We reviewed a number of these receipts and noted that while the majority of details were recorded, the hairdresser did not sign them, nor did a member of staff who could verify the service user had received the treatment they were being charged for. We also reviewed treatment records left by the podiatrist and noted that these were signed by the podiatrist, but not also consistently signed by a member of staff.

A requirement has been made in respect of these findings.

Discussion with the administrator established that the home operates a comfort fund for the benefit of all of the service users in the home and which is normally funded from donations from service users' relatives and fundraising by the home. Discussion with the acting registered manager established that the home does not have a written policy and procedure in place for the administration of the comfort fund.

A requirement has been made in respect of these findings.

The home operates a bank account to administer the comfort fund and we noted that the account was appropriately named in favour of the service users in the home. We also noted that records of income and expenditure are maintained in respect of the comfort fund and that these monies are reconciled on a regular basis.

We noted that receipts are maintained for expenditure recorded in the comfort fund records. Within the records, we noted a small number of original shop receipts for expenditure were not available and a written record petty cash record had been made which was signed by one member of staff. We noted that original receipts must be available for all expenditure unless in exceptional circumstances. We also noted that the registered person must investigate any instances of original receipts not being available for expenditure. We noted within the records that some receipts for payment of musicians/entertainers from the comfort fund were only signed by one person.

A requirement has been made in respect of these findings.

Is Care Effective?

Discussion with the acting registered manager and the home's administrator identified that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does, however; receive monies from service users' representatives to be spent by the home on the service users' behalf, such as on hairdressing services facilitated within the home.

Discussion with the home's administrator established that the home had a template in use to obtain authorisation from service users' representatives to spend money lodged with the home for spending on identified goods and services. A review of a sample of the records identified that these had been updated recently and while some had been returned by representatives, others were still out for signing at the time of inspection. We highlighted the importance of following up the return of signed authorisations from the relevant representatives.

The home's administrator advised that the home does not operate a bank account on behalf of any service user or group of service users (with the exception of the comfort fund detailed above).

Is Care Compassionate?

We queried whether any service user had a specific assessed need in respect of their money or any agreed restrictions; there were no known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, the safety, effectiveness and compassion of care were found to be good, however there were three areas identified for improvement.

Number of Requirements	4	Number Recommendations:	0
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5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Is Care Safe?

A safe place exists within the home to enable service users to deposit cash or valuables. We reviewed the safe place within the home with the home's administrator and were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the content of the safe place and established that on the day of inspection, cash and valuables belonging to service users were lodged for safekeeping. Cash balances were held for service users in respect of personal allowance monies and comfort fund monies. We undertook a count of a random sample of the cash balances and valuables with the administrator and noted that these agreed to the records held by the home.

We noted that a safe record exists, which commenced in May 2015; we were informed that there was no previous safe record. We noted that a safe record should have been in place prior to this and that reconciliations of safe contents must be carried out and recorded at least quarterly.

A requirement has been made in respect of this finding.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support service users with their money. As noted above, discussions with the administrator established that the home do not have any direct formal involvement in supporting any service user to manage their money; this was confirmed from the organisation's head office. Arrangements exist in the home where service users are supported to have their money safeguarded in the safe place until individual service users require it.

We requested to review the inventory/property records for four service users; the records were contained in the service users' care files. A review of the files established that a template was used to record items in all four cases. However, we noted weaknesses in the record keeping; three of four records were not dated and some records were not signed. There was also some inconsistency in the manner in which some types of items were described. While there was evidence that efforts were being made to record items appropriately, for instance "1 Bush silver CD player", other items were inadequately described such as "1 large black TV". We emphasized that descriptions such as this are subjective and must not be used. We also highlighted that staff must be supported to record items consistently.

A requirement has been made in respect of these findings.

Is Care Compassionate?

A safe place exists within the home to enable service users to deposit cash or valuables should they wish to. The availability of safe storage arrangements for service users in the home is detailed in the service user guide which is provided to each service user or their representative on admission.

Areas for Improvement

Overall on the day of inspection, we found care to be safe and compassionate. The effectiveness of care was found to be good, however there was one area identified for improvement; this was in relation to the recording of service users' personal property.

Number of Requirements	2	Number Recommendations:	0
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5.6 Statement 4 - Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative**Is Care Safe?**

At the time of inspection, the home did not provide transport to service users. The home has arrangements in place to support service users to avail of other means of transport.

Is Care Effective?

The home does not provide transport to service users.

Is Care Compassionate?

The home does not provide transport to service users. The home has arrangements in place to support service users to avail of other means of transport.

Areas for Improvement

There were no areas for improvement identified in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 Additional Areas Examined

We reviewed written evidence that the home's administrator had recently received training in the protection of vulnerable adults.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Jill O'Neill, the acting registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 5 (1) (a) (b)

Stated: First time

To be Completed by:
28 July 2015

The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user.

Individual service user agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet Standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.

A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

Where an HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.

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

Kintullagh has updated new service user agreements to include April 2015 fees with representative signatures. Kintullagh is in progress of updating all the existing service user's individual agreements.

<p>Requirement 2</p> <p>Ref: Regulation 5 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the next change</p>	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: When Trust fees are increased Kintullagh will inform residents and their representatives in writing as soon as Kintullagh is informed</p>
<p>Requirement 3</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that receipts recording the cash being handed over to the home for safekeeping are signed by both a member of staff at the home and the person the person lodging the cash. If the person lodging the cash is unwilling or unable to sign the receipt, two members of staff must sign the receipt.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: A notice to inform residents and representatives of signature required is displayed in the foyer and Home policy has been ammended by Care director John Rafferty. Two staff sign were necessary</p>
<p>Requirement 4</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that the treatment records for hairdressing and podiatry services facilitated in the home are signed by both the person providing the treatment and a representative of the home.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: Above was discussed with podiartrist and hairdresser .Their signature and staff signature ,who can verify treatment received ,will appear on the receipt that will be kept in the home records</p>

<p>Requirement 5</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: 28 July 2015</p>	<p>The registered person must ensure that a policy and procedure for the administration of the home's comfort fund is introduced. The policy and procedure should include reference to and inclusion of the patient and/or relative suggestions (if any) in the decision making process for expenditure from the comfort fund and what controls will exist around record keeping, reconciliation etc.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Mangament had followed Trust guidance,but a New policy for the Ammenities fund has been constructed by John Rafferty and implemented</p>
<p>Requirement 6</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that where purchases are made from the service users' comfort fund, original receipts should be available to verify every purchase. Receipts detailing expenditure on entertainment etc. which is paid for from the comfort fund must be signed by the person receiving payment and by a representative of the home.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: Receipts are kept within the Home in accordance with new Ammenities fund policy</p>
<p>Requirement 7</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that a reconciliation of items held within the safe place is carried out, recorded and signed and dated by two people at least quarterly.</p> <hr/> <p>Response by Registered Person(s)Detailing the Actions Taken: The Safe book is kept in the home detailing safe contents , it is audited quarterly and has 2 staff signatures</p>

<p>Requirement 8</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 28 July 2015</p>	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. (<u>Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly</u>).</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>		
<p>Response by Registered Person(s) Detailing the Actions Taken: The personal property inventory has been reviewed and ammended were necessary to keep in line with new home policy</p>			
<p>Registered Manager Completing QIP</p>	<p>Jill O'Neill</p>	<p>Date Completed</p>	<p>11.08.15</p>
<p>Registered Person Approving QIP</p>	<p>Logan N Logeswaran</p>	<p>Date Approved</p>	<p>12.08.15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Briege Ferris</p>	<p>Date Approved</p>	<p>18/08/15</p>

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

Please provide any additional comments or observations you may wish to make below: