

Unannounced Finance Inspection Report 12 October 2016



Abbeylands

Type of service: Nursing Home
Address: 441 Shore Road, Whiteabbey, Belfast BT37 9SE
Tel no: 02890864552
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Abbeylands took place on 12 October 2016 from 09:45 to 15:45 hours.

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

Is care safe?

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 each service user has a record of the furniture and personal possessions brought into their room; that each service user's record of personal property is kept up to date and reconciled by two people at least quarterly; and that treatment records are consistently signed by a representative of the home to verify that the service user has received the treatment for which the charge is being made.

Is care compassionate?

Discussion with staff members evidenced an empathic attitude to ensuring service users' money and valuables were appropriately safeguarded and that the needs of individual service users (in respect of their money) were respected. One area for improvement was identified during the inspection in relation to ensuring that written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits.

Is the service well led?

Governance and oversight arrangements were found to be in place; however one area for improvement was identified during the inspection. This related to ensuring that the registered person provides each service user with a written agreement, setting out the terms and conditions, by not later than the day they become a service user and in the case of unplanned admissions, within five days of admission.

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 Abbeylands, which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the quality improvement plan (QIP) within this report were discussed with Eleanor Dodson, 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

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

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/Maureen Claire Royston	Registered manager: Eleanor Dodson
Person in charge of the home at the time of inspection: Eleanor Dodson	Date manager registered: 19 November 2016
Categories of care: RC-A, RC-MP, RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH, NH-PH(E)	Number of registered places: 87

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with Eleanor Dodson, the registered manager, and the home's two administrators. 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:

- The home's welcome pack for new service users
- Training records for the home administrators (Protection of Vulnerable Adults)
- Policy "Safekeeping of a person in care's valuables" dated May 2016
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing and podiatry services facilitated in the home
- A sample of resident social fund records
- Two service user care files
- Six service user finance files
- Four service user agreements
- Six records of service users' personal property (in their rooms)
- A sample of the home's "safe contents" reconciliations records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 July 2016

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.

4.2 Review of requirements and recommendations from the last finance inspection

A finance inspection of the home was carried out on behalf of RQIA in 2007; however, the findings from this inspection were not brought forward to the inspection on 12 October 2016.

4.3 Is care safe?

The home had two full time administrators and evidence was reviewed which confirmed that they had both received training on the Protection of Vulnerable Adults (POVA). Both administrators were 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 safe contents record; a review of this evidenced that the safe contents check was signed and dated by one administrator and the registered manager on a monthly basis.

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?

A review of a sample of the records identified that FSHC were acting as Corporate Appointee for one service user in the home i.e. managing the service user's social security benefits. Discussions also established that this was the only service user where this particular financial arrangement was in place.

In addition, a review of the records evidenced that the home were in direct receipt of the personal allowance money for an identified number of service users. There were records in place to support the amounts and timings of these receipts, with the lodgements subsequently added to the respective service users' balances held for safekeeping by the home.

For the majority of service users, the home were in receipt of money from the family/friends of service users in order to pay for additional services facilitated within the home (for which there is an additional charge), such as hairdressing, newspapers, podiatry or other sundries.

A sample of the records for income and expenditure incurred on behalf of service users was reviewed. It was noted that the home maintained records on "personal allowance account statements" detailing income and expenditure, together with other records to substantiate each transaction, such as a lodgement receipt or a hairdressing or podiatry treatment record. There was evidence that records of personal monies held on behalf of service users were reconciled and signed and dated by two people on a monthly basis.

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 hairdressing records evidenced that the required information was being recorded; however, the same was not true for records of podiatry treatments facilitated in the home. While the majority of the required information was recorded, staff signatures on the records (to verify that the service user had received the treatments) were either not in place against each service user's name or the treatment record for the day (detailing all the service users treated) had not been signed by a staff member at all.

A recommendation was made to ensure that treatment records are consistently signed by a representative of the home to verify that the service user has received the treatment and incurred the cost detailed.

The home had a range of written policies and procedures addressing matters relating to safeguarding money and valuables, record keeping requirements and other relevant issues such as complaints and whistleblowing. Discussion established that there was electronic access to the home's policies at any time by any member of staff.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for six service users. Each service user sampled had a "Schedule of personal effects form"; however only three of these had been completed, the remaining three records were blank. In discussing these findings with the registered manager, she advised that all of the care records in the home were in the process of being "re-written" she explained, due to the fact that there had been a reconfiguration of the beds in the home. She noted that the original records would have been archived and the property records had not been copied across from the originals in some cases. The inspector highlighted that the property records must be available at all times so that they can be updated by staff, as necessary.

As half of the sampled property records for service users were blank, a requirement was made to ensure that each service user has a record of their furniture and personal possessions brought into their room.

For the three service users whose property record had been written on by staff, all three were neither signed nor dated; it was therefore impossible to tell when the record had been made and by whom. There was no evidence on the records to suggest that they had been updated over time.

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

It was noted that the home also had a residents' comfort fund; a written policy and procedure existed to guide the administration of the fund. It was noted that income and expenditure records were maintained which were reconciled and signed and dated by two people every month.

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

From a review of six service user files (which contained signed agreements), all four of the agreements were out of date. The agreements reviewed reflected that they were either one or two years out of date. For example, one agreement dated 2014 should have been updated to reflect the regional increases in the fees in April 2015 and again in April 2016.

A recommendation was made to ensure that each service user or their representative is given written notice of all changes to the agreement and these are agreed in writing. There is further discussion about individual service user agreements in section 4.6 below.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that each service user has a record of their furniture and personal possessions brought into their room; that each service user's record of personal property is kept up to date and reconciled by two people at least quarterly and that treatment records are consistently signed by a representative of the home to verify that the service user has received the treatment for which the charge is being made.

Number of requirements	1	Number of recommendations	2
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4.5 Is care compassionate?

Day to day to day arrangements in place to support service users was discussed with the registered manager and both home administrators. Each member of staff spoken with described specific examples of how the home supported a range of service users with their money and they did so with empathy. Discussion also established how arrangements to safeguard a service users' money were discussed with the service user or their representative at the time of the service user's admission to the home.

A review of a sample of six service users' files evidenced that four service users had a signed personal monies authorisation in place with the home (in the home this document is referred to as "Financial assessment Part 3"). The document gives the home authority to make purchases of goods and services on behalf of the service user from monies deposited with the home. The remaining two service users did not have a personal monies authorisation document on their file.

A recommendation was made to ensure that written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.

There was evidence of engagement with other professional stakeholders to ensure that identified service users had sufficient funds lodged with the home to ensure that each service user had access to their money, if required.

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 welcome pack contained a range of information for a new service user including clear information on fees and funding-related matters.

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

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.

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

Oversight and governance arrangements for safeguarding service users' money were found to be in place and operating effectively. Regular audits of money were recorded and signed and dated by two people; as noted above, a trace of a random sample of transactions evidenced that records were available to substantiate the entries in each service user's personal monies account statement.

The home had a range of detailed policies and procedures in place to guide practice in the area of safeguarding service users' money and valuables.

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.

A list of the current service users in the home was provided and a sample of six files selected for review. A review of the files identified that only four of the service users had a signed agreement on their file; these were signed in 2014 and 2015 and therefore did not reflect the current terms and conditions in respect of fees and financial arrangements. (A recommendation has been made under Section 4.4 of this report in respect to keeping individual agreements up to date). The remaining two service users did not have a signed agreement on their file, the service users had been admitted to the home in 2015 and 2016 respectively. There was no written evidence on either of the two service users' files to identify how the home had engaged with the service user or their representative to provide a written individual agreement in respect of these service users.

A requirement was made to ensure that the registered person provides to each service user a written agreement, setting out the terms and conditions, by not later than the day they become a service user and in the case of unplanned admissions, within five days of admission.

It was noted that the home also used a document entitled "Financial assessment Part 2" which detailed how the service user's personal (allowance) money was to be managed and what, if any, involvement the home would have in this regard. Within the sample of files reviewed was a service user for whom the home were in direct receipt of their personal allowance monies from the HSC trust. However the service user's "Financial assessment Part 2" read that "N/A-Abbeylands Care Home does not receive benefits or personal allowance". The inspector discussed these findings with the registered manager and highlighted the importance of ensuring that such documents detail the up to date arrangements for supporting service users with their money, particularly where the home is playing an important role.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that the registered person provides to each service user a written agreement, setting out the terms and conditions, by not later than the day they become a service user and in the case of unplanned admissions, within five days of admission.

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Eleanor Dodson, 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.

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

Statutory requirements

Requirement 1

Ref: Regulation 19 (2)
Schedule 4 (10)

Stated: First time

To be completed by:
12 December 2016

The registered provider must ensure that a record of furniture and personal possessions brought by a service user into the room occupied by them is maintained throughout their stay in the home. Records of furniture and personal possessions belonging to all of the service users in the home must be reviewed and brought up to date. Records must be kept up to date on an ongoing basis, with any additions or disposals from the records signed off by two people. Property records should be reconciled at least quarterly.

Response by registered provider detailing the actions taken:

The registered provider has commenced an audit of furniture and personal possessions in service users rooms. Records of all furniture and all personal possessions are being recorded and held within the resident's care file

Requirement 2

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

Stated: First time

To be completed by:
13 October 2016

The registered provider must provide to each service user, by not later than the date on which he becomes a service user, a statement specifying – (a) the fees payable by or in respect of the service user for the provision to the service user of any of the following services (i) accommodation, including the provision of food, and (ii) nursing and except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.

Response by registered provider detailing the actions taken:

The Home Administrator along with the Administrator assistant are ensuring that all of these records are brought up to date. The Home Manager through weekly audits is ensuring that this requirement is met.

Recommendations

Recommendation 1

Ref: Standard 14.13

Stated: First time

To be completed by:
13 October 2016

The registered provider should ensure that where any service is facilitated within the home, the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.

Response by registered provider detailing the actions taken:

The Home Manager has now insured that any person providing a service to the service users have been informed in writing that they must maintain treatment records and be in the position to receipt and verify any treatments and good provided with asociated cost for each individual resident

<p>Recommendation 2</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2016</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>Recommendation 3</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2016</p>	<p>Response by registered provider detailing the actions taken: The Home administrator along with BSA are ensuring that any changes in the contracts are in the process of being completed. These will be completed by 12th December 2016.</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: The Home administrator along with BSA are ensuring that Financial 3 is signed either by the service user or by their representative. These will be completed by 12th December 2016</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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