

# Finance Inspection Report

## 30 June 2016



## Burleigh Hill House

**Type of Service: Nursing Home**  
**Address: 79 North Road, Carrickfergus, BT38 7QZ**  
**Tel No: 0289336 5652**  
**Inspector: Briege Ferris**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Burleigh Hill House took place on 30 June 2016 from 09:45 hours to 15:40 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 spoken to 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 is protected were found to be in place however five areas for improvement were identified as part of the inspection. These related to: ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; ensuring that records of furniture and personal possessions for each service user are brought up to date; notifying each service user or their representative of any increase in the fees payable and obtaining agreement, in writing, to the related change to the service user's agreement; ensuring that the provider's Regulation 29 monthly monitoring visits include a review of service users' money and valuables for the next three months and consideration of a contingency arrangement which would mean that service users have access to money at all times.

### **Is care compassionate?**

Staff spoken to presented as proactive in encouraging service users and demonstrated attentiveness to ensuring that service users' independence was protected; no areas for improvement were identified.

### **Is the service well led?**

While governance and oversight arrangements were identified, two areas for improvement were noted during the inspection; these related to: ensuring that income and expenditure records follow a standard financial ledger format and ensuring that management review the home's standard agreement to ensure that it meets all of the requirements of DHSSPS Minimum Standard 2.2 (which details the minimum components of the agreement).

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 Burleigh Hill House which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

Details of the quality improvement plan (QIP) within this report were discussed with Emeliza Insauriga, acting 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

<b>Registered organisation/registered provider:</b> MD Healthcare Ltd/Lesley Catherine Megarity	<b>Registered manager:</b> Emeliza Insauriga (Acting)
<b>Person in charge of the home at the time of inspection:</b> Emeliza Insauriga (Acting)	<b>Date manager registered:</b> N/A
<b>Categories of care:</b> RC-A, NH-I, NH-PH, RC-I, NH-LD, RC-MP(E), RC-PH(E)	<b>Number of registered places:</b> 56

### 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 issue. The care inspector for the home was contacted and confirmed that there were no matters to be followed up from the previous care inspection.

During the inspection, the inspector met with Emeliza Insauro, the acting manager and the home's administration manager. 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 brochure "MD Healthcare – Nursing and Residential Care"
- A copy of the home's standard written agreement with service users
- (The signature pages for) five signed service user agreements
- The acting manager's list of questions for obtaining service users' views
- A sample of records detailing hairdressing and chiropody services facilitated in the home
- The record of safe contents book
- A sample of income and expenditure records for service users
- A sample of service users' property/furniture and personal possessions

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 2 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The specialist inspector was contacted and confirmed that there were no matters to be followed up from the previous inspection.

#### 4.2 Review of requirements and recommendations from the last finance inspection

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

#### 4.3 Is care safe?

The administration manager stated that she had worked in the home for approximately eleven years and explained the nature of the training which she had received when she joined the home. She noted that training on the Protection of Vulnerable Adults (POVA) was mandatory for all staff on an annual basis and evidence was seen which confirmed the most recent date she had received the training.

The administration manager explained that ownership of the home had changed from 1<sup>st</sup> April 2016 and that measures in place regarding storage of money and valuables and record keeping were being revised accordingly. She noted that from 1<sup>st</sup> July 2016, she would be implementing new measures in this regard.

She was able to clearly describe and explain the home's controls to safeguard money and valuables and evidence was obtained of how for instance, the new service users' finance filing system had been set up in advance of full implementation.

The administration manager confirmed that she was aware of how to receive and deal with a complaint and the process for this was concisely explained to the inspector. A policy and procedure addressing the safeguarding of service users' money and valuables was available and readily assessable on the day. Prior to the inspection, the inspector reviewed records of any incidents notified to RQIA over the previous twelve months; none of these were finance-related.

During discussion, the acting 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; a safe record book was in place to record the deposit or withdrawal of valuables.

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

The home's policy file was made available and a review of its contents established that a written policy addressing records management and retention was available. Discussion established that the home did not operate a transport scheme; service users were supported to access other means of transport necessary to meet their individual needs.

It was noted that services which attracted an additional charge (such as hairdressing and chiropody) were for the majority of service users, paid by the home initially and recovered from family representatives by monthly invoice in arrears. For a small number of service users, family representatives lodged money with the home for safekeeping in order to pay for these services. The administration manager explained that consent to these arrangements had been sought recently by writing to each representative and providing a choice as to their preferred method.

A review of a sample of income and expenditure records failed to evidence that a reconciliation of the records had been carried at least quarterly.

A recommendation was made for a reconciliation of money and valuables deposited for safekeeping to be carried out, recorded and signed and dated by two people at least quarterly.

(There is further discussion on recording income and expenditure in section 4.4 of this report).

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records. The administration manager provided a property book and a loose page for one sampled service user. Of a sample of five service users, two records could not be located. In addition, significant inconsistency was also evidenced in the level of detail which different staff members had recorded within individual service users' records; one record had not been signed nor dated, one record had been signed by two people and date and a third record had been signed by one person and dated.

The inspector noted that these records must be made on admission to the home and kept up to date throughout the service user's stay in the home. Any additions or disposals must be signed and dated by two people. She also emphasised that the records must be reconciled at least quarterly, with the reconciliation signed and dated by two people.

A requirement was made to review all of the service users' furniture and personal possessions and bring the records of these items fully up to date, so that they can be easily maintained in future.

The acting manager confirmed that no representative of the home was acting as nominated appointee for any service user; this position was confirmed on the day by the finance and administration manager, based at head office. The acting manager also confirmed that no service user had been formally assessed as incapable of managing their finances and property.

The administration manager confirmed that service users or their representatives had not been informed in writing of any changes to the fees payable over time, with the changes agreed in writing in the service user's individual agreement.

A requirement was made to ensure that service users or their representatives are provided with notification of any increase in the fees payable over time. Any changes to the terms and conditions of a service user's individual agreement must be agreed in writing.

Discussion established that as the home had recently changed ownership, there was significant support from head office colleagues to ensure that appropriate mechanisms for safeguarding service users' money and valuables were in place and operating effectively. The administration manager conveyed her enthusiasm about updated methods which would improve the efficiency with which tasks were carried out. Audits by head office were also discussed; the acting manager reported that visits were made by head office to review measures. Given the change in arrangements to be implemented in July 2016, the inspector noted that it may be helpful to request that the provider's Regulation 29 monthly monitoring visits include a review of how new procedures in respect of service users' money and valuables are operating effectively in the home and to provide any necessary resources to staff involved in the implementation.

A recommendation was made to ensure that the provider's Regulation 29 monthly monitoring visits include a review of service users' money and valuables for the next three months.

Arrangements for service users to access their money outside of normal office hours was discussed with the acting manager and administration manager. Both staff members noted that one or two service users would require their money over the weekend; however, in the cases discussed; the service user planned this expenditure in advance. Money would be withdrawn on a certain day in order to ensure that sufficient money was available over the weekend period. Both staff reported that the existing arrangements seemed to be working effectively and currently met the needs of service users in the home and both noted that they had no knowledge from any weekend staff that any service user had requested access to their money or valuables deposited for safekeeping.

However, potential contingency arrangements were discussed and the acting manager noted that she would consider how best to implement, say, an emergency float of money, only accessible by a senior member of staff over the weekend period, to cover this eventuality.

A recommendation was made for the acting manager to consider a contingency arrangement which would mean that any service user would have access to money at all times.

### Areas for improvement

Five areas for improvement were identified during the inspection. These related to: ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; ensuring that records of furniture and personal possessions for each service user are brought up to date; notifying each service user or their representative of any increase in the fee payable and obtaining agreement, in writing, to the related change to the service user's agreement; ensuring that the provider's Regulation 29 monthly monitoring visits include a review of service users' money and valuables for the next three months and consideration of a contingency arrangement which would mean that any service users have access to money at all times.

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>3</b>
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### 4.5 Is care compassionate?

Observations of interaction between the administration manager and receptionist and service users presented as friendly, respectful and encouraging to the service users.

Day to day to day arrangements in place to support service users were discussed and the administration manager was able to describe specific examples of how consent was gained by the home to individual financial arrangements in place to safeguard service users' money and valuables. The acting manager reported that information such as that contained in the service user guide was provided to any service user in an alternative format, depending on their identified need. She noted this could be planned for pre-admission on the basis of information from HSC trust care management. She also noted that relatives or representatives were often directed to the home's website where further information was available on the home.

Discussion also revealed that the acting manager had a questionnaire-type system in place to obtain the views of service users in the home on a range of issues. While safeguarding of money or valuables currently did not feature in the range of questions, the acting manager stated that including this as an area was something which she would consider in future.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.6 Is the service well led?

As noted above, the home had a system in place to record income and expenditure for service users (mainly hairdressing, chiropody, taxis etc). The administration manager noted that new method for recording income and expenditure had been a work in progress since the home changed ownership and new arrangements were to be implemented from 1 July 2016.

A review of the records which had been maintained prior to the date of inspection was reviewed, this evidenced that record keeping was not wholly in keeping with best practice.

Two sampled records evidenced that the respective service users had two balances of cash, records of which were being retained separately. The inspector noted that a total balance for each service user must be recorded and that the balances in hand must be combined to avoid any errors or confusion. In addition, it was noted that transactions had not consistently been signed by two people.

A recommendation was made to ensure that income and expenditure records follow a standard financial ledger format.

Records of hairdressing and chiropody services were made by the person providing the treatment and detailed the date, the name of the service user, the type of treatment they had received and the associated cost. The record also included the signature of the hairdresser or chiropodist and a member of staff to verify the service had been provided.

There was a clear organisational structure within the home; following discussion with the acting manager and administration manager, it was evident that they were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

The inspector was provided with an example of a written agreement as would be provided to a newly admitted service user. A cursory review of the agreement evidenced that it covered a broad range of areas as required by the DHSSPS Minimum Standards; however, the agreement did not contain a list of the cost of additional services facilitated in the home e.g. hairdressing.

A recommendation was made for management to review the standard agreement to ensure that it meets all of the requirements of DHSSPS Minimum Standard 2.2 (which details the minimum components of the agreement).

Five service users were sampled in order to review the written agreements in place between the home and the service user/their representative and all five service users had a signed page in place detailing their acceptance of the terms and conditions of the agreement. However, the inspector noted that typically, only the back page (for signature) had been retained on file, not the full agreement and highlighted that it would be prudent for the home to have a full copy of the service user's agreement on file for reference purposes.

The back page of the service user agreements did not detail fee arrangements; however, all of the pages reviewed were signed between September 2014 and August 2015.

As noted above, there was no evidence that written notification of any changes to the fees had been provided to service users or their representatives over time. A requirement has been made previously in section 4.4 above.



The administration manager confirmed that she was clear on the home's complaints procedures and it was noted that a written complaints procedure was available in the home's policy file.

### Areas for improvement

Two areas for improvement were identified during the inspection; these related to: ensuring that income and expenditure records follow a standard financial ledger format and ensuring that management review the home's standard agreement to ensure that it meets all of the requirements of DHSSPS Minimum Standard 2.2 (which details the minimum components of the agreement).

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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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 Emeliza Insauriga, acting 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 taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 person/manager 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 person/manager 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:**  
30 July 2016

The registered person 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 person detailing the actions taken:**

A record of furniture and personal belongings is now established and is recorded in the epiccare records system and will be kept up to date on an ongoing basis with a record of any additional or disposed items recorded and signed by two staff. It will be reviewed quarterly to ensure the record reconciles. All staff have been made aware of this and supervision given by Home Manager to all directly responsible senior staff who have cascaded the message and significance of this to remaining team members.

#### Requirement 2

**Ref:** Regulation 5 (2)

**Stated:** First time

**To be completed by:**  
1 July 2016

The registered person must ensure that the service user or their representative is notified in advance of any increase in the fees payable or any variation in the person paying the fees or the method of payment. Evidence of such notification must be available in the service users' records.

**Response by registered person detailing the actions taken:**

A form of agreement is now established to ensure residents or representatives are notified in advance of any increase in the fees payable or any variation in the person paying the fees or method of payment. signed evidence form is being kept in residents records.

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 14.25</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2016</p>	<p>The registered person should 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 is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> It is now established that each resident has their own record book detailing dates, income/added funds, withdrawals, running balance and every reconciliation is recorded and signed by administrator who is undertaking the reconciliation and countersigned by a senior member of staff. A quarterly audit will be carried out to ensure that the reconciliation of money and valuables held and accounts are properly managed on behalf of service users</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered person should ensure that the effective working of controls in place to safeguard service users' money and valuables is reviewed as part of the Regulation 29 visits for the next three months.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A record of the review of effective financial management controls to safeguard service users' money and valuables will be added to the Regulation 29 visit as recommended and will be kept under ongoing review..</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 14.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2016</p>	<p>The registered person should ensure that contingency arrangements are considered to ensure that service users' money is freely available to them at all times.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The contingency arrangements are now established to ensure that service users' money is available to them at all times, this is accessible through the nurse in charge.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 July 2016</p>	<p>The registered person should ensure that a standard financial ledger format is used to detail transactions for service users.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Standard financial ledger format is now being used and details all transactions for each residents.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 2.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2016</p>	<p>The registered person should ensure that the home's standard written agreement with service users includes all of the components required as a minimum under the stated minimum standard.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The standard written agreement form with the service user is now established with all of the components required in the stated minimum standard.</p>

*\*Please ensure this document is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address*



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