

# Unannounced Finance Inspection Report 22 December 2016



## Antrim Care Home

Type of service: Nursing Home  
Address: 88 Milltown Road, Antrim BT41 2JJ  
Tel no: 02894428717  
Inspector: Briege Ferris

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Antrim Care Home took place on 22 December 2016 from 10:15 to 16:00 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 basic controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

### Is care effective?

A number of controls to ensure service users' money and valuables were safeguarded were found to be in place however six areas for improvement were identified during the inspection. These related to: ensuring that a standard financial ledger format is used to record transactions on behalf of service users; ensuring that records of money or valuables held for safekeeping are reconciled and recorded by two people at least quarterly; ensuring that transparent records of the cost of toiletries charged to service users are available, which facilitate the traceability of the original cost of toiletries provided; ensuring that each service user has a record of their furniture and personal possessions brought into their room and that each service user's record of personal property is kept up to date and is reconciled by two people at least quarterly and ensuring that if a resident has been assessed as incapable of managing their own affairs and a designated next of kin has been appointed, the amount of money or valuables held by the home on their behalf is reported in writing by the registered manager to the referring Trust and designated next of kin, at least annually.

### 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?

One area for improvement was identified during the inspection; this related to ensuring that written accounting and financial control procedures are introduced which meet professional standard of good practice and legislative requirements and provide safeguards against errors or fraud.

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 Antrim Care Home 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>	1	6

Details of the quality improvement plan (QIP) within this report were discussed with Sharon Smyth, 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 was carried out on 15 October 2009 on behalf of RQIA; the findings from the inspection were not brought forward to the inspection on 22 December 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Hutchinson Homes Ltd/Janet Montgomery	<b>Registered manager:</b> Sharon Smyth
<b>Person in charge of the home at the time of inspection:</b> Nobie Jacob	<b>Date manager registered:</b> 10 June 2016
<b>Categories of care:</b> RC-I, NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 53

## 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 and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with Nobie Jacob, the deputy manager and the home administrator. The registered manager was not on duty on the day, and feedback from the inspection was provided following the inspection.

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:

- Four service user finance files
- Four written service user agreements
- Three written personal monies authorisations
- A sample of income and expenditure records including a sample of records relating to the cost of toiletries
- A sample of records for hairdressing and podiatry services facilitated in the home
- A sample of charges made to service users for care and accommodation
- A sample of records for the service users' comfort fund
- Three records of service users' personal property (in their rooms)
- The "patients property book"

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 28 September 2016**

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

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

As noted above, a finance inspection was carried out on 15 October 2009 on behalf of RQIA; the findings from the inspection were not brought forward to the inspection on 22 December 2016.

### **4.3 Is care safe?**

The home had one administrator and evidence was reviewed which confirmed that she had received training on the Protection of Vulnerable Adults (POVA). She was familiar with the day to day controls in place to safeguard service users' money and valuables in the home and could explain these to the inspector.

During discussion, the deputy 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; this was held alongside each respective service user's record of money held for safekeeping. 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.

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

Discussion with the deputy manager and the home administrator established that no representatives of the home were acting as nominated appointee for any service user in the room. The home was, however, in direct receipt of the personal monies for one service user from the HSC trust. The home administrator explained that when the service user required a top-up of personal monies, she would write to the HSC Trust who would arrange to send a cheque to top up the balance of funds held for safekeeping on the service user's behalf. The records available supported the amounts and timings of receipts and the home administrator kept copies of the request letters sent to the HSC Trust. The home administrator confirmed that the home did not operate a service users' bank account.

In a number of other cases, 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 was an additional charge, such as hairdressing, podiatry, toiletries or other sundries.

A sample of the records for income and expenditure incurred on behalf of four service users were reviewed; individual books were maintained by the home. A review of the entries in the four books evidenced that only the entries in one book had been signed, the entries in the remaining three books were unsigned.

A recommendation was made to ensure that a standard ledger format is used to record financial transactions on behalf of service users. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.

A review of the sample of income and expenditure records evidenced that no reconciliations had been carried out.

A recommendation was made to ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents 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 home administrator explained that the home provided toiletries to service users, which she confirmed were provided to service users at cost (no profit element for the home); she provided a number of records for review. It was clear that there was significant work expended in recording information regarding service users' use of toiletries in the home. A "toiletries distributed" template was in use which recorded the name of the service user, a description of the toiletries required, the amount and the cost of the items, the total cost and the initials of one member of staff against each service users' entry in the template.

The bottom of the template was signed by the home administrator and the registered manager. Other pages detailing "Items for personal hygiene" were also provided, however it was unclear how these related to the "toiletries distributed" records; they appeared to possibly be used as

part of a stock-taking process. The inspector queried from where the original cost of the identified items was recorded and how this agreed to the “toiletries distributed” information.

The home administrator advised that she was not aware of any other (purchase) records in relation to the cost of the individual items.

These findings were discussed with the registered manager and it was highlighted that transparent records of the cost of toiletries charged to service users are available. Records should also be available to facilitate the traceability of the original cost of toiletries provided to service users to ensure that each service user is charged the appropriate amount.

Expenditure on toiletries recorded in each service users’ income and expenditure record should be signed and dated by the resident and a member of staff or two members of staff.

A recommendation was made in respect of this finding.

The inspector traced a sample of transactions recorded in the records in order to identify that the related evidence such as a receipt for expenditure or a receipt for a lodgement were available. Within a sample of transactions selected, there was no podiatry treatment record for a charge made to a service user, and a receipt for a lodgement of personal monies for a service user could not be located before the end of the inspection. Correspondence received from the home following the inspection confirmed that the service user had been overcharged in respect of the podiatry treatment identified and that a receipt had not been issued for the lodgement of personal monies selected during the inspection.

The inspector discussed these findings with the registered manager following the inspection and acknowledged that such errors may occur occasionally. However, it was highlighted that robust governance arrangements such as clear, accurate written financial policies and procedures and regular reconciliations of the income and expenditure records may have identified these errors.

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 required information was being 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. Four files were provided; three service users had a record on their file. The fourth service user had a blank template on their file which had not been completed; the record had been annotated “All belongings had been recorded on admission”.

This was discussed with the registered manager and it was highlighted that each service user must have a record of furniture and personal possessions which they have brought into their rooms.

A requirement was made in respect of this finding.

The remaining three records were reviewed and it was noted that there was inconsistency in the level of detail recorded among the remaining sample. One record had been signed by two people, one had been signed by one person and the third was unsigned; only two of the records were dated.

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 is reconciled by two people at least quarterly.

A recommendation was made to ensure that each service user's record of property is duly updated and reconciled on this basis.

The home operated a comfort fund and records were available from July 2016; it was noted that recent entries were signed by two people. There was no evidence that the record had been reconciled at least quarterly; a recommendation has been made above in respect of this finding.

Discussion and a review of the records established that at least one service user in the home had been assessed as incapable of managing their financial affairs. The service user had a sum of money deposited with the home for safekeeping. The service user's file was reviewed and it was noted that it did not contain any correspondence to the HSC trust in respect to how much money or valuables was being held on behalf of the service user.

The inspector highlighted that if any service user in the home had been assessed as incapable of managing their own affairs and a designated next of kin has been appointed, the amount of money or valuables held by the home on their behalf should be reported in writing by the registered manager to the referring Trust and designated next of kin at least annually, or as specified in the individual agreement.

A recommendation was made in respect of this finding.

### Areas for improvement

Six areas for improvement were identified during the inspection. These related to: ensuring that a standard financial ledger format is used to record transactions on behalf of service users; ensuring that records of money or valuables held for safekeeping are reconciled and recorded by two people at least quarterly; ensuring that transparent records of the cost of toiletries charged to service users are available, which facilitate the traceability of the original cost of toiletries provided; ensuring that each service user has a record of their furniture and personal possessions brought into their room and that each service user's record of personal property is kept up to date and be reconciled by two people at least quarterly and ensuring that if a resident has been assessed as incapable of managing their own affairs and a designated next of kin has been appointed, the amount of money or valuables held by the home on their behalf is reported in writing by the registered manager to the referring Trust and designated next of kin at least annually.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>5</b>
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### 4.5 Is care compassionate?

Day to day to day arrangements in place to support service users were discussed with the home administrator. She described specific examples of how the home supported a number of service users with their money. Discussion also established how arrangements regarding fees and the management of personal monies would be discussed with the service user or their representative at the time of the service user's admission to the home. She described this process with sensitivity and empathy.



Discussion with the deputy manager established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue.

Arrangements for service users to access money outside of normal office hours were discussed with the deputy manager. He 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 inspection.

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

Discussion with the home administrator and the deputy manager established that the home was currently reviewing all of its written policies and procedures in the wake of a change of ownership. It was confirmed that at the time of inspection, there were no written financial policies and procedures available to refer to.

A recommendation was made to ensure that written accounting and financial control procedures that meet professional standard of good practice and legislative requirements and provide safeguards against errors or fraud are introduced.

Individual service user agreements were discussed and a sample of four service user files was selected for review. Each of the four service users had a written agreement on their file; these were either signed by the service user or their representative or there was clear evidence that the home had attempted to have the service user agreement signed.

Equally, personal monies authorisations were in place for the service users (providing the home with the authority to purchase goods or services on behalf of the service user) or there was evidence that the home had attempted to have the relevant service user's personal monies authorisation duly signed.

Discussion with the home administrator established that she would be aware of how to deal with a complaint which she might receive or escalate any concerns.

### Areas for improvement

One area for improvement was identified during the inspection; this related to ensuring that written accounting and financial control procedures that meet professional standard of good practice and legislative requirements and provide safeguards against errors or fraud are introduced.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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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 Sharon Smyth, 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](mailto: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	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (10)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 February 2017	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.
	<b>Response by registered provider detailing the actions taken:</b> This practice has been implemented for new residents and will be audited on a monthly basis.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 14.10  <b>Stated:</b> First time  <b>To be completed by:</b> 10 January 2017	The registered provider should ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.
	<b>Response by registered provider detailing the actions taken:</b> This has been implemented and available for inspection
<b>Recommendation 2</b>  <b>Ref:</b> Standard 14.25  <b>Stated:</b> First time  <b>To be completed by:</b> By 13 January 2017 and at least quarterly thereafter	The registered provider should ensure that reconciliation of money and valuables held and accounts managed on behalf of residents 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.
	<b>Response by registered provider detailing the actions taken:</b> This recommendation has been implemented and will be audited quarterly
<b>Recommendation 3</b>  <b>Ref:</b> Standard 14.9  <b>Stated:</b> First time  <b>To be completed by:</b> 13 January 2017	The registered provider should ensure that transparent records of the cost of toiletries charged to service users are available. Records should be available to facilitate the traceability of the original cost of toiletries provided to service users to ensure that each service user is charged the appropriate amount.
	Expenditure on toiletries recorded in each service users' income and expenditure record should be signed and dated by the resident and a member of staff or two members of staff.  <b>Response by registered provider detailing the actions taken:</b> A new procedure has been implemented which will show a separate receipt for each resident for the toiletries that have been purchased.

<b>Recommendation 4</b> <b>Ref:</b> Standard 14.18 <b>Stated:</b> First time <b>To be completed by:</b> 13 January 2017	<p>The registered provider should ensure that if a resident has been assessed as incapable of managing their own affairs and a designated next of kin has been appointed, the amount of money or valuables held by the home on their behalf is reported in writing by the Registered Manager to the referring Trust and designated next of kin at least annually, or as specified in the individual agreement.</p> <p><b>Response by registered provider detailing the actions taken:</b>  This has been implemented and will be carried out annually</p>
<b>Recommendation 5</b> <b>Ref:</b> Standard 14.26 <b>Stated:</b> First time <b>To be completed by:</b> 17 February 2017	<p>The registered provider should ensure that an inventory of property belonging to each resident 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><b>Response by registered provider detailing the actions taken:</b>  This has been implemented and will be audited quarterly</p>
<b>Recommendation 6</b> <b>Ref:</b> Standard 35.21 <b>Stated:</b> First time <b>To be completed by:</b> 2 February 2017	<p>The registered provider should ensure that there are written accounting and financial control procedures that meet professional standard of good practice and legislative requirements and provide safeguards against errors or fraud.</p> <p><b>Response by registered provider detailing the actions taken:</b>  All policies and procedures have been updated and available for inspection</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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