

Finance Inspection Report 11 July 2016



Masserene Manor

Type of Service: Nursing Home
Address: 6 Steeple Road, Antrim BT41 1AF
Tel No: 02894487779
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Masserene Manor took place on 11 July 2016 from 10:30 hours to 14:30 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 four areas for improvement were identified as part of the inspection. These related to: the way in which income and expenditure records were maintained (and the timeliness of the return of receipts from purchases); 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 the records detailing treatments to service users which attract an additional cost are appropriately maintained and ensuring that records of furniture and personal possessions for each service user are brought up to date.

Is care compassionate?

Staff spoken to presented as proactive in encouraging service users and demonstrated attentiveness to ensuring that service users' independence was protected. One area for improvement was identified in relation to personal monies authorisations, granting the home authority to purchase goods and services on behalf of service users.

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 written agreements between the home and service users are consistently updated. Evidence should exist on file to demonstrate the steps the home has taken to ensure up to date agreements have been signed.

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 Masserene Manor which provides both nursing and residential care.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Olive Hall, 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

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

2.0 Service details

Registered organisation/registered provider: Masserene Manor/Janet Montgomery & Naomi Carey	Registered manager: Olive Hall
Person in charge of the home at the time of inspection: Laura Moon (Deputy Manager)	Date manager registered: 1 April 2005
Categories of care: NH-LD, NH-LD(E), RC-DE, NH-DE, NH-MP, NH-MP(E)	Number of registered places: 74

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 the deputy manager (who was in charge of the home that day); and the home administrator. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

Following the inspection, feedback was provided to the registered manager by telephone.

The following records were examined during the inspection:

- The home's Policy Manual including policies addressing "Abuse of vulnerable adults; handling patients money and valuables (Jan 2013); and "Whistleblowing"
- Four signed service user agreements
- A sample of income/lodgements and expenditure records
- Evidence of the reconciliation of service users' monies
- A sample of treatment records for hairdressing and podiatry services facilitated in the home
- The record of "Valuables" book
- Four records of service users' personal property

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 9 March 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 specialist inspector at their next 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 on 1 November 2008; the findings from which were not brought forward as part of the inspection on 11 July 2016.

4.3 Is care safe?

Evidence was reviewed which confirmed that the home administrator had recently received training on the Protection of Vulnerable Adults (POVA); it was noted that this training was mandatory for all staff on a regular basis. The administrator had worked in the home for approximately two years and noted that she had a handover from a colleague who still worked for the organisation. She presented as very familiar with the controls in place to safeguard service users' money and valuables and was aware of the home's policy on how to escalate concerns or blow the whistle about any inappropriate practice.

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 "Valuables" book; it was noted that the most recent reconciliation of the valuables book, which had been signed and dated by two people, had been recorded on 28 January 2016. A subsequent reconciliation should have been carried out at the latest, on 28 April 2016. Further detail on the reconciliation of money and valuables is detailed in section 4.4 of this report.

Areas for improvement

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?

Records of income and expenditure were being maintained for a small number of service users. It was noted that while the records were set up to follow a standard financial ledger format, columns detailing "debit" and "credit" had been incorrectly completed a number of times i.e. entries made in the wrong columns. The inspector noted the potential for mistakes to be made as a result of this misunderstanding and noted that the language of the financial ledger format being used should be amended to ensure that staff completing the record are clear on how to accurately record each entry in the record.

In addition, the inspector evidence more than one instance of a delay of some days between money being signed out to staff to make purchases on behalf of service users, and the return of receipts and any change being signed back into the service users' records. The inspector discussed this with the registered manager who explained the challenges the home faced with regards to the timing of staff withdrawing money on behalf of service users and the day of the staff member's next shift. The inspector noted that home should have a clear policy and procedure on the expected timescales and relevant staff should be advised accordingly.

A recommendation was made in respect of this finding.

A review of a sample of income and expenditure records evidenced that a reconciliation of the records had not consistently been carried out on a quarterly basis.

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.

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.

Records of hairdressing and podiatry services were maintained by the home; podiatry records detailed all of the necessary information and were routinely signed by the podiatrist and a representative of the home to verify that the service user had received the detailed treatment. For hairdressing services, a book was maintained by each of the two units in the home. Records detailed the name of the name of the service user, the initials of the treatment they had received and the associated cost. A review of a sample of these records evidenced that they were not signed by either the hairdresser or a member of staff to verify the service had been provided.

A recommendation was made in respect of this finding.

The registered manager confirmed that no representative of the home was acting as nominated appointee for any service user. She also confirmed that the home did not provide transport services to service users.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records. Four of five sampled records were provided; the fifth sampled record could not be located. Service users' records had been made on a template; it was evident that a more detailed template had been used for those most recently admitted service users within the sample. All four records reviewed were dated however there was some inconsistency in regards to who had signed the records. Three records had been signed by one person, while the record for the most recently admitted service user in the sample had been signed by two persons.

In discussing these findings with the registered manager, the inspector noted that service users' property records should be signed and dated by two people, with any addition or disposals from the records again, signed and dated by two people.

A recommendation was made to ensure that each service user's record of furniture and personal possessions in their rooms (which they own) be reviewed and updated as appropriate. These records must be reconciled on at least, a quarterly basis, with the reconciliation signed and dated by two people.

Areas for improvement

Four areas for improvement were identified as part of the inspection. These related to: the way in which income and expenditure records were maintained (and the timeliness of the return of receipts from purchases); 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 the records detailing treatments to service users which attract an additional cost are appropriately maintained and ensuring that records of furniture and personal possessions for each service user are brought up to date.

Number of requirements	0	Number of recommendations:	4
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4.5 Is care compassionate?

A review of a sample of records evidenced that service users or their representatives were being charged correct amounts for care and accommodation.

The arrangements for service users to access their money outside of normal office hours were discussed with the administrator and registered manager. Both reported the existing arrangements to be working effectively and were appropriate to meet the needs of the small number of service users for whom the home held money. They 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 outside of normal office hours.

Day to day to day arrangements in place to support service users were discussed and the administrator 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.

A sample of personal monies authorisations were requested for review, these provide the home with authority to make purchases of goods and services on behalf of each service user. Of a sample of five selected, three service users had a signed authority on their file, the remaining two service users did not have a written authority in their records. During discussion with the registered manager following the inspection, the registered manager explained that the home did not make purchases for the identified service user.

For the second service user with no written authority in place, the registered manager noted that their next of kin did not live in the jurisdiction. The inspector noted however that the home should have evidence on file to support how it has attempted to obtain authority from any relevant service user or their representative.

A recommendation was made in respect of this finding.

Areas for improvement

One area for improvement was identified in relation to personal monies authorisations, granting the home authority to purchase goods and services on behalf of service users.

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

There was a clear organisational structure within the home; following discussion with administrator, it was evident that she was familiar with her role and responsibilities in relation to safeguarding service users' money and valuables.

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

It was noted that the home's policy "Handling patients' money and valuables" was dated January 2013 and that at the latest, this policy should have been updated in January 2016. The inspector discussed this with the registered manager who noted that there was currently a comprehensive review of all of the home's policies and procedures underway and that a review of finance policies were forming part of that process.

A recommendation was made to ensure that the financial policies and procedures are reviewed no later than 26 September 2016.

Five service users' records were sampled in order to review the written agreements in place between the home and the service user/their representative. Four service users had a signed agreement in place detailing their acceptance of the current terms and conditions of the agreement. The fifth service user did not have an up to date, signed agreement on file. There was no evidence to identify how the home had attempted to pursue the return of the up to date agreement from the service user's representative.

A recommendation was made in respect of this finding.

Following the inspection, the inspector spoke with the registered manager at length and the arrangements to safeguard and secure service users' money and property was discussed. It was clear from the discussion that the registered manager was passionate about the service users and ensuring that matters in respect of oversight and governance were a priority and any suggestions on how to improve practice would be implemented.

Areas for improvement

Two areas for improvement were noted during the inspection; these related to: ensuring that written agreements between the home and service users are consistently updated. Evidence should exist on file to demonstrate the steps the home has taken to ensure up to date agreements have been signed.

Number of requirements	0	Number of recommendations:	2
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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 Olive Hall, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider/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 provider/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 provider(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered provider 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 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 provider/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 provider/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 14.10

Stated: First time

To be completed by:
26 July 2016

The registered provider should ensure that a standard financial ledger format is used to detail transactions for service users. The language of the financial ledger format being used should be amended to ensure that staff completing the record are clear on how to accurately record each entry in the record.

The registered provider should endeavour to ensure that where purchases are made on behalf of a service user, receipts and any change from the purchases are returned to the home without delay and timescales for return of same are in line with the home's policies and procedures.

Response by registered provider detailing the actions taken:

The ledger format has been reviewed in order to promote accurate recording.
Policies are being reviewed in order to reflect timely returns of receipts, change etc.

Recommendation 2

Ref: Standard 14.25

Stated: First time

To be completed by:
26 July 2016

The registered provider 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.

Response by registered provider detailing the actions taken:

A reconciliation of the safe has since been completed and has been scheduled quarterly.

Recommendation 3

Ref: Standard 14.13

Stated: First time

To be completed by:
26 July 2016

The registered person should ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the service user 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 service user.

Response by registered provider detailing the actions taken:

The record for the visiting hairdresser has been reviewed to include the relevant information.

<p>Recommendation 4</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2016</p>	<p>The registered person 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>Response by registered provider detailing the actions taken: The Inventory records are currently undergoing review in order to meet the necessary requirements. Staff will be notified of this as this work progresses.</p>
<p>Recommendation 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2016</p>	<p>The registered person 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.</p> <p>The written authorisation must be retained on the service users' records and updated as required.</p> <p>Response by registered provider detailing the actions taken: Written authorisation will be obtained in relation to future expenditures.</p>
<p>Recommendation 6</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2016</p>	<p>The registered provider should ensure that the policies and procedures for all operational areas of the home are in accordance with statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures.</p> <p>Response by registered provider detailing the actions taken: Policies and Procedures will be reviewed by the agreed date in September.</p>
<p>Recommendation 7</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2016</p>	<p>The registered person should ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by registered provider detailing the actions taken: A record trail will be provided to evidence efforts that have been made in relation to signed agreements being returned to the Nursing Home.</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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