

Unannounced Finance Inspection Report 21 September 2017



Ballyclare Nursing Home

Type of Service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Tel No: 028 9334 0310
Inspector: Briega Ferris

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home with 34 beds that provides care for older people, including those with a mental disorder excluding learning disability or dementia, or physical disability other than sensory impairment. The home provides care for those requiring both nursing and residential care; therefore the term service user will be used throughout this report.

3.0 Service details

Registered organisation: Hutchinson Homes Ltd Responsible Individual: Janet Montgomery	Registered manager: Harriet Dunsmore
Person in charge of the home at the time of inspection: Harriet Dunsmore	Date manager registered: 01 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. Residential Care (RC) I – Old age not falling within any other category. MP(E) Mental disorder excluding learning disability or dementia – over 65 years PH(E) Physical disability other than sensory impairment – over 65 years	Number of registered places: 34 comprising: A maximum of 8 Residential beds.

4.0 Inspection summary

An unannounced inspection took place on 21 September 2017 from 11.05 to 14.30 hours.

This inspection was underpinned by Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found for example, a safe place in the home was available and the home had a range of methods in place to encourage feedback from service users.

Areas requiring improvement were identified for example, in relation to each service user's record of furniture and personal possessions (in their rooms); service user agreements and records of charges relating to hairdressing and podiatry treatments provided to service users.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Harriet Dunsmore, 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.

5.0 How we inspect

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 service 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; the inspector who had most recently visited the home was contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with the registered manager, the deputy manager and the home administrator.

The following records were examined during the inspection:

- The "Patient Guide"
- Three service users' finance records
- Two service users' individual written agreements with the home
- A sample of treatment records in respect of hairdressing and podiatry services facilitated in the home
- A sample of invoices raised for charges for care and accommodation
- Written policies and procedures including those in respect of:
 - "Residents' Money and Valuables" dated March 2017
 - "Resident Comfort Fund" dated March 2017
- Three records of service users' personal property (in their rooms).

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 August 2017

The most recent inspection of the home was an unannounced care inspection. The Quality Improvement Plan from this inspection will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 13 January 2010

A finance inspection of the home was carried out on behalf of RQIA on 13 January 2010; the findings from this inspection were not brought forward to the inspection on 21 September 2017.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector met with the home administrator who was able to clearly describe the home's controls in place to safeguard service users' money and valuables. She advised that she had completed adult safeguarding training in 2017 and she reported that she felt confident in the role and in the training which had been provided and which was available on an ongoing basis.

Discussions with the registered manager identified 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 service users to deposit cash or valuables should the need arise; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, the home was not holding any money or valuables belonging to service users (this is further discussed in section 6.5 of this report).

Areas of good practice

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons. Staff members were familiar with controls in place to safeguard service users' money and valuables.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Arrangements in place for the home to receive the personal monies of any service user directly were discussed. This discussion established that no representative of the home was acting as appointee for any service user (ie: managing and receiving social security benefits). It was also identified that the home was not in direct receipt of the personal monies for any service user via a HSC trust or other representative e.g.: a Solicitor.

The registered manager explained that it was the home's policy to not (routinely) hold any money or valuables belonging to a service user. She noted that the home paid the cost of any additional services required by a service user, such as hairdressing and private podiatry, the cost of which was subsequently invoiced to service users' representatives for payment. It was reported that this arrangement worked well and there had been no issues in its execution to date. The registered manager and deputy emphasised that family members were very attentive to their relatives and that toiletries and other extra goods required by service users were provided by family representatives.

As the home was not in receipt of any income for service users, accordingly, no income and expenditure records were maintained.

Records were maintained to detail those services provided to service users which attracted an additional charge e.g.: hairdressing and private podiatry treatments. At each month-end, an invoice detailing the care charges payable (if any) together with the cost of any additional services provided during the month would be issued to service users' representatives.

Records were maintained by the home in respect this process. A sample of charges made on invoices to three service users in a period of time was reviewed. This identified that the original hairdressing and podiatry records did not detail that those services had been provided to the service users sampled during that particular month.

This was raised with the registered manager in feedback and it was noted that a review of the records of charges for hairdressing and podiatry services made previously to service users or their representatives should be carried out as far as necessary, to ensure that the correct charges have been made. It was also requested that RQIA should be advised of the outcome of this process via the returned quality improvement plan.

This was identified as an area for improvement.

It was noted that the price of podiatry treatments had increased in early April 2017. There was no evidence on a sample of service user files reviewed to identify that service users or their representative had been advised of this increase. In section 6.7 of this report, there is further discussion in relation to service users' agreements not being updated to reflect any changes (including the cost of additional services facilitated in the home).

As noted above, hairdressing and podiatry treatments were being facilitated within the home and a sample of recent records was reviewed. Hairdressing treatment records identified the service users treated on any given day, the treatment provided and the cost. The treatment records reviewed were routinely signed and dated by both the hairdresser and a representative of the home to verify that the treatment had been received by the service user. However, a sample of recent podiatry treatments was also reviewed and this identified that these were not routinely signed by the podiatrist and a representative of the home.

This was identified as an area for improvement.

The inspector discussed how service users' property (within their rooms) was recorded. The deputy manager noted that there was a record for each of the service users and the record was provided for review. A review of the record identified that a short paragraph had been typed describing items of personal possessions belonging to each service user. The record had not been signed; a date of April 2017 had been typed on the front page of the document. Entries such as "1 TV" were evidenced in the record; it was advised that staff should provide more detail on the make/model/approximate size to improve the descriptions of items.

The inspector noted that each service user's record of furniture and personal possessions should be reviewed, brought up to date and be signed by one person and countersigned by a senior member of staff. These records should be reconciled and be signed and dated by two people at least quarterly, one of whom should be a senior member of staff.

The registered manager noted that the home had a sum of money in respect of the service users' comfort fund. The home administrator reported that the home did not maintain any records in respect of the comfort fund, as the fund was managed centrally at head office. A written policy and procedure was in place to guide the administration of the fund.

The registered manager confirmed that the home did not manage any bank accounts for service users nor were transport services provided to service users.

A sample of the charges made to service users or their representatives for care and accommodation was reviewed; this identified that the correct charges had been made.

Areas of good practice

There were examples of good practice found for example, in respect of records available to detail any services provided to service users attracting an additional charge (treatment records).

Areas for improvement

Three areas for improvement were identified during the inspection; these related to reviewing the record of charges for hairdressing and podiatry to identify any potential errors; ensuring podiatry treatment records contain the required information and in relation to records of service users' furniture and personal possessions.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Service users and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The arrangements to support service users with their money on day to day basis were discussed with the all three members of staff. Staff described how discussions regarding the opportunity to store money safely in the home or pay fees etc would be discussed with the service user or their representative around the time a service user would be admitted to the home.

Discussion established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue, including ongoing day-to-day feedback, relative and service user meetings and care management reviews.

Arrangements for service users to access money outside of normal office hours were discussed; this established that there was a contingency arrangement in place to ensure this could be facilitated.

Areas of good practice

There were examples of good practice identified in relation to listening to and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The home’s “patient guide” encompassed a range of information for a new service user including the general arrangements regarding money/valuables and the safeguarding of service users’ money and valuables in the home, if necessary.

A range of written policies and procedures were available to guide record keeping and financial practices in the home. The registered manager confirmed that policies were also in place in respect of the management of complaints and whistleblowing.

Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home’s whistleblowing procedures.

The registered manager confirmed that no complaints had been received regarding the home’s management of service users’ monies or valuables.

Discussion was held regarding the individual written agreements in place with service users and three service users were sampled in order to review the agreements in place with the home. This review evidenced that two of the service users had a signed agreement on their file however these reflected the terms and conditions in place during the 2014/2015 financial year and there was no evidence that they had been updated to reflect the changes in fees in the subsequent years.

This was identified as an area for improvement.

The remaining service user’s records were reviewed, this evidenced that the service user had been admitted in 2016. A review of the records identified that the service user did not have an agreement on their file.

This was identified as an area for improvement.

The arrangements for the purchase of goods and services were outlined in an appendix to the home’s standard written agreement with service users. For those agreements evidenced during the inspection, these were in place and had been signed by the service users or their representatives.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide financial practices in the home, and the existence of a signed written agreement pro-forma for issue to service users or their representatives.

Areas for improvement

Two areas for improvement were identified during the inspection, which related to providing and updating individual service user agreements.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Harriet Dunsmore, the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (8)</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2017</p>	<p>The registered person shall ensure that the records of charges for hairdressing and podiatry services made previously to service users or their representatives is reviewed as far as necessary to ensure that the correct charges have been made. The registered person shall advise RQIA (in the returned quality improvement plan) of the outcome of this review.</p> <p>Ref: 6.5</p>
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Response by registered person detailing the actions taken:
All records have been reviewed and the registered manager is satisfied that all charges for these services have been made correctly.

<p>Area for improvement 2</p> <p>Ref: Regulation 5</p> <p>Stated: First time</p> <p>To be completed by: 03 November 2017</p>	<p>The registered person shall ensure that each service user is provided with a written agreement setting out the individual terms of their residency in the home. The registered person should have evidence that the agreement has been shared with the service user or their representative for signature. Where the service user or their representative chooses not to sign this agreement, this should be recorded. Where a service user does not have a representative to sign the agreement for them, the agreement should be shared with the service user's HSC trust care manager.</p> <p>Ref: 6.7</p>
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Response by registered person detailing the actions taken:
All service users have been issued with agreements and these are either signed or recorded as having been issued and without signature for a specific reason.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

<p>Area for improvement 1</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2017</p>	<p>The registered person shall 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.</p> <p>Ref: 6.5</p>
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Response by registered person detailing the actions taken:
The hairdresser keeps a check of all residents who have had their hair

	<p>done. The staff nurse will verify this and sign the sheet prior to it being sent to the office for payment.</p> <p>The podiatrist list must be checked as each resident has had treatment the staff nurse must verify and sign this against payment sheet to confirm service has been provided. The service provider will also sign the appropriate sheet, receipt or document.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 03 November 2017</p>	<p>The registered person shall ensure that any changes to the individual agreement 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>An up to date agreement (or agreement document) should be shared for signature with each or the current service users in the home or their representative or HSC trust representative as appropriate.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Where individual agreements are changed new agreements will be issued in full and in the case of an annual update of the weekly charges a new signature page will be issued and signed by all parties.</p>

**Please ensure this document is completed in full and returned via Web Portal*



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