

Unannounced Finance Inspection Report 29 September 2016



Clareview House

Type of service: Nursing Home
Address: 105 Doagh Road, Ballyclare BT39 9ES
Tel no: 0289334 9694
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clareview House took place on 29 September 2016 from 10.00 to 13.50 hours.

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

Is care safe?

A safe place in the home was available and staff members were familiar with controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure service users' money was protected were found to be in place and operating effectively, however two areas for improvement were identified as part of the inspection. These related to ensuring that each service user's record of furniture and personal possessions in their rooms (which they own) be reviewed and updated as appropriate and ensuring that records of service users' money (or valuables) are reconciled and signed and dated by two people at least quarterly.

Is care compassionate?

Discussion with staff members evidenced a responsive and caring attitude to ensuring service users' property was protected. Discussion also established that there was a contingency arrangement in place to ensure service users had access to money at all times.

Is the service well led?

Governance and oversight arrangements were found to be in place and operating effectively; no areas for improvement were identified during the inspection.

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 Clareview House which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the quality improvement plan (QIP) within this report were discussed with Sharon Bell, 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 person: Hutchinson Homes Ltd/Naomi Carey	Registered manager: Sharon Bell
Person in charge of the home at the time of inspection: Sharon Bell	Date manager registered: 8 November 2010
Categories of care: RC-I, RC-PH(E), NH-I, NH-PH(E)	Number of registered places: 35

3.0 Methods/processes

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

During the inspection, the inspector met briefly with Sharon Bell, the registered manager, the home's administrator and the home's finance manager. The registered manager was required to leave the home during the inspection, however feedback from the inspection was provided to the registered manager by telephone 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:

- Financial policies and procedures
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing and podiatry services facilitated in the home
- Four records of service users' personal property (in their rooms)
- Two service user care files
- Five service user finance files

4.0 The inspection

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

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

Evidence was reviewed which confirmed that the home administrator had received training on the Protection of Vulnerable Adults (POVA); it was noted that this training was mandatory for all staff on a regular basis. Discussion established that the administrator was familiar with the controls in place to safeguard service users' money and valuables. Discussion also established that the responsibility for handling service users' monies was split between the home administrator and the registered manager.

During discussion, the registered manager confirmed that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to service users was lodged with the home for safekeeping; no valuables were being held. The inspector noted that it would be prudent to have a written safe record in place should any items belonging to service users be deposited for safekeeping, whether on a short or longer term basis, advice was provided to the registered manager in this regard.

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?

Discussion with the registered manager confirmed that no representative of the home was acting as nominated appointee for any service user in the home. The home does however; receive personal money from the family/friends of service users in order to pay for additional services facilitated within the home for which there is an additional charge, such as hairdressing and podiatry. In (most) other cases, the cost for additional services is included in the home's monthly fee invoice for care and accommodation costs.

A review of a sample of these evidenced that the correct charges were being made. The administrator confirmed that the home did not manage a bank account on behalf of service users, whether individually, or jointly.

A file containing records for income and expenditure incurred on behalf of those service users for whom money was lodged with the home, evidenced that transactions were routinely signed by two people. Samples of transactions were traced, and while the majority of supporting documents could be located, some items were not traced on the day. These included two receipts for expenditure. Correspondence with the home following the inspection identified that the home administrator had requested that both receipts be provided by the persons who provided the goods and services. One balance of cash held for a service user was also found to be too high; however the home administrator contacted the inspector following the inspection to clarify where the error in the record had occurred, and to confirm that the balance in hand agreed.

A review of a sample of lodgements of cash made to the home evidenced that while there were two signatures on the individual service users' ledgers, the duplicate receipt book which was provided for review (normally kept at the nurse station) did not evidence that a receipt had been written in all cases; however, it was not possible to evidence that one of the signatories on the ledger had not been the person lodging the money. Advice regarding the consistent use of the duplicate cash receipt book was provided to the registered manager in this regard.

A review of a sample of the records evidenced that the most recent reconciliation, signed and dated by two people had been carried out in January 2016. The inspector noted that records of personal monies held on behalf of service users should be reconciled and signed and dated by two people on at least, a quarterly basis. Following the inspection, the registered manager confirmed that the home had reconciled all of the income and expenditure records on 4 October 2016.

Hairdressing and podiatry treatments were being facilitated within the home and 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 consistently, records were signed by the person providing the treatment and by a representative of the home to verify that the treatment had been received by the service user.

The home had a number of written policies and procedures addressing matters relating to safeguarding money and valuables, record keeping requirements and other relevant issues such as complaints and whistleblowing.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of four selected property records. Each service user sampled had a record written on plain paper and there were some inconsistencies in the record keeping controls. Two records had been signed by two people, while two records had been signed by one person; all but one of the records was dated. There was no evidence that the property records had been reviewed or reconciled on a regular basis.

The finance manager discussed this with the inspector, she described how the home were currently migrating property records from manual to Epicare (computerised records); however, she acknowledged that the process was not complete.

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.

The inspector noted that while it may be home's intention to have a digital record of property records; the records should be reconciled on at least a quarterly basis, with the reconciliation signed and dated by two people.

It was noted that the home also had a residents' fund, however the organisation's finance manager reported that this fund was managed by a "Friends of Clareview House" group. The finance manager confirmed that the home did not hold any records in respect of the fund's administration.

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

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that each service user's record of furniture and personal possessions in their rooms (which they own) be reviewed and updated as appropriate and ensuring that records of service users' money (or valuables) are reconciled and signed and dated by two people at least quarterly.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

As noted above, a sample of fees raised by the home was reviewed and these evidenced that the correct amounts were being charged by the home.

Day to day to day arrangements in place to support service users was discussed with the home administrator who described specific examples of how the home supported a range of service users with their money.

A review of a sample of files evidenced that each service user sampled had a signed personal monies authorisation in place with the home, providing authority to the home to make purchases of goods and/or services for the service user.

A review of the records established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. The registered manager explained that these included service user feedback surveys and regular service user meetings.

Arrangements for service users to access their money outside of normal office hours were discussed with the home administrator who was able to describe the measures the home had in place in these circumstances.

Areas for improvement

No areas for improvement were identified as part of the inspection.

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

Oversight and governance arrangements for safeguarding service users' money were found to be in place and operating effectively. (A recommendation has been made above in respect of more frequent reconciliations of service users' monies and valuables).

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

There was a clear organisational structure within the home; discussion established that those involved in supporting service users with their money were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables. The home administrator was able to describe how she would handle a complaint and initiate the home's whistleblowing procedures if necessary.

A list of the current service users in the home was provided by the administrator and a sample of four finance files were selected for review. All four service users had a signed agreement on their file, detailing the current terms and conditions, including fees and individual financial arrangements. A review of the files for the service users selected also evidenced that the home had over time, provided notice to the service users or their representatives, of any changes to the fees and related financial arrangements.

Areas for improvement

No areas for improvement were identified as part of the inspection.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sharon Bell, 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 (April 2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to finance.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider/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 14.25 Stated: First time To be completed by: 07 September 2016	The registered person should ensure that a reconciliation of money and valuables held and accounts managed 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 person detailing the actions taken: Reconciliation of the monies completed, due again in December. New recording book for valuables in place in the event of valuables being required to be held for safe keeping.
Recommendation 2 Ref: Standard 14.26 Stated: First time To be completed by: 29 November 2016	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. Response by registered person detailing the actions taken: Inventory of property in place on Epicare system. To be reconciled quarterly and a copy of reconciliation printed off signed and held on file.

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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