



Unannounced Finance Inspection Report 01 November 2018



Hamilton Care Home

Type of Service: Nursing Home

Address: The Plantain, 168 Ballycorr Road, Ballyclare, BT39 9DF

Tel No: 028 9334 1396

Inspector: Briega Ferris

www.rqia.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 36 beds which provides care for older patients or those with a physical disability other than sensory impairment.

3.0 Service details

Organisation/Registered Provider: Heather Hamilton Responsible Individual(s): Heather Hamilton	Registered manager: Lucinda Hamilton
Person in charge at the time of inspection: The nurse manager	Date manager registered: 01 July 2015
Categories of care: NH-I, NH-PH	Number of registered places: 36 Category NH-PH for 2 identified patients only. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 01 November 2018 from 10.35 to 14.15 hours.

This inspection was underpinned by The 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.

There were examples of good practice found in relation to:

- the general manager participating in adult safeguarding training
- a safe place was available for the deposit of patients' monies and valuables
- records were in place detailing treatments provided by external providers for which there was an additional charge
- mechanisms to obtain feedback and views from patients and their representatives were in place
- detailed written policies and procedures were in place to guide financial practices
- the home had arrangements in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to:

- ensuring that persons making a deposit of cash to the home for patients' personal expenditure are provided with a written receipt which should be signed by both parties
- ensuring that hairdressing and private podiatry treatment records are signed by the person providing the treatment and countersigned by a member of staff who can verify that the treatment was delivered

- ensuring that the detailed records of income and expenditure are maintained on behalf of the patients' comfort fund with the related bank account reconciled and signed by two people at least quarterly
- ensuring that each patient's record of furniture and personal possessions/personal property in their rooms is reconciled and signed and dated by two members of staff at least quarterly
- ensuring that individual patient agreements are kept up to date to reflect the current terms and conditions, with any change to each patient's agreement agreed in writing by the patient or their representative.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	5

Details of the Quality Improvement Plan (QIP) were shared with the general 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.

4.2 Action/enforcement taken following the most recent finance inspection dated 28 April 2014

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 April 2014.

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 a patients' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the nurse manager, the general manager and a senior representative of the home. The registered manager was not on duty at the time of the inspection. A poster detailing that the inspection was taking place for provided for display in a prominent position in the home, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the nurse manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- The statement of purpose
- A sample of hairdressing and podiatry treatment records
- A sample of written financial policies and procedures
- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of patients' records of personal property which they have brought to their rooms
- A sample of comfort fund bank statements
- A sample of charges made to patients or their representatives for care and accommodation
- A sample of individual written patient agreements

The findings of the inspection were shared with the general manager as part of the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 July 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 28 April 2014

As noted above, a finance inspection of the home was carried out on 28 April 2014, the findings were not brought forward to the inspection on 01 November 2018.

6.3 Inspection findings

6.4 Is care safe?

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

The nurse manager confirmed that adult safeguarding training was mandatory for all staff in the home; the general manager (with key responsibility for the administration of patients' monies in the home) had received this training in April 2018.

Discussions with the nurse manager established 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 patient.

A safe place was available in the home for the deposit of monies and valuables. The inspector was satisfied with the location of the safe place and the persons with access. Monies belonging to patients were deposited for safekeeping, no valuables were being held.

Areas of good practice

There were examples of good practice found for example, a safe place was available in the home and the general manager regularly participated in adult safeguarding training.

Areas for improvement

No areas for improvement were identified as part of 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.

Discussion with the general manager established that no person associated with the home was acting as appointee for any patient. He also confirmed that the home was not in direct receipt of the personal monies for any patient, such as from the HSC trust or a solicitor. Any monies to cover the cost of additional services such as hairdressing and podiatry were deposited to the home by family representatives. Discussion with the general manager established that it was not the home's practice to provide a receipt to the person making a deposit. It was noted that this was an important control to have in place as it also acted as a protection for members of staff receiving cash.

Ensuring that deposit receipts are provided (which should be signed by both parties) was identified as an area for improvement.

For the majority of patients, monies for patients' personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by family members.

Meticulous records of income and expenditure were available for patients, which were detailed and up to date. The home had adopted a flexible approach to ensuring that the wishes of representatives were being met with regards to whether they wished for the cost of additional services to be met from monies lodged or alternatively to be added onto invoices for care and accommodation fees.

Records were available detailing that reconciliations of cash, signed by two members of staff were available in the home; the most recent record of reconciliation available in the home was in respect of the July 2018 month-end. Advice was provided to the general manager to ensure that the reconciliation would be carried out and signed by two people as the reconciliation for the October 2018 month end had just fallen due.

A sample of charges to patients or their representatives for care and accommodation costs established that the correct amounts had been charged.

Hairdressing and chiropody treatments were being facilitated within the home and a sample of these treatment records was reviewed. These records detailed the majority of the information required to be recorded by the care standards. However, it was noted that hairdressing records were not signed by the hairdresser or a representative of the home; podiatry records had been

signed by the podiatrist but not by a representative of the home. Ensuring that the person delivering the treatment and a representative of the home sign these records was identified as an area for improvement.

The inspector discussed with the general manager how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The general manager provided the property records for all patients and it was noted that of a sample of patients' names selected, each patient had a record of personal property contained within the records provided.

However the records evidenced some weaknesses in the record keeping. While one of the three records had been signed by two people (as is required), two records had only been signed by one person. In addition, records were dated 2014 and 2017, there was therefore no evidence presented that they had been reconciled and signed and dated by two staff at least quarterly as is required.

Ensuring that these records are reconciled and signed and dated by a staff member and countersigned by a senior member of staff on at least a quarterly basis, was identified as an area for improvement.

The general manager confirmed that the home operated a comfort fund and a separate bank account, which was appropriately named, was also in place. Only the cheque and lodgement books were maintained on behalf of the fund which detailed the nature of deposits and lodgements in respect of the fund.

The inspector highlighted that the patients' comfort fund should be maintained in the same manner as if the monies belonged to an individual patient, i.e.: clear income and expenditure records as were being maintained for individual patients. It was also noted that the comfort fund bank account should be reconciled and signed and dated by two people at least quarterly.

This was identified as an area for improvement.

The general manager confirmed that the home did not operate a transport scheme or manage any bank accounts on behalf of patients in the home.

Areas of good practice

There were examples of good practice found in relation to the existence of detailed income, expenditure and reconciliation records, the existence of a separate comfort fund bank account; and a sample of charges to patients or their representatives for care and accommodation established that the correct amounts had been charged.

Areas for improvement

Four areas for improvement was identified in relation to ensuring that: double signed receipts are provided to nay person making a deposit of cash for a patient's personal expenditure; treatment records are signed by the person providing the treatment and by a member of staff in the home who can verify that the treatment took place; ensuring that separate income and expenditure records are maintained for the patients' comfort fund with the related bank account reconciled signed and dated by two people at least quarterly and ensuring that each patients' record of furniture and personal possessions is reconciled by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	4

6.6 Is care compassionate?

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

Discussion with the nurse manager established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. This included ongoing feedback from patients and relatives, relatives meetings and annual care review meetings.

Discussion with the general manager established that the individual needs of patients with respect to what extent (if at all) they wished their monies to be managed by the home would be discussed with the patient or their representative at the time of the patient's admission to the home.

The inspector discussed with the nurse manager the extent to which patients' monies were accessible outside of normal office hours. Discussion established that the home had a flexible approach and contingency arrangements in place to ensure that patients' needs could be met in this regard.

Areas of good practice

There were examples of good practice found in respect of the mechanisms to obtain feedback and views from patients and their representatives and the flexible approach adopted by the home to ensure that patients' needs could be met regarding how they wished their money to be managed by the home.

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 patients in order to deliver safe, effective and compassionate care.

The home's statement of purpose detailed general information about the home including the organisational structure and reference to key policies and arrangements to safeguard patients' personal belongings while in the home.

Written policies and procedures were in place to guide financial practices in the home.

Policies were in place addressing areas of practice including donations to the home, the management of patients' money and valuables, complaints and whistleblowing. Policies and procedures were easily accessible and were dated within the last three years.

A sample of patient agreements and personal monies authorisation documents (providing authority to purchase goods and services on behalf of patients) were reviewed. Personal monies authorisation documents formed part of the individual patient agreement. For a sample of records reviewed, each patient had a signed written individual agreement in place. However a review of the records established that the agreements reviewed did not reflect the up to date terms and conditions in place for the individual patients, in particular regarding current fees/financial arrangements. Discussion with the general manager established that the home updated the agreements for those patients who were funding their place in the home privately; however this was not the practice for other patients in the home. The inspector clarified that irrespective of the funding arrangements for individual patients, each patient's agreement should reflect the up to date fee arrangements as amended regionally in April of each year.

Ensuring that each patient's agreement is brought up to date accordingly and is kept up to date going forward was identified as an area for improvement.

The inspector discussed with the nurse manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The nurse manager was able to describe examples of the way this was achieved within the home, such as via staff training on equality and diversity, ensuring that individual patients' needs and wishes were reflected in their "activities of daily living" documents and providing choices for each patient in areas including menus and activities.

Areas of good practice

There were examples of good practice found: detailed written policies and procedures were in place to guide financial practices in the home, each patient record sampled had a signed written agreement in place, personal expenditure authorisation documents were in place and the home had arrangements in place to ensure that patients experienced equality of opportunity.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that individual patient agreements are kept up to date to reflect any changes to terms and conditions, including the regional annual change in fees. Any change to a patient's agreement should be agreed in writing by the patient or their representative.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with the general 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 DHSSPS 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 are Standards for Nursing Homes (April 2015)

Area for improvement 1 Ref: Standard 14.9 Stated: First time To be completed by: 02 November 2018	<p>The registered person shall ensure that a receipt is provided to any person making a deposit of cash to the home. Receipts should be signed by the person making the deposit and the member of staff receiving the cash. If the person making the deposit is unwilling or unable to sign, two members of staff should sign.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A receipt book has been left with the nurses at reception and they have been instructed to issue a receipt if any cash is left with them. They have been told to have the receipt counter-signed by the person leaving the cash.</p>
Area for improvement 2 Ref: Standard 14.13 Stated: First time To be completed by: 02 November 2018	<p>The registered person shall ensure that hairdressing and private podiatry treatment records are signed by the person providing the treatment and countersigned by a member of staff who can verify that the patient received the treatment.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Nurses and senior care assistants have been told that they should counter-sign the podiatry and hairdressing books to verify that the chiropodist and hairdresser have carried out their treatment. The chiropodist and hairdresser have been told to sign for each treatment.</p>
Area for improvement 3 Ref: Standard 14.28 Stated: First time To be completed by: 14 November 2018	<p>The registered person shall ensure that records of income and expenditure are maintained for the patients' comfort fund in the same fashion as individual patients' monies. The bank account used to administer the fund should be reconciled at least quarterly with the reconciliation signed and dated by two people.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: An excel sheet has been commenced detailing all income and expenditure relating to the residents' comfort fund. This is then reconciled by two people when each statement is received from the bank.</p>
Area for improvement 4 Ref: Standard 14.26 Stated: First time	<p>The registered person shall ensure that records of patients' property which they have brought to their rooms are reconciled and signed and dated by two staff at least quarterly.</p> <p>Ref: 6.5</p>

To be completed by: 14 December 2018	Response by registered person detailing the actions taken: This property book has now been brought up to date showing two signatures quarterly.
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<p>Area for improvement 5</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2018</p>	<p>The registered person shall ensure that individual patient agreements are updated to reflect the current terms and conditions applicable for individual patients. Any change to a patient’s agreement should be agreed in writing by the patient or their representative.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: All individual residency agreements have been updated and all residents or their representatives have been asked to acknowledge that they have received this information.</p>

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



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