

Announced Finance Inspection Report 17 December 2018



The Court Care Home

Type of Service: Nursing Home

Address: 1a Queens Avenue, Ballymoney, BT53 6DF

Tel No: 028 276 66866

Inspector: Brieghe Ferris

www.rqia.org.uk

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 45 beds that provides care for older patients, those with a dementia or patients with a physical disability other than sensory impairment.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Claire Wilkinson
Person in charge at the time of inspection: Anne O’Kane – person in charge	Date manager registered: 15/03/2017
Categories of care: Nursing Home (NH) DE- Dementia I -Old age not falling within any other category PH - Physical disability other than sensory impairment	Number of registered places: 45 A maximum of three persons in category NH- PH. A maximum of 14 patients in category NH- DE to be accommodated in the dementia unit.

4.0 Inspection summary

An unannounced inspection took place on 17 December 2018 from 12.50 to 15.50 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS 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 availability of a safe place to enable patients to deposit money or valuables for safekeeping
- a written safe record was in place
- the existence of a separate patient bank account and comfort fund bank account;
- records of income, expenditure and reconciliation (checks) were available including supporting documents
- arrangements were in place to support patients with their monies; mechanisms were available to obtain feedback from patients and their representatives
- detailed written policies and procedures were in place to guide financial practices in the home and
- there were mechanisms in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to ensuring that:

- patients' personal property records are reconciled and signed and dated by two people at least quarterly.

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	1

Details of the Quality Improvement Plan (QIP) were shared with the person in charge at the conclusion of the inspection. 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 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 person in charge and the regional home administrator and trainer.

The following records were examined during the inspection:

- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of bank statements in respect of the patients' pooled bank account
- A sample of comfort fund records
- A sample of written financial policies and procedures
- A sample of patients' personal property records (in their rooms)
- A sample of patients' individual written agreements
- A sample of patients' "financial assessment" documentation
- A sample of treatment records for services facilitated within the home for which there is an additional charge to patients

The findings of the inspection were shared with 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 28 September 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified as part of the inspection.

6.2 Review of areas for improvement from the last finance inspection dated 28 May 2015

Areas for improvement from the last finance inspection		
Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the home's standard agreement with service users is reviewed to ensure compliance with the updated Care Standards for Nursing Homes (2015), specifically Standard 2.2.</p> <p>Having updated the standard service user agreement, updated individual agreements must be provided to each service user in the home.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where an HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a sample of records and identified that the appropriate documents were in place.</p>		

<p>Area for improvement 2</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that receipts returned from social outings with service users or from takeaway purchases (which are funded from the service users' comfort fund) clearly detail the names of the relevant service users involved.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and identified that the relevant receipts, appropriately detailed, were in place.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation xx Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records and noted that there was no evidence that loyalty cards had been used within the records reviewed,</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the registered person develops a written policy and procedure clarifying the home's policy on staff accompanying service users while on social outings. This must be shared with any relevant staff members.</p> <p>Action taken as confirmed during the inspection: The inspector was provided with a copy of the FSHC Escort policy which detailed these arrangements.</p>	<p>Met</p>

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 person in charge confirmed that adult safeguarding training was mandatory for all staff in the home.

Discussions with the regional home administrator and trainer 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. The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables were being held for patients.

A written safe contents record “FSHC Valuables record” was in place to detail the contents of the safe; this had been reconciled and signed and dated by two people in November 2018.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping and a written safe contents record.

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 regional home administrator and trainer that no person associated with the home was acting as appointee for any patient. 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. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people.

For one patient, monies for personal expenditure were received directly by the home from the trust, who was managing the money for the identified patient. Clear, up to date records were in place to evidence the monies received on behalf of the patients.

Records of income and expenditure were available for patients, including supporting documents e.g.: a lodgement receipt or an expenditure receipt. A sample of transactions was chosen to ascertain whether the supporting documents were available within the records, and for the sample chosen, these were found to be in place in all cases.

As noted above, records of income and expenditure were available detailing that reconciliations, 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 October 2018 month-end. Weekly cash and cheque sheets signed by two people were maintained on an on-going basis.

A patients' pooled bank account was in place to administer patients' monies. The account was named appropriately and records were available to evidence that the account was reconciled and signed and dated by two people on a monthly basis. The account had been reconciled by two people in October 2018.

Hairdressing and chiropody treatments were being facilitated within the home and a sample of these treatment records was reviewed. The sampled records routinely detailed the information required to be recorded by the care standards, including the signature of the person delivering the treatment and the signature of a member of staff to verify that the identified patients had received the treatment detailed.

The inspector discussed with the home administrator how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained for three patients. The regional home administrator and trainer provided the records for three patients and it was noted that each patient had a record of personal property on their files entitled "Schedule of personal effects". One of the three records had been signed by two people as is required; however this entry had not been dated. The remaining two records were neither signed nor dated and there was no evidence presented to identify that they had been reviewed and updated over time.

Ensuring that each patient's record of their furniture and personal possessions is reconciled and signed and dated by two people at least quarterly was identified as an area for improvement.

The person in charge confirmed that the home operated a comfort fund. A separate bank account, which was appropriately named, was also in place. The cash and banking records in respect of the fund had been reconciled and signed and dated by two people most recently for the November 2018 month-end.

The home did not operate a transport scheme.

Areas of good practice

There were examples of good practice found in relation to the existence of a separate patient bank account and comfort fund bank account; and records of income, expenditure and reconciliation were available including supporting documents.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	1

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 person in charge established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. Arrangements for patients to access money outside of normal office hours were discussed with the person in charge. This established that there were arrangements in place to ensure that the individual needs and wishes of patients could be met in this regard.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patients and their representatives.

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.

Written policies and procedures were in place to guide financial practices in the home. Policies were in place addressing areas of practice including, the administration of the patients' comfort fund, the management of patients' personal allowance monies and escorting a patient on an outing or medical appointment.

Individual patient agreements were discussed with the person in charge and a sample of three patients' finance files were requested for review. A review of the information established that each of the three patients sampled had a signed individual written agreement with the home. In addition, annual updates to each patient's original agreement with the home were held on each

patient's file. These amendment documents detailed the changes to the (regional) fees over time and had been shared for signature with patients or their representatives. Good practice was observed in this regard.

A review of the information on file for the three patients whose files were sampled, identified that where the home held money on behalf of the individual patients, documents entitled "financial assessment part 3" were in place. These documents detailed the express authority granted to the home to spend the patient's money on identified goods and services.

The inspector discussed with the person in charge 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 person in charge was able to describe examples of the way this was achieved within the home, such as comprehensive pre-admission assessments.

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 and there were arrangements in place to ensure patients experienced equality of opportunity.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, at the conclusion of the inspection. 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 DHSSPS Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient 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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An inventory of residents personal belongings is maintained and reconciled quarterly by 2 staff members.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)