



The Regulation and
Quality Improvement
Authority

Unannounced Finance Inspection Report 10 February 2017



Hamilton Court

Type of Service: Nursing Home
Address: 45 Hamiltonsbawn Road, Armagh BT60 1HW
Tel No: 02837528523
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hamilton Court took place on 10 February 2017 from 10:10 to 16:20 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 and valuables were safeguarded and were found to be in place; however two areas for improvement were identified during the inspection. These related to ensuring 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; and ensuring that each service user's record of personal property is kept up to date and is reconciled by two people, at least quarterly.

Is care compassionate?

Discussion with staff members evidenced an empathic response to ensuring service users' money and valuables were appropriately safeguarded. No areas for improvement were identified.

Is the service well led?

Governance arrangements were found to be in place; however two areas for improvement were identified during the inspection. These related to ensuring that financial policies are audited to ensure that they are in accordance with statutory requirements and reflect up to date practices; relevant staff members should be familiar with revised policies and procedures; and ensuring that a written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the service user is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.

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 Hamilton Court which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the quality improvement plan (QIP) within this report were discussed with Daniel Dougan, acting manager, and Barbara Convery, director, 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

A finance inspection was carried out on 27 March 2007 on behalf of RQIA; the findings from this inspection were not brought forward to the inspection on 10 February 2017.

2.0 Service details

Registered organisation/registered person: EBBAY Ltd/Patrick Anthony McAvoy	Registered manager: Daniel Dougan (Acting)
Person in charge of the home at the time of inspection: Daniel Dougan (acting manager)	Date manager registered: Not applicable
Categories of care: NH-DE, RC-DE	Number of registered places: 35

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last 12 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 reviewed and this did not identify any relevant issues; the care inspector was also contacted prior to the inspection and confirmed that there were no matters to follow up.

During the inspection, the Inspector met with: Daniel Dougan, acting manager, Barbara Convery, director and the home's 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.

The following records were examined during the inspection:

- The home's "Resident guide"
- A copy of the home's "Personal allowance agreement form"
- The home's policy on "Whistleblowing- raising and escalating concerns" dated February 2016
- The safe contents record - "Valuables record"
- A sample of Income, expenditure and reconciliation records
- A sample of bank reconciliations (service users' pooled bank account)
- A sample of income and expenditure records relating to the service users' comfort fund
- A sample of records for hairdressing and podiatry services facilitated in the home
- Four service user finance files, including three signed service user agreements
- Two signed personal monies authorisations
- Three records of service users' personal property (in their rooms)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 September 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 care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection dated 27 March 2007

A finance inspection of Hamilton Court was carried out on 27 March 2007 on behalf of RQIA; the findings from this inspection were not brought forward to the inspection on 10 February 2017.

4.3 Is care safe?

The home had one full time administrator and evidence was reviewed which confirmed that she had received adult safeguarding training. The administrator was familiar with the controls in place to safeguard service users' money and valuables in the home.

It was noted that there had been a change in ownership of the home in the previous 12 months; and this had brought with it expected challenges. Notwithstanding these challenges, both the acting manager and the home administrator were clear about how service users' money was being safeguarded on their behalf.

During discussion, the acting 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 written "Valuables record" to record the contents of the safe place, including any items held for safekeeping on behalf of individual service users. The record had most recently been reconciled, signed and dated by the acting manager and the home administrator in February 2017.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
------------------------	---	---------------------------	---

4.4 Is care effective?

Discussion with staff established that no representatives of the home were acting as nominated appointee for any service user in the home, nor was the home in direct receipt of any service user's personal monies. It was noted however, that where service users' money was being managed by the HSC trust, a cheque to top up the service user's balance would be requested by the home as and when required. Such cheques were cleared through the pooled service users' bank account and there was evidence available to support this process in action for the benefit of identified service users.

in the majority of cases, the home was in receipt of cash from the family/friends of service users to pay for additional services facilitated within the home which had an additional charge, such as hairdressing, newspapers, podiatry or other sundries. Routinely, those making deposits received a receipt which was signed by both parties.

A sample of the records of income and expenditure maintained on behalf of service users was reviewed. Records were made on "Service users personal allowance accounts" with clear records available for each service user for whom the home held money. Weekly cash and cheque sheets were also in use which cross-referenced to entries in the personal allowance accounts records. In addition the home was utilising individual expense sheets (signed by two people) for each withdrawal in the records and copies of receipts for any lodgements which were also signed by two people. Evidence of monthly reconciliation of the records was in place with reconciliations signed and dated by two people.

The inspector traced a sample of transactions written in the records and was able to locate the relevant documents, for example a receipt for expenditure or treatment record for hairdressing or podiatry services facilitated in the home.

A sample of treatment records were reviewed as part of the above exercise and it was noted that there had been some inconsistency in signing the records. Treatment records should be signed by the person providing the treatment to service users and be countersigned by a representative of the home who can verify the treatment was provided. In a number of examples reviewed, it was noted that some records had not been signed by the hairdresser or podiatrist, but had been signed by the home administrator and countersigned by the acting manager or a director.

A recommendation was made in respect of this finding.

Discussion established that the home operated a comfort fund on behalf of the service users. A written record of income and expenditure was maintained with monthly reconciliations of the records signed and dated by two people.

There was no written policy and procedure for staff in the home to refer to in relation to the administration of the comfort fund. Discussion with the home administrator identified those principles as detailed in the previous home owner's policy continued to be referred to. There is further discussion regarding written policies and procedures in section 4.6 of this report.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for three service users.

Each of the three service users had at least one written record of property on their file. Property records for two service users were dated 2011 and 2012 respectively. There was no evidence that these records had been updated over time. The third service user had two written records on their file; one dated 2011 and a second in January 2017 to detail that an electrical item had been added to their property list. All of the records reviewed had been signed and dated by two people.

It was highlighted that DHSSPS Care Standards for Nursing Homes (2015) recommend that each service user's record of personal property is kept up to date and reconciled by two people at least quarterly.

A recommendation was made in respect of the above finding.

In discussions, the acting manager 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: 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; and to ensuring that each service user's record of personal property is kept up to date and is reconciled by two people, at least quarterly.

Number of requirements	0	Number of recommendations	2
------------------------	---	---------------------------	---

4.5 Is care compassionate?

Day-to-day arrangements in place to support service users were discussed with the acting manager, director of the home and the home administrator. Staff described specific examples of how the home supported service users with their money. It was also noted that the change in ownership of the home had brought a number of challenges; however, discussion established that there had been no significant changes to how service users were supported with their monies.

A number of files were reviewed and these identified evidence of engagement with other stakeholders to ensure individual service users' monies were appropriately safeguarded on their

behalf, or that service users had sufficient money lodged with the home to ensure that each service user could purchase additional goods or services if they wished.

Discussion with the acting manager 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 service user guide contained information for a new service user, including general information on the home's scale of charges, fees/funding arrangements and bringing personal possessions into the home.

Arrangements for service users to access money outside of normal office hours were discussed with the acting manager. The acting manager explained the contingency arrangements in place in the home to ensure that this could be facilitated.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
------------------------	---	---------------------------	---

4.6 Is the service well led?

There was a clear organisational structure within the home; discussion established that those involved in supporting service users with their money on a daily basis were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

A number of written policies and procedures were evidenced as available in the home and were easily accessible for staff. However, queries were made regarding the home's policies regarding safeguarding money and valuables and the operation of the service users' comfort fund. Discussion was held with the home administrator who confirmed that she was not aware of revised policies and procedures addressing these matters as having been provided under the home's new ownership. On enquiring as to which policies she would refer if there was a query, she noted that she would refer to the practices under the written policies of the previous owners of the home.

This finding was discussed with the acting manager and director of the home and it was noted that staff should have relevant, up to date, policies and procedures available to them that enable them to carry out the functions of their role. A director of the home noted that policies and procedures relating to service users' money and valuables were currently being devised however a draft was not available on the day of inspection.

A recommendation was made for the registered provider to ensure that financial policies are audited to ensure that they are in accordance with statutory requirements and reflect up to date practices. Relevant staff members should be familiar with revised policies and procedures.

Individual service user agreements were discussed and a sample of four files was selected for review. A review of the files identified that three of the four service users had a signed, up to date agreement on their file; there was also evidence of previous signed agreements (which reflected now out of date rates). One service user's file did not contain a signed agreement; however there was a significant amount of written evidence on the service user's file to identify the attempts by the home administrator to engage with the service user's representative in order to have the agreement(s) signed.

A review of the four service users' files selected evidenced that only two of the four service users had personal monies authorisations on their files. The two personal monies authorisations which were not on file were for service users for whom the home was in receipt of their personal monies from the HSC trust. It was noted that the home should identify the most appropriate representative with whom to share the personal allowance authorisation documents and ensure that they are provided for signature and appropriately followed up.

A recommendation was made to ensure that a clear, written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation should be retained on the service user's records and updated as required. The written authorisation must be retained on the service user's records and updated as required. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the service user is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that financial policies are audited and that they are in accordance with statutory requirements and reflect up to date practices. Relevant staff members should be familiar with revised policies and procedures; and ensuring that a written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the service user is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.

Number of requirements	0	Number of recommendations	2
------------------------	---	---------------------------	---

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Daniel Dougan, acting manager, and Barbara Convery, director, 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 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 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 (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the 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 RQIA's office 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 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 with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 11 February 2017</p>	<p>The registered provider 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.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>Actioned from date of inspection - all signatures required now implemented.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 24 March 2017</p>	<p>The registered provider should ensure that an inventory of property belonging to each service user 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> <hr/> <p>Records should be brought up to date for all of the current service users in the home.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>New property documentation devised and all actioned. To be updated quarterly and signed by two members of staff, one of which is a senior position.</p>

<p>Recommendation 3</p> <p>Ref: Standard 36.1</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should ensure that financial policies are audited, to ensure that they are in accordance with statutory requirements and reflect up to date practices. Relevant staff members should be familiar with revised policies and procedures.</p> <p>Response by registered provider detailing the actions taken:</p> <p>All financial policies have now been revised and relevant staff are now familiar with these policies and procedures.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</p>	<p>The registered provider should ensure that written authorisation is obtained from each service user or their representative to spend the service user's personal monies to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the service user is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Response by registered provider detailing the actions taken:</p> <p>Personal allowance agreements sent to care managers and representatives as per inspection.</p> <p>As new trust fee rates have now been received for 2017/18, updated personal allowance agreements have been issued along with amendment of terms and conditions for all residents.</p>



**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

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

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