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Unannounced Finance Inspection of Donaghcloney

30 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced finance inspection took place on 30 September 2015 from 08:45 to 13:00. A poster detailing that the inspection was taking place that day was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there are some areas identified for improvement which are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

On the day of inspection, we met with the home's administrator. We were informed that the registered manager and the deputy manager were not in the home that day. Feedback was provided to Ms Maria Lee Leuterio (the acting manager) by telephone on Friday 2 October 2015. No visitors chose to meet with us during the inspection; we would like to thank those who participated in the inspection for their co-operation.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	1

The details of the QIP within this report were discussed with Ms Maria Lee Leuterio, the acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/Maureen Claire Royston	**Registered manager:** Ms Maria Lee Leuterio (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Christine Tan	**Date Manager Registered:** Not applicable
Categories of Care: NH-I	**Number of Registered Places:** 45
Number of Patients accommodated on the day of Inspection: 24	**Weekly Tariff at Time of Inspection:** £593.00 - £637.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Inspection Theme: Patients' finances and property are appropriately managed and safeguarded

Statement 1
The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Statement 2
Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3
A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4
Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the home administrator and acting manager
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months.

The following records were reviewed during the inspection:

- The patient guide and home brochure
- The home's policies in respect of patients' personal allowance monies and valuables
- The home's other cash floats and sundry funds policy (including "residents' social fund")
- The home's current standard agreement with patients
- Five patient finance files
- Most recent HSC trust payment remittances
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Four personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing treatment receipts
- Record of items deposited for safekeeping/withdrawn from the safe place

- Four records of patients' personal property/inventory

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection on 2 June 2015; the quality improvement plan from returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Finance Inspection

There has been no previous RQIA inspection of the service.

5.3 Statement 1 - The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Is Care Safe?

The inspector was provided with a copy of Four Seasons' patient guide (for use throughout Northern Ireland) and also with a copy of the home's brochure and associated appendices. We noted that the guide contained information for patients on: fees (in general); charging for additional services (including an appendix detailing the current charges for services such as hairdressing); the management of patients' personal monies and insurance. The inspector noted good practice in regard to the transparency and detail provided both within the Four Seasons guide and also the home's own appendices.

We noted that the home have a standard written agreement, which is amended to reflect individual terms and conditions and is provided to patients or their representatives at the time of admission. We were advised that each patient had a finance file and we selected a sample of these files for review.

We reviewed five patients' finance files, and noted that only three of the five patients had a signed agreement on their file. Of the three signed agreements which we reviewed, only two of these reflected the up to date fees and financial arrangements in place for those individual patients, the third agreement was dated in 2012.

We noted that for one patient (who did not have a signed agreement on file), a copy of an agreement detailing the current terms and conditions was on their file and had been signed and dated by the administrator in June 2015. We discussed this with the home administrator who advised that a copy of the agreement had been sent to the patient's representative in June 2015, however this had not been returned. We noted that there was insufficient follow up of the outstanding documents and no evidence on the file that the return of the documents had been pursued.

We also noted an inconsistent approach to providing these important documents to the sampled patients (or their representatives) given that two patients had a detailed up to date agreement in place while other patients in the sample had either an out of date agreement or their agreement was absent entirely. We noted that a significant improvement was necessary.

Discussion earlier in the inspection established that one of the sampled patients, who did not have a signed agreement, had a financial arrangement in place with the home regarding the receipt of their personal monies (discussed further below). We noted that it was unsatisfactory for the home to not have a written agreement in place with this patient in particular, as the details of the financial arrangements are required to be outlined in their individual agreement or the accompanying appendices and signed by the patient or their representative.

A requirement has been made in respect of these findings.

Given the findings above, there was no evidence that all patients or their representatives had been informed in writing of changes in the fees payable.

A requirement has been made in respect of this finding.

We noted that the Care Standards for Nursing Homes (April 2015) require that a number of additional components be included in each patient's written agreement with the home. We recommended that the registered manager engage with other Four Seasons Health Care colleagues in respect of comparing the FSHC standard agreement with the updated DHSSPS Minimum Standard.

A recommendation has been made in respect of this finding.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; as noted above, the administrator advised that there was involvement by the home in respect of one patient (discussed further below).

We noted that the home has a number of policies and procedures in place addressing controls in place to safeguard patients' money and valuables. The home administrator confirmed that she had obtained training in the Protection of Vulnerable Adults.

Is Care Compassionate?

Discussions with the registered manager established that on the day of inspection, the home was supporting one patient with their money. The administrator advised that the home also liaise with commissioning trust representatives in order to appropriately support patients.

Areas for Improvement

Overall on the day of inspection, financial arrangements in place were found to be contributing to safe, effective and compassionate care. There were three areas identified for improvement;

these related to: providing or following up on the return of written agreements between the home and any patient or their representative; ensuring that the home notify each patient or their representative of any change to the fees payable and agreeing these changes in writing; and reviewing the content of the home's standard agreement in light of the requirements of the updated Care Standards for Nursing Homes (2015).

Number of Requirements	**2**	**Number Recommendations**:	**1**

5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or part, directly to the home. For all other patients, the home is paid directly by the relevant HSC trust. A review of a sample of charges established that the correct amounts were being charged by the home.

The home is in direct receipt of the personal allowance monies for one patient from the commissioning trust. These monies are received by cheque and the remittance advice retained in the patient's records; the cheque is then lodged to the patients' pooled bank account which is managed by the home. The administrator advised that there were no other patient monies received directly by the home from any statutory body.

A number of patients' representatives deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing, toiletries or other sundries).

A review of the records identified that the home provides a receipt to anyone depositing cash; we noted that receipts are routinely signed by two people.

Records of income and expenditure are maintained on personal allowance account statements detailing transactions for individual patients. There are weekly transaction sheets signed by two people, and a monthly reconciliation is carried out, good practice was observed. As noted above, a pooled bank account is in place to hold personal monies belonging to patients; the bank account is appropriately named.

We sampled income and expenditure transactions for a number of patients and were able to trace these to the corresponding lodgements or expenditure receipts.

A review of the records identified that a hairdresser regularly visits the home to provide services to patients. Treatment records are made on a template which details all of the necessary information such as the name of the patient, the type of treatment they have received and the associated cost. We noted that the records were signed by both the hairdresser and a member of staff to verify that the patient had received the service detailed and incurred the associated cost; good practice was observed.

The home operates a fund for the benefit of the patients in the home called the "residents' social fund". A bank account is in place for the administration of the fund and that the account is named appropriately. Income and expenditure records for the fund are maintained. We reviewed a sample of records for expenditure undertaken from the fund and noted that the expenditure appeared consistent with the home's policy addressing the administration of the residents' social fund.

We reviewed a sample of the weekly and monthly reconciliations of the comfort fund monies and noted that since July 2015, eight weekly cash reconciliation sheets for the fund had been

signed by two people, but on different dates. We noted for instance, that one week's cash reconciliation had been signed by one member of staff on 05 August 2015, yet this record was not countersigned by the second member of staff until 10 September 2015. We highlighted the significant weakness in the reliability of these records and emphasised the principle that two people must be present at the same time to verify the details of the record that is being made.

A requirement has been made in respect of these findings.

Is Care Effective?

The home administrator advised that no representative of the home was acting as nominated appointee for any patient. As noted above, discussions established that the home receives money from patients' representatives and from the commissioning trust in respect of one identified patient.

A review of a sample of five patients' records established that a signed personal allowance authorisation (to detail any specific financial arrangement and provide authority to spend the personal monies of the patient on identified goods and services) was in place on four of the five files. We noted that the one identified patient who had a financial arrangement with the home to receive their personal allowance from the commissioning trust, did not have a personal allowance expenditure authorisation in place. Again, we highlighted the additional importance of ensuring that these documents are in place for a patient who has a financial arrangement in place with the home.

We discussed these findings and again noted that these documents must be provided or the return of documents which have been provided appropriately followed up.

We noted that the home must ensure that any contact with patient representatives to follow up on getting documents signed should be recorded on the file including the dates that documents are posted.

A requirement has been made in respect of these findings.

Is Care Compassionate?

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the administrator advised that none of the patients had any known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. However, there were two areas identified for improvement; these were in relation to ensuring that two persons carry out and sign and date the reconciliation of comfort fund monies at the same time and ensuring that the return of signed personal allowance expenditure authorisations are followed up on and appropriately documented.

Number of Requirements	**2**	**Number Recommendations**:	**0**

5.5 Statement 3 - A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Is Care Safe?

A safe place exists within the home to enable patients to deposit cash or valuables. We viewed the location of the safe place and were satisfied with the controls around the persons with access.

We viewed the contents of the safe place and established that on the day of inspection, cash balances for a number of patients and the comfort fund monies as well as one non-cash item were being held within the safe place for safekeeping.

We noted that the home had a folder containing a record of additions and withdrawals from the safe place; however there was no composite record of the safe contents or any evidence that the safe record had previously been reconciled. We noted that there must be a clear record of the safe contents and the record must be reconciled and signed and dated by two people at least quarterly.

A requirement has been made in respect of this finding.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money. The administrator advised that there were no specific agreed arrangements in place to support any patient at present (with the exception of the financial arrangement for one identified patient discussed earlier in this report).

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for four patients. We were advised that the property records were contained within the patients' care files and we were subsequently provided with the four property records for the sampled patients. We noted that each patient's file contained a "schedule of personal effects" form which was part of the admission process. We noted that there was evidence of detail regarding some electrical items such as "22 inch flat screen TV" however make/model/serial number would improve the quality of this information. Three of the four records detailed the words "rewritten" followed by a date; however neither this entry nor the other details on all four property records had been signed or dated. We noted this as a significant weakness in the record keeping.

We highlighted that any additions or disposals from patients' property records must be signed and dated by two people. We also noted that the Care Standards for Nursing Homes (2015) require that these records are updated at least quarterly and signed and dated by two people. We highlighted that the home must update all of the current property records for patients in the home.

A requirement has been made in respect of this finding.

Is Care Compassionate?

There are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; the home administrator explained that when each patient is admitted, she explains the security arrangements for the patient's money in the home. She also noted that she advises patients or their representatives to contact her if they have queries.

Areas for Improvement

Overall, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for improvement; these were in relation to creating an up to date record of safe contents and in relation to how patients' property is recorded.

Number of Requirements	**2**	**Number Recommendations**:	**0**

5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

Is Care Safe?

On the day of inspection, the home did not operate a transport scheme for patients.

Is Care Effective?

As noted above, on the day of inspection, the home did not operate a transport scheme for patients, the home administrator advised that from time to time outings are arranged for the patients, but the cost of the transport is borne by the organisation.

Is Care Compassionate?

As above, we noted that the home has arrangements to support patients to access other means of transport.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care. No areas for improvement were identified in respect of Statement 4.

Number of Requirements	**0**	**Number Recommendations**:	**0**

5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Maria Lee Leuterio, the acting 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 **Ref**: Regulation 5 (1) (a) (b) **Stated:** First time **To be Completed by:** 30 October 2015	The registered person must ensure that any current patient in the home who does not have an up to date agreement in place is issued with one. The return of any outstanding updated agreements must be followed up with patients/their representatives. Where it is difficult to secure signatures on agreements from patients' representatives, a copy of the agreement sent for signature should be retained on file detailing the date it was sent and any follow up from the home to secure signature recorded to evidence this.
	Response by Registered Person(s)Detailing the Actions Taken: All files checked and outstanding agreements Re-issued.Copies kept on file and recorded as discussed.
Requirement 2 **Ref:** Regulation 5 (2) (a) (b) **Stated:** First time **To be Completed by:** From the date of the next change	The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.
	Response by Registered Person(s)Detailing the Actions Taken: Administrator advised to issue all correpondence in a timely manner,copies to be kept and an additional signed record of all further correspondence .
Requirement 3 **Ref:** Regulation 14 (4) **Stated:** First time	The registered person must ensure that when a reconciliation of monies is carried out, the two persons signing the record are both present at the time of the reconciliation. There must be no gap in the dates in which each of the two persons sign the record to verify the amount of money being held by the home.
To be Completed by: From the date of inspection	**Response by Registered Person(s)Detailing the Actions Taken:** Completed and signed weekly by the registered manager or assigned company representative and administrator.

Requirement 4 **Ref**: Regulation 19 (2) Schedule 4 (3) **Stated:** First time **To be Completed by:** 30 October 2015	The registered person must ensure that any current patient in the home who does not have an up to date personal allowance authorisation in place is issued with one. The return of any outstanding personal allowance authorisations must be followed up with patients/their representatives. Where it is difficult to secure signatures on personal monies authorisations, a copy should be retained on file detailing the date it was sent and any follow up from the home to secure signature recorded to evidence this.
	Response by Registered Person(s)Detailing the Actions Taken: All outstanding personal allowance authorisation forms re-issued and copies retained on file with the information recorded as discussed..
Requirement 5 **Ref:** Regulation 18 (2) (l) **Stated:** First time **To be Completed by:** 7 October 2015	The registered person is required to ensure that a clear record of the contents of the safe place is made. The safe record must be reconciled and signed and dated by two people at least quarterly.
	Response by Registered Person(s)Detailing the Actions Taken: New form devised and record made of safe contents,The contents are being checked by two company representatives and signatures recorded.
Requirement 6 **Ref:** Regulation 19(2) Schedule 4 (10) **Stated:** First time **To be Completed by:** 11 November 2015	The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home. All inventory records should be updated on a regular basis. (Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly). Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.
	Response by Registered Person(s)Detailing the Actions Taken: Staff have commenced an inventory of all residents personal possessions details are recorded as discussed.

Recommendations	
Recommendation 1 **Ref**: Minimum Standard 2.2 **Stated:** First time **To be Completed by:** 31 March 2016	It is recommended that the registered manager engages with other Four Seasons Health Care colleagues in respect of reviewing the FSHC standard agreement which must contain all of the components of updated DHSSPS Minimum Standard 2.2.
	Response by Registered Person(s)Detailing the Actions Taken: This has been discussed with senior management in the company who will address this as a company

Registered Manager Completing QIP	Maria Lee Leuterio (Acting)	**Date Completed**	30.10.2015
Registered Person Approving QIP	Dr Claire Royston	**Date Approved**	30.10.15
RQIA Inspector Assessing Response		**Date Approved**	05/11/2015

Please ensure the QIP is completed in full and returned to finance.team@rqia.org.uk from the authorised email address