

Unannounced Finance Inspection Report 27 October 2016



Hockley Private Nursing Home

Type of service: Nursing Home
Address: 11 Drumilly Road, Armagh BT61 8RG
Tel no: 02838870365
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Hockley Private Nursing Home took place on 27 October 2016 from 10:00 to 13:30 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?

Training opportunities were available for administrative staff; training on the protection of vulnerable adults was mandatory. It was the home's policy to not become involved in supporting any service user with their money, therefore no money or valuables were being held on the day of inspection. No areas for improvement were identified.

Is care effective?

The home does not receive or spend any money belonging to service users whatsoever. The home pays for a number of goods and services which normally attract an additional fee; these include: hairdressing, basic toiletries, podiatry and newspapers. Three areas for improvement were identified during the inspection. These related to: bringing property (furniture and personal possessions in each service user's room) up to date, and reconciling these records at least quarterly; ensuring that the balance of comfort fund monies held within the main home bank account is moved to an account specifically for the purpose of running the comfort fund. A reconciliation of the new bank account should be carried out and recorded by two people at least quarterly and ensuring that individual written agreements between the home and service users are updated to reflect any change to the agreement. Changes to each service user's agreement must be agreed in writing by either the service user or their representative.

Is care compassionate?

The home had methods to facilitate service users or their representatives providing their views about all matters. The registered manager noted that there were regular service user/relative meetings as well as service user questionnaires. The registered manager confirmed that should a service user ever request money, this situation would be viewed compassionately and she noted that the home would have an arrangement to manage the situation, should it ever arise. No areas for improvement were identified during the inspection.

Is the service well led?

Governance and oversight arrangements were in place; however one area for improvement was identified during the inspection. This related to ensuring that each service user is provided with an up to date agreement which sets out the current terms and conditions of their stay in the home. Evidence must be available in each service user's file to confirm that they have been provided with a written agreement setting out the terms and conditions of the service user's stay in the home.

This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (April 2015).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the quality improvement plan (QIP) within this report were discussed with Marion Wilson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent finance inspection

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

2.0 Service details

Registered organisation/registered provider: Elim Trust Corporation/Pastor Edwin Michael	Registered manager: Marion Wilson
Person in charge of the home at the time of inspection: Marion Wilson	Date manager registered: 1 April 2005
Categories of care: RC-I, NH-I	Number of registered places: 60

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues. The care inspector for the home was contacted and confirmed that there were no matters to be followed up from the previous inspection.

During the inspection, we met with Marion Wilson, the registered manager, the general manager and the home 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 service user guide
- A sample of invoices raised for care and accommodation charges
- Written Policies in respect of:
 - “The accounting and financial control arrangements” reviewed 2015
 - “Safeguarding and protecting patients’ money and valuables” reviewed 2015
 - “Safeguarding of Vulnerable Adults” reviewed 2016
 - “Whistleblowing” reviewed 2015
 - “Confidentiality” reviewed 2015
- A sample of residents’ property/furniture and personal possessions

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 1 September 2016

The most recent inspection of the home was an announced premises inspection. The estates inspector was contacted prior to the inspection on 27 October and confirmed that there were no matters to be followed up.

4.2 Review of requirements and recommendations from the last finance inspection

A finance inspection was carried out in 2007 on behalf of RQIA. The findings from that inspection were not brought forward to the inspection on 27 October 2016.

4.3 Is care safe?

Following initial discussion with the home administrator, it was clear that she dealt only with the home’s own financial administration. Discussion established that the home were not involved in supporting any service user with their money, nor was it home policy to do so. The registered manager also described how residents’ family members were highly involved in supporting residents with their money. There is further detail in relation to this in matter in section 4.4 of the report.

The home administrator provided evidence that she had received training on the Protection of Vulnerable Adults (POVA). It was noted that staff received this training on an annual basis.

The home had a range of policies and procedures in place to guide practice, these included those addressing: safeguarding service users’ money and valuables; confidentiality, accounting and financial control arrangements and whistleblowing. There was evidence on the policies that they were reviewed by management on an annual basis; policies were easily accessible by staff on the day.

During discussion, the registered manager confirmed that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any resident. The home had a safe place available, however it was noted that this was not used for storing any money or valuables belonging to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion established that the home did not receive any money on behalf of service users, nor were any goods or services purchased on behalf of service users. The registered manager confirmed that no representative of the home was acting as nominated appointee for any service user (ie: managing their social security benefits). She also explained that the relatives of service users were highly involved in supporting service users and it was the home's policy to ensure that the oversight and management of service users' money rested outside of the home. It was noted that a safe space was available within each service user's room should the service user wish to use this facility.

The only money which the home was in receipt of was that of fees for care and accommodation for an identified number of service users. A trace of a sample of invoices raised for care and accommodation fees evidenced that the correct amounts were being charged. For the remaining services users, the home was being paid in full via the commissioning trusts. The registered manager confirmed that no other charges were being made to service users, nor did the home operate a transport service. Discussion identified that the home paid for a number of goods and services which normally attracted an additional fee; these included hairdressing, podiatry, basic toiletries and newspapers.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see a sample of the completed property records. A book labelled "Valuables book" was in place and entries from 2011 to October 2016 had been recorded. On reviewing a sample of records from the book, it was evident that the date and two signatures were consistently recorded for each entry. The book had been used to record items which service users had brought with them to the home including jewellery which the service user may have decided to continue wearing. Records also identified that relatives had taken items of value home for safekeeping and again, two signatures were recorded against these entries.

Alongside the entries in the "Valuables book", the registered manager noted that the home operated a computerised system for recording care notes for each service user. It was noted that the system had a property "tab" and a sample of four records were reviewed to establish whether any items had been recorded this way. Two of four service users had items recorded on the computerised system; however the remaining two service users had no entries.

Findings were discussed with the registered manager and it was noted that the home had to find a consistent method of recording service users' property in their rooms.

A recommendation was made to review all of the residents' furniture and personal possessions and bring the records of these items up to date, so that they can be easily maintained in future. Any additions or disposals must be signed and dated by two people and a reconciliation of the records must be carried out and recorded by two people at least quarterly.

The home operated a comfort fund which was used to pay for outings and additional entertainment and so on. A poster at the entrance to the home highlighted that a recent fundraising event had raised an identified sum of money for the fund. Discussion with the administrative staff indicated how the money may be used for the benefit of the service users in the run up to Christmas.

Administrative staff confirmed that a sum of money belonging to the comfort fund was held for safekeeping in the main business bank account. The inspector highlighted that this should be moved to separate bank account with an appropriate name. A reconciliation of the new bank account should be carried out and recorded by two people at least quarterly. A recommendation was made in respect of this finding.

Discussion with the registered manager established that notifications about increases in the fees payable had been provided to those relatives paying fees directly to the home; other service users or their representatives had not been notified likewise. The inspector noted that each service user or their representative should be notified of any changes in the fees payable and that this change should be reflected in their individual agreement with the home. As noted in section 4.6 of this report, a review of a sample of the files for four service users indicated that agreements had not been updated over time.

A recommendation was made to ensure that the individual written agreement between the home and each service user is updated to reflect any change to the agreement. Changes to each service user’s agreement must be agreed in writing by either the service user or their representative.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: bringing property (furniture and personal possessions in each service user’s room) up to date, and reconciling these records at least quarterly; ensuring that the balance of comfort fund monies held within the main home bank account is moved to an account specifically for the purpose of running the comfort fund. A reconciliation of the new bank account should be carried out and recorded by two people at least quarterly and ensuring that individual written agreement between the home and service users are updated to reflect any change to the agreement. Changes to each service user’s agreement must be agreed in writing by either the service user or their representative.

Number of requirements	0	Number of recommendations	3
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4.5 Is care compassionate?

As noted in the previous sections, the home did not support any service user to manage their money or property; there were no financial arrangements in place for any service user.

The home had methods to facilitate service users or their representatives providing their views about all matters relating to the care. The registered manager noted that there were regular service user/relative meetings as well as service user questionnaires.

While the home did not handle any money belonging to service users, the topic of service users having access to money was discussed nonetheless.

The registered manager confirmed that should a service user ever request money, this situation would be viewed compassionately and she noted that the home would have an arrangement to manage the situation, should it ever arise.

Areas for improvement

No areas for improvement were identified during the inspection.

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

As noted above, a broad range of written policies and procedures were in place to support staff, there was evidence on a sample of policies to identify that they were reviewed on an annual basis. There was a clear organisational structure within the home, which was set out in the home's service user guide. Discussion with the home's administrator identified that she was clear about the home's procedures on receiving a complaint and on instigating the home's whistleblowing procedures.

Four service user files were sampled in order to review the written agreements in place between the home and the service user/their representative. None of the files contained a signed agreement. Discussion with the registered manager established that it had not been the home's practice to copy the agreement which was provided to service users or their representatives; she also highlighted the difficulty in securing signatures from family representatives. This difficulty was acknowledged, however it was noted that each service user's file must contain a signed agreement or evidence that the home have attempted to secure a signature on the individual service user's agreement.

The inspector highlighted that none of the four files reviewed evidenced that an agreement had been provided by the home; neither did they contain any evidence that the home had attempted to follow up on having the signed written agreement returned.

A requirement was made to ensure that each service user is provided with an up to date agreement which sets out the current terms and conditions of their stay in the home. As noted in section 4.4 above, individual agreements with service users must be kept up to date to reflect any changes (such as in the weekly fee or payment arrangements) and changes should be agreed in writing by the service user or their representative. Evidence must be available in each service user's file to confirm that they have been provided with a written agreement setting out the terms and conditions of the service user's stay in the home.

Areas for improvement

One area for improvement was identified in relation to ensuring that each service user is provided with an up to date agreement which sets out the current terms and conditions of their stay in the home.

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marion Wilson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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 provider 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 the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes (April 2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions 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 finance.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider 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

Statutory requirements

Requirement 1

Ref: Regulation 5 (1)

Stated: First time

To be completed by:
27 December 2016

The registered provider must provide to each patient by not later than the day he becomes a patient, a statement specifying (a) the fees payable by or in respect of the patient for the provision of (i) accommodation including the provision of food and (ii) nursing and except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fee is payable.

Written up to date agreements must also be provided to each service user currently living in the home. Evidence must be available on each service user's file to confirm that this has been done.

Response by registered provider detailing the actions taken:

The statement specifying the above information has been compiled and will be provided to each new patient on admission to the Home. An updated statement will also be provided to each of the Home's current patients.

Recommendations

Recommendation 1

Ref: Standard 14.26

Stated: First time

To be completed by:
27 January 2017

The registered provider should an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

Response by registered provider detailing the actions taken:

The inventory was commenced following the Inspection and the template on the computer system is being used.

Recommendation 2

Ref: Standard 14.31

Stated: First time

To be completed by:
27 December 2016

The registered provider should ensure that a separate bank account is in place to hold resident comfort fund monies distinct from other monies. A reconciliation of the bank accounts managed on behalf of residents should be carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

Response by registered provider detailing the actions taken:

An account has been opened and will be managed accordingly.

<p>Recommendation 3</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>
<p>To be completed by: From the date of inspection onwards</p>	<p>Response by registered provider detailing the actions taken: In future, any changes made to individual agreements will be presented in writing for signing and a record will be made if it is not signed.</p>

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



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