



The **Regulation** and  
**Quality Improvement**  
Authority

**Copperfields**  
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**Unannounced Finance Inspection  
of  
Copperfields**

**20 October 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced finance inspection took place on 20 October 2015 from 09:25 to 14:40. 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, effectiveness 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 Mr Henry Edwards, the responsible person and the home's secretary. No relatives or 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 |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 2            | 1               |

The details of the QIP within this report were discussed with Mr Henry Edwards, the responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|  |  |
|--|--|
| <b>Registered Organisation/Registered Person:</b><br>Edwards Enterprises NI Ltd/William Henry Hume Edwards | <b>Registered Manager:</b><br>Mrs Cherith McKeown                |
| <b>Person in Charge of the Home at the Time of Inspection:</b><br>Mrs Cherith McKeown                      | <b>Date Manager Registered:</b><br>1 April 2005                  |
| <b>Categories of Care:</b><br>NH-LD, NH-LD(E), RC-I, NH-DE, NH-I   | <b>Number of Registered Places:</b><br>32                        |
| <b>Number of Patients Accommodated on the Day of Inspection:</b> 27  | <b>Weekly Tariff at Time of Inspection:</b><br>£470.00 - £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 responsible person, Mr Henry Edwards and the home's secretary
- 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 examined during the inspection:

- The patient guide
- The home's policy on safeguarding residents money and valuables
- Four patient agreements
- The Protection of Vulnerable Adults training record for the home's secretary
- A sample of care fees charged
- A sample of the comfort fund bank account statements and purchase receipts
- A sample of residents' expenses records
- A sample of hairdressing treatment receipts
- The "safe contents" book
- Four records of patients' inventory/property in their rooms

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced care inspection on 10 June 2015; the returned quality improvement plan was approved by the care inspector. We were not required to follow up on any matters arising from the previous inspection.

### **5.2 Review of Requirements and Recommendations from Previous Finance Inspection**

There has been no previous finance inspection of the home.

### **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 home has a patient guide, a copy of which is provided to each newly admitted patient. The home also has a standard written agreement, an individual copy of which is provided to each admitted patient. We chose a sample of four patients and asked to see the agreements which the patients had in place with the home. We were provided with the files for the four patients.

We reviewed the files and noted that only two of the four patients had a signed agreement on their file; only one of these agreements reflected the up to date fee rate. We discussed these findings with the responsible person and the home's secretary. It was noted that while agreements were sent for signature, there was no written evidence to substantiate that the return of the signed agreements had been pursued by the home.

Discussions also established that while patients or their representatives had been sent a letter advising of an increase in the fee, the patients' individual agreements were not updated by the home accordingly. We noted that any change to a patient's agreement must be agreed in writing with the patient or their representative.

We clarified that in order to comply with Regulation 5 (1) of the Nursing Care Homes Regulations (Northern Ireland) 2005; a patient's agreement must clearly state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

We also highlighted that Standard 2.2 of the Care Standards for Nursing Homes (April 2015), details all of the components which must be included in each patient's individual agreement with the home. We noted that the home must compare the current standard agreement with Standard 2.2 of the Care Standards for Nursing Homes to ensure that all of the elements are included; an updated agreement with the current fees and relevant financial arrangements must be provided to each patient in the home.

A requirement has been made in respect of these findings.

#### **Is Care Effective?**

We noted that the home has a policy and procedure in respect of safeguarding patients' money and valuables to guide practice in the home. We were also reviewed evidence which

confirmed that the home's secretary had received training in the Protection of Vulnerable Adults.

### **Is Care Compassionate?**

As noted above, discussions established that the home had written to patients or their representatives advising of an increase in the fee. As above, we highlighted that these changes must be agreed in writing in the patient's individual agreement with the home.

### **Areas for Improvement**

Overall on the day of inspection, financial arrangements were found to be contributing to safe, effective and compassionate care however there was one area identified for improvement, this related to providing up to date agreements to patients which reflect Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and reflect Standard 2.2 of the Care Standards for Nursing Homes (2015).

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>1</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

## **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 trusts' 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 to 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 not directly in receipt of any personal allowance monies belonging to patients in the home. Discussions established that the cost of additional items or services required by patients is initially met by the home, and subsequently billed to the patients' representatives. Therefore no money is deposited with the home to pay for items or services, and no money is held by the home.

We reviewed a sample of the "residents' expenses record" and selected a number of transactions from the records; we were able to trace these entries to the corresponding records to substantiate each transaction, such as a hairdressing treatment record or a purchase receipt.

We noted that robust system exists around the request for toiletries by staff on behalf of patients who require them. A duplicate receipt book was routinely used to record the signature of the member of staff requesting the identified item on behalf of the patient; the signature of the member of staff dispensing the item from the stock held by the home and the signature of the member of staff receiving the item; good practice was observed in respect of this finding.

We also reviewed the hairdressing treatment records and noted that the records detailed the name of the patient, the date of the treatment, the treatment received and the cost. We noted

that the treatment records were signed by the hairdresser and a representative of the home, again, good practice was observed.

Discussions established that the home operates a fund for the benefit of the patients in the home; this is referred to in the home as the comfort fund. A bank account for the fund is in place which is named appropriately.

We noted that the home did not have a written policy and procedure in place to address the principles in respect the operation of the fund and to detail the records to be maintained.

A recommendation has been made in respect of this finding.

We were provided with a folder of bank statements relating to the comfort fund bank account and receipts for purchases made from the comfort fund monies over the last number of years. Earlier discussions had established that a comfort fund cash float is not maintained in the home, all purchases are made using the cheque book for the comfort fund bank account.

On reviewing the records of purchases made from the comfort fund account, we noted that between 2013 and 2015, a number of purchases had been from the fund including furniture and items of equipment for use by the patients. The responsible person advised that the residents' committee had made the decision to purchase these items. Following the inspection, the records of the minutes of the residents' meetings were provided which supported this.

### **Is Care Effective?**

The responsible person confirmed that no representative of the home was acting as nominated Appointee for any patient, nor was the home in direct receipt of the social security benefits or the personal allowance monies for any patient in the home.

We queried whether the home had any written authorisation from patients or their representatives to engage in financial transactions on behalf of each patient; the registered manager confirmed that written authorisations were not in place.

We highlighted that these authorisations provide the home with formal permission to purchase goods and services on behalf of each patient and act as a protection for both the patient and the home. We noted that these must be obtained for any patient for whom the home engage in transactions.

A requirement has been made in respect of this finding.

### **Is Care Compassionate?**

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

### **Areas for Improvement**

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for

improvement. These related to obtaining written authorisation to make purchases of goods and services on behalf of patients and introducing a written policy and procedure in respect of the patients comfort fund.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>1</b> | <b>Number Recommendations:</b> | <b>1</b> |
|-------------------------------|----------|--------------------------------|----------|

### **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 or their representatives to deposit cash or valuables, should they wish. We reviewed the safe place within the home and were satisfied with the controls around the physical location of the safe place and the persons with access. On the day of inspection, there was no cash or valuables belonging to patients deposited for safekeeping.

Discussions established that it is not the home's policy to encourage cash or valuables to be deposited with the home, family members are encouraged to take any valuable items home. As noted above, the cost of any additional goods or services not covered by the weekly fee is paid for by the home initially and subsequently billed to family members; there is therefore no requirement for money to be deposited with the home in advance in order to pay for these purchases.

We noted that a "safe contents" book exists so that should an instance arise when a patient's cash or valuables are deposited to the safe place, this can be recorded; we noted that having the book in place should this situation arise was good practice. A review of the book evidenced that there were no entries recorded within it.

#### **Is Care Effective?**

We queried whether there were any general or specific arrangements in place to support patients with their money, and we advised that there were none.

We requested the inventory/property records for four sampled patients. The registered person provided the care records for all four patients and we noted that each patient had a record of property contained in their file. Across the records there was evidence that they had been updated to reflect that new items had been added. We also noted that the template in place to record items was designed to capture the signatures of two people and the dates of the entries in the record. A review of the four records evidenced that two signatures were routinely recorded against the entries made.

During discussions with the registered person, we noted that the Care Standards for Nursing Homes (April 2015) require that records of furniture and personal possessions are updated at least quarterly and that this should be conveyed to the staff responsible for updating the patients' property records.

**Is Care Compassionate?**

We queried how patients know about the safe storage arrangements in the home; the responsible person noted that the availability of safe storage arrangements within each patient's room is highlighted to the patient/their representative.

It was noted that patients are not encouraged to bring any significant valuables to the home, however, the facility to store small items or money belonging to patients in the home exists, should the need arise.

**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. There were no areas for improvement identified in respect of Statement 3.

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>0</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

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

The home does not provide transport services to patients.

**Is Care Effective?**

As noted above, transport services are not provided by the home.

**Is Care Compassionate?**

There is no transport scheme or services in operation by the home.

**Areas for Improvement**

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

|                               |          |                                |          |
|-------------------------------|----------|--------------------------------|----------|
| <b>Number of Requirements</b> | <b>0</b> | <b>Number Recommendations:</b> | <b>0</b> |
|-------------------------------|----------|--------------------------------|----------|

**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 Mr Henry Edwards, the responsible person, 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 Home 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](mailto: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:**  
20 December 2015

The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.

Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet Standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.

A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

As the inspector is fully aware, there are individual agreements in place which detail current fees and financial arrangements for each Resident currently accommodated within the home.

One of the four Residents agreements examined by the inspector was unsigned due to the next of kin being unavailable.

When the next of kin became available the document was signed.

#### Requirement 2

**Ref:** Regulation 19(2) Schedule 4 (3)

**Stated:** First time

**To be Completed by:**  
20 December 2015

The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required.

The registered person must ensure that where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document.

Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care manager.

|  |  |                              |                   |
|--|--|------------------------------|-------------------|
|  | <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/> As the inspector is fully aware , Copperfields Private Nursing Home do not spend nor hold any personal monies belonging to any client.<br/> If a Resident requests personal items, these will be supplied and will be charged to their personal account , which is forwarded to the next of kin for payment.<br/> At Copperfields Private Nursing Home there is a degree of trust between the Registered Provider and the Residents next of kin that any accounts forwarded to the next of kin will be honoured, however at the request of the inspector a written agreement has now been put in place confirming that the next of kin is responsible and will pay for any items invoiced to the Residents account.</p> |                              |                   |
| <b>Recommendations</b>   |  |                              |                   |
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Appendix 2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b><br/>20 December 2015</p> | <p>It is recommended that the register person introduce a written policy and procedure for the patients' comfort fund. The policy and procedure should include reference to and inclusion of the patient and/or relative suggestions (if any) in the decision making process for expenditure from the comfort fund and what controls will exist around record keeping, reconciliation etc.</p>   |                              |                   |
|  | <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br/> There has been a written policy and procedure document in place for the Relatives Committee / Residents comfort fund from 14<sup>th</sup> November 1994 This document has now been amended and revised<br/> The inspector is fully aware that a Residents committee meeting book is in place, and has been from 15<sup>th</sup> May 1992 which records all relative and committee suggestions as to where monies raised are used.<br/> The inspector is also fully aware that comprehensive and detailed records are in place of all income and expenditure .</p>   |                              |                   |
| <p><b>Registered Manager Completing QIP</b></p>  | <p>Mrs C McKeown</p>   | <p><b>Date Completed</b></p> | <p>11/12/15</p>   |
| <p><b>Registered Person Approving QIP</b></p>  | <p>Mr H Edwards</p>  | <p><b>Date Approved</b></p>  | <p>11/12/15</p>   |
| <p><b>RQIA Inspector Assessing Response</b></p>  |    | <p><b>Date Approved</b></p>  | <p>12/12/2015</p> |

*\*Please ensure this document is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address\**