



The Regulation and
Quality Improvement
Authority

Dunlarg Care Centre
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BT60 3EW

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**Unannounced Finance Inspection
of
Dunlarg Care Home**

15 October 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced finance inspection took place on 15 September 2015 from 09:50 to 14:00. 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 Mrs Patricia Graham, the registered manager; the home's administrator and the regional business support administrator. 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	3	2

The details of the QIP within this report were discussed with Mrs Patricia Graham, the registered 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(Bamford)Ltd/Maureen Claire Royston	Registered Manager: Mrs Patricia Graham
Person in Charge of the Home at the Time of Inspection: Mrs Patricia Graham	Date Manager Registered: 30 May 2012
Categories of Care: RC-I, RC-MP(E), NH-LD, NH-PH, NH-PH(E), NH-DE, NH-I	Number of Registered Places: 58
Number of Patients Accommodated on the Day of Inspection: 51	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 registered manager, the home administrator and the business support administrator
- 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
- 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
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing treatment records
- Record of items deposited for safekeeping with the home

- 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 dated 1 October 2015; the findings from which will be reported on separately.

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?

We were provided with a copy of Four Seasons' patient guide (for use throughout Northern Ireland) and also with a copy of the home's own brochure and appendix detailing the charges for hairdressing services facilitated in the home. We noted that the guide contained information for patients on: fees (in general); charging for additional services; the management of patients' personal monies and insurance.

We noted that the home have a standard written agreement and we asked to see a sample of five finance files for patients in the home.

On reviewing a sample of five files, we noted that all five patients had a signed agreement on file, however only one of the signed agreements reflected the up to date terms and conditions. The remaining four agreements had been signed by the patient or their representative between March and October 2014.

We discussed these findings with the registered manager and administrative staff and we were informed that updated agreements for the remaining four patients sampled had been sent out for signing. We accepted this, but noted that the regional fee rates are updated approximately in April each year; notwithstanding any delay in the home being informed of the new regional tariffs, some six months had passed since April 2015. Therefore there had been a significant period of time to address providing updated agreements to patients or their representatives and to follow up on any which had not been returned.

We noted from the four files which did not have an up to date signed contract in place, that there was no evidence to establish that updated agreements had been sent out or that their return had been followed up. We emphasised that there must be written evidence on each relevant patient's file to confirm that the home have attempted to follow up on these matters. Copy documents sent for signature should be maintained along with the dates and details of follow up by the home.

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 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 to manage their money; the registered manager advised that there were no formal, agreed arrangements in place with regard to individual patients; nor were there any agreed restrictions in place for individual patients to access their money deposited with the home for safekeeping.

We noted that the home has a number of policies and procedures in place addressing controls in place to safeguard patients' money and valuables.

Discussions established that the home's administrator had taken up their position in the two weeks prior to the inspection. The registered manager confirmed that training in the protection of vulnerable adults would be undertaken by the new administrator as part of their mandatory training requirements.

Is Care Compassionate?

As noted above, on reviewing a sample of five patient files, we noted that four files did not contain an up to date agreement. We noted that evidence of notification to patients or their representatives must be retained on each patient's file and the changes agreed in the patient's written agreement.

A requirement has been made in respect of this

As noted above, discussions with the registered manager established that on the day of inspection, the home was not supporting any individual patient to manage their money. The registered manager noted 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/following up the return of signed written agreements with patients and consistently providing timely notification of any change to the fees or financial arrangements 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
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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 to patients established that the correct amounts were being charged by the home.

The home is in direct receipt of the personal allowance monies for three patients in the home. In each case, the home makes a request to the commissioning HSC trust who arranges to send a cheque to the home to be lodged into the patients' personal allowance bank account in favour of the individual patient. When this amount is depleted, a further request is made to the commissioning trust. For the majority of the remaining patients, family 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. A pooled bank account is in place to hold personal monies belonging to patients; the bank account is named appropriately.

We sampled a number of transactions from the records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a receipt for a cash lodgement or an expenditure receipt.

A review of the records identified that a hairdresser routinely visits the home to provide services to patients. Treatment records are made on a template which records 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.

A review of the records established that the home operates a fund for the benefit of the patients in the home called the "residents' social fund". We noted that records relating to income and expenditure for the fund were maintained and a weekly and monthly reconciliation of the comfort fund monies was recorded, signed and dated by two people; good practice was observed. We noted that a bank account was in place for the administration of the fund and that the account was named appropriately.

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 fund.

Is Care Effective?

The registered manager confirmed that no representative of the home was acting as nominated appointee for any patient. As noted above, discussions established that the home is in direct receipt of the personal allowance monies from the commissioning HSC trust for an identified number of patients in the home. In addition, patients' representatives also deposit money with the home for expenditure on goods and services not covered by the weekly fee.

We reviewed the finance files for five patients and noted that all five patients had "financial assessment" documents on their file, which includes authorisation in respect of how any money deposited with the home for safekeeping should be spent.

We noted that one of the patients sampled had signed their own financial assessment document providing authority for the home to spend the patient's money on identified goods and services. We noted that this patient's personal allowance monies were managed by the commissioning trust and that the home requested a top-up of the patient's money from the trust as and when required. We also noted that the registered manager had signed one of the financial assessment documents which stated that the patient could administer their own financial affairs (the document did not detail that their personal allowance money is requested from the trust, as described above).

We discussed these findings with the registered manager and highlighted the potential conflict in the details recorded on these documents. That is, if the commissioning HSC trust were managing the patient's personal allowance monies (and possibly acting as the patient's nominated Appointee) this may potentially mean that the patient is not fully capable of managing their money independently and therefore this would conflict with the financial assessment documents.

We also highlighted the risk around the patient signing financial document where they may be a potential concern in respect of their capacity to fully understand the documents they are signing.

We noted that the home must carefully consider for each patient, the appropriateness of the patient signing their individual agreement or other documents in respect of financial arrangements with the home.

A recommendation 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 registered manager confirmed that none of the patients had any known assessed needs or restrictions. The registered manager also advised that the needs of the patients are currently met from having access to their money during normal working hours.

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 was one area identified for improvement; this was in relation to reviewing the appropriateness of individual patients' ability to sign financial documents.

Number of Requirements	1	Number Recommendations:	0
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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.

On the day of inspection, cash balances for a number of patients well as a number of non-cash items were being held within the safe place for safekeeping.

We noted that there was a record of safe contents in place. We also noted that there was written evidence of the return of items to family representatives which had been deposited for safekeeping, we noted that these records had been signed and dated by two people, good practice was observed. We noted that the safe contents had most recently been reconciled in July 2015; therefore the quarterly reconciliation of these items is due for completion before the end of October 2015.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money. The registered manager confirmed that there were no specific agreed arrangements in place to support any patient at present.

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 recorded on the homes Epicare (computerised) system. We were provided with the records for the four sampled patients and noted that three records were entitled "record of residents' belongings"; the fourth record was entitled "Property List" and was headed "falls assessment tool".

On reviewing the fourth patient's record, we noted that that "date received" column for the items recorded corresponded to the date of the patient's admission to the home. The name of the member of staff who had received the items was detailed on the record. Earlier inspection findings established that the patient had purchased an item of electrical equipment for their room during their stay in the home; however this was not detailed on their property record.

The remaining three patient records detailed the name of the member of staff who had completed the record and the respective items for each of the three patients. We noted that items of jewellery were appropriately described e.g. "yellow" rather than "gold". We also noted the effort to record electrical items, however the details were not sufficient e.g. "1 CD player". The print-out of these three records did not detail the date that the three records were made.

During feedback from the inspection, the registered manager stated that there was another book in the home used to record valuables; this was referred to as the "property record". We were shown the book and noted that items of value had been recorded in this book including the

item of electrical equipment purchased by the patient referred to above. The records in this book were routinely signed by two people but were not routinely dated.

We highlighted that there should be one composite record of a patient's furniture and personal possessions. We noted that any additions or disposals from patients' property records must be signed and dated by two people as a protection to both the patient and a staff member working alone.

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 registered manager explained that these matters are advised to the patient and are reflected in the home's service user guide.

Areas for Improvement

Overall, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there was one area identified for improvement; this was in relation how patients' property is recorded.

Number of Requirements	1	Number Recommendations:	0
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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, however we discussed options for patients to access other forms of transport and it was clear that arrangements exist in the home to support patients to access private transport should the need arise.

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
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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 Mrs Patricia Graham, the 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:
10 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:

All terms and conditions have been forwarded to next of kin for signing. Follow up to be carried out for any non returns.

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 service user or their representative of any increase in the fees payable by or in respect of the service user, 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 service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly. Where the service user 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:

New agreements will be sent out and notice will be given when confirmation from trust.

<p>Requirement 3</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 10 December 2015</p>	<p>The registered person must continue to ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients.</p> <p>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.</p> <p>There must be a composite record of items, which must 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). Reconciliations must be dated and signed by two members of staff.</p> <p>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.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New inventory records commenced and ongoing. These records will contain dates and 2 signatures.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Minimum Standard 2.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>It is recommended that the registered manager engage with other Four Seasons Health Care colleagues in respect of reviewing the FSHC standard agreement which must contain all of the components of DHSSPS Minimum Standard 2.2.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New policy and procedures is currently under review at senior level</p>
<p>Recommendation 2</p> <p>Ref: Minimum Standards 2.8 & 14.6</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>It is recommended that the registered person carefully consider the appropriateness of each patient signing their own individual agreement and any other documents in respect of financial arrangements with the home, taking into consideration any potential issues regarding the patient's capacity.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Consideration given to each individual client when signing their own agreements and where appropriate further advice sought from trust.</p>

Registered Manager Completing QIP	Pat Graham	Date Completed	13/11/15
Registered Person Approving QIP	Dr Claire Royston	Date Approved	13.11.15
RQIA Inspector Assessing Response		Date Approved	23/11/2015

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