

Unannounced Finance Inspection Report 14 December 2016



Greenpark

Type of service: Nursing Home
Address: 15 Keady Road, Armagh BT60 4AA
Tel no: 02837527445
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenpark took place on 14 October 2016 from 10:30 to 16:20 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

A safe place in the home was available and staff members were familiar with controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

Is care effective?

Controls to ensure service users' money and valuables were safeguarded were found to be in place, however four areas for improvement were identified during the inspection. These related to: ensuring that a standard financial ledger format is used to record transactions on behalf of service users; ensuring that records of money or valuables held for safekeeping are reconciled and recorded by two people at least quarterly and ensuring that each service user has on file, a record of their furniture and personal possessions brought into their room; each service user's record of personal property should be kept up to date and be reconciled by two people at least quarterly.

Is care compassionate?

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

Is the service well led?

Governance arrangements were found to be in place however three areas for improvement were identified during the inspection. These related to: ensuring that each service user is provided with an individual written agreement which sets out the terms and conditions of their residency in the home; ensuring that the home's agreement is compared with the DHSSPS Care Standard 2.2, updated accordingly and an up to date individual written agreement which sets out the individual financial arrangements and fees be provided to each service user; and ensuring that a clear, unambiguous written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'service users' will be used to describe those living in Greenpark which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

Details of the quality improvement plan (QIP) within this report were shared with Mary Catherine Powell, 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

A finance inspection of the home was carried out on 13 January 2009 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 14 December 2016.

2.0 Service details

Registered organisation/registered person: Mr Edward Maguire	Registered manager: Mary Catherine Powell
Person in charge of the home at the time of inspection: Mary Catherine Powell	Date manager registered: 10 June 2016
Categories of care: NH-LD(E), RC-LD(E), RC-MP(E), NH-PH, NH-PH(E), NH-MP, NH-MP(E), NH-DE, NH-I, RC-I	Number of registered places: 62

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 reviewed and this did not identify any relevant issues; the care inspector was also contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with Mary Catherine Powell, the registered manager, and the home's two administrators. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's welcome pack for new service users
- A sample of written policies including those in respect of:
 - Accounting and Financial Control Arrangements – Jan 2016
 - Access to personal belongings – July 2016
 - Consultation with residents and relatives – March 2016
 - Management of records and information – June 2016
 - Listening to and responding to residents' comments – May 2016
- A sample of income and expenditure records
- A sample of records for hairdressing and podiatry services facilitated in the home
- Five service user finance files
- Two service user agreements
- Three records of service users' personal property (in their rooms)

4.0 The inspection

4.1 Review of the Requirements and Recommendations from the most recent inspection dated 5 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, a finance inspection of the home was carried out on 13 January 2009 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 14 December 2016.

4.3 Is care safe?

The home had two full time administrators and evidence was reviewed which confirmed that they had both received training on the Protection of Vulnerable Adults (POVA). Both administrators were familiar with the controls in place to safeguard service users' money and valuables in the home; it was noted that one administrator had prime responsibility for the administration relating to service users' money and valuables.

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 service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables belonging to service users were lodged with the home for safekeeping.

The home had a written record of any items held for safekeeping on behalf of individual service users; this was held alongside each respective service user's record of money held for safekeeping. There is further commentary on arrangements to reconcile these records in section 4.4 of the report.

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 with staff established that no representatives of the home were acting as nominated appointee for any service user in the room. The home was however, in direct receipt of the personal monies for four service users from two HSC trusts. The home had a service users' bank account in place and a review of a sample of the statements evidenced that statements were reviewed by one person (the home administrator) (there is further comment on reconciliations below).

The records held supported the amounts and timings of receipts. Every so often, an amount of money would be withdrawn from the service users' bank account to top up the float of cash held in the home in respect of the identified service users.

In the majority of cases, the home were in receipt of money from the family/friends of service users in order to pay for additional services facilitated within the home for which there was an additional charge, such as hairdressing, newspapers, podiatry or other sundries. Receipts were provided to those making deposits.

A sample of the records of income and expenditure maintained on behalf of service users was reviewed. A number of versions of the home's "Records of monies in safekeeping" template were in use; it was noted that the columns in the various versions did not reflect a standard financial ledger format and transactions were routinely unsigned.

A recommendation was made to ensure that a standard ledger format is used to record financial transactions on behalf of service users.

A review of a sample of the records identified that, over time, the registered manager had initialled a number of transactions; however there was no entry in the records to explain what the initials denoted. The home administrator explained that this was to record that monies had been checked, however as noted above, this was not clear from reviewing the records. It was highlighted that a reconciliation of money and valuables deposited for safekeeping should be clearly recorded and signed and dated by two people.

A recommendation was made to ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

The inspector traced a sample of transactions recorded in the records and was able to locate the relevant documents; for example, a receipt for expenditure or a receipt for a lodgement which had been made.

As noted above, hairdressing and podiatry treatments were being facilitated within the home. Records were in place to evidence the service users treated on any given day and the cost of the respective treatments. A review of a sample of the records evidenced that the required information was being recorded.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for five service users. Two of the five records requested were not available; staff noted that one of the service users had lived in the home for many years. Notwithstanding this, it was highlighted that each service user must have a record of furniture and personal possessions which they have brought into their rooms.

A requirement was made in respect of this finding.

The remaining three records which were provided were dated between 2013 and 2016, however the records had been signed only by one person. There was inconsistency in the level of detail recorded among the sample for example; one service user's record extended to four A4 pages, while another service user's record only reflected a small amount of clothing. Discussion during the inspection established that the latter service user had brought their own television into their room; however this was not recorded on their personal property record.

The property records which were available were not signed and dated by two people and there was limited evidence that they had been updated to reflect any changes.

The inspector highlighted to the registered manager that the DHSSPS Minimum Care Standards require that each service user's record of personal property is kept up to date and reconciled by two people at least quarterly. A recommendation was made to ensure that each service users' record of property is duly reconciled on this basis.

It was noted that the home also had a residents' comfort fund; however the registered manager noted that this was managed and administered by a "Friends of" organisation and the home had very limited involvement with the fund. The registered manager noted that decision making was the responsibility of the fund and no records were held in the home in respect of the fund.

The registered manager confirmed that the home did not provide transport to service users.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: ensuring that a standard financial ledger format is used to record transactions on behalf of service users; that records of money or valuables held for safekeeping are reconciled and recorded by two people at least quarterly and that each service user has on file, a record of their furniture and personal possessions brought into their room; each service user's record of personal property should be kept up to date and reconciled by two people, at least quarterly.

Number of requirements	1	Number of recommendations	3
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4.5 Is care compassionate?

Day to day to day arrangements in place to support service users were discussed with the registered manager and both home administrators. Each member of staff spoken with described specific examples of how the home supported a range of service users with their money. Discussion also established how arrangements to safeguard a service users' money were discussed with the service user or their representative at the time of the service user's admission to the home.

There was evidence of engagement with other professional stakeholders to ensure that identified service users had sufficient funds lodged with the home to ensure that each service user had access to their money, if required.

A review of the records established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. The "Residents Guide to Services" contained a range of information for a new service user including information on fees and funding-related matters, bringing personal items into the service user's room and the cost of additional services facilitated in the home.

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

Areas for improvement

No areas for improvement were identified during the.

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

The home had a range of written policies and procedures addressing matters relating to safeguarding money and valuables, record keeping requirements and other relevant issues such as complaints and whistleblowing.

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

Individual service user agreements were discussed. A sample of five service user files were selected for review; however three of the five service users did not have a written agreement with the home in their records. There was no written evidence on the three service users' files to identify that the home had sought to provide a written individual agreement to the individual service users.

A requirement was made to ensure that each service user is provided with an individual written agreement which sets out the terms and conditions of their residency in the home.

For the two services users selected who had a written agreement on their records, one service user's agreement was signed in 2014; the second service user had been admitted to the home recently and their agreement was signed in November 2016.

For the service user whose written agreement was signed in 2014, there was no evidence that the agreement had been kept up to date to reflect any changes, including fees and financial arrangements. Discussion established that while agreements were provided on admission, these had not been updated over time. The home administrator reported that agreements had recently been updated for all service users, however at the time of the inspection, these had not all been returned (signed) to the home. Those that had been returned were evidenced during the inspection. The inspector highlighted that service users' records should provide evidence of how and when the home has provided documents (including the individual service user agreement) for signature to service users. This evidence was not available on the sample of service user's files reviewed,

A copy of the home's up to date standard written agreement was provided to the inspector. A cursory review of the document identified that the document did not contain all of the information in line with DHSSPS Care Standard 2.2. In addition, it was noted that in respect of fees payable, the standard regional rate was recorded in the home's written agreement with service users; the persons by whom the fees were payable as well as the method of payment was not detailed.

A recommendation was made to ensure that the home's agreement is compared with DHSSPS Care Standard 2.2 and updated accordingly. Having done so, each service user should be provided with an up to date individual written agreement which sets out their individual financial arrangements and the fee details as set out above.

It was noted that the home's service user agreement included a sentence: "I agree to a maximum weekly personal expenditure of _____ with reference to personal monies." The home administrator noted that a number of representatives left this part of the agreement blank. The inspector reviewed this and suggested that this may be because the meaning of the sentence could be unclear to the reader.

A recommendation was made to ensure that a clear, unambiguous written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that each service user is provided with an individual written agreement which sets out the terms and conditions of their residency in the home; ensuring that the home's agreement is compared with the DHSSPS Care Standard 2.2, updated accordingly and an up to date individual written agreement which sets out the individual financial arrangements and fees provided to each service user; and ensuring that a clear, unambiguous written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.

Number of requirements	1	Number of recommendations	2
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were shared with Mary Catherine Powell, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to 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	
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>The registered provider must ensure that a record of furniture and personal possessions brought by a service user into the room occupied by them is maintained throughout their stay in the home. Records of furniture and personal possessions belonging to all of the service users in the home must be reviewed and brought up to date.</p> <p>Response by registered provider detailing the actions taken: Property lists are currently being updated for residents in the Home detailing all personal property and signed by 2 staff.</p>
<p>Requirement 2</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>The registered provider must provide to each patient, by not later than the date on which he becomes a patient, a statement specifying – (a) the fees payable by or in respect of the service user for the provision to the service user of any of the following services (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 fees are payable.</p> <p>Response by registered provider detailing the actions taken: Residents agreements have been reviewed and updated to reflect the above requirements.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 28 December 2016</p>	<p>The registered provider should ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Response by registered provider detailing the actions taken: A amended financial ledger has been designed to include the information listed above and is currently in use.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: By 28 December and at least quarterly thereafter</p>	<p>The registered provider should ensure that reconciliation of money and valuables held and accounts managed on behalf of residents is 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.</p> <p>Response by registered provider detailing the actions taken: All accounts will be reconciled at least quarterly and signed by two staff one of which will be a senior member of staff.</p>

<p>Recommendation 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>The registered provider should ensure that 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.</p> <p>Response by registered provider detailing the actions taken: All property lists will be reconciled at least quarterly and signed by two members of staff of which one will be a senior member of staff.</p>
<p>Recommendation 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>The registered provider should ensure that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Response by registered provider detailing the actions taken: Any changes to the written agreements will be agreed in writing with the service user / representative, the agreement will be updated to reflect any increases in charges. A record will be kept of service users / representatives who are unable or choose not to sign.</p>
<p>Recommendation 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>The registered provider should ensure that written authorisation is obtained from each service user or their representative to spend the service users' personal monies on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required.</p> <p>Response by registered provider detailing the actions taken: An amended agreement regarding pre- agreed expenditure on hairdressing etc has been issued and will be updated to reflect any changes. These will be kept with residents agreements.</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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