

Unannounced Finance Inspection Report 13 December 2016



Iveagh House

Type of service: Nursing Home
Address: 62 Castlewellan Road, Banbridge, BT32 4JD
Tel no: 02840628055
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Iveagh House took place on 13 December 2016 from 10:00 to 14:15 hours.

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

Is care safe?

A safe place was available in the home and the home secretary was familiar with current practices and confidently answered the inspector's questions; she had received training in the protection of vulnerable adults. No areas for improvement were identified during the inspection.

Is care effective?

Evidence of controls in place to safeguard service users' money and valuables were found to be in place, however three areas for improvement were identified during the inspection. These related to: ensuring that each service user in the home has a record of furniture and personal possessions which they have brought into their room; ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; and ensuring that records of treatments provided to service users which carry an additional cost, are appropriately maintained.

Is care compassionate?

Compassionate practice was evidenced in discussion with staff on the day. No areas for improvement were identified during the inspection.

Is the service well led?

Governance and oversight arrangements were identified; however one area for improvement was identified as part of the inspection. This related to ensuring that each service user is provided with a written agreement, setting out the terms and conditions of their residency in the home, including fees and financial arrangements. The agreement must detail the fees payable, the persons by whom the fees are payable and the method of payment.

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.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Patricia Purvis, 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 person: Harold Mitchell (Belfast) Ltd/Harold Leslie Mitchell	Registered manager: Patricia Purvis
Person in charge of the home at the time of inspection: Patricia Purvis	Date manager registered: 23 March 2015
Categories of care: RC-I, NH-I	Number of registered places: 33

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 care inspection.

During the inspection, we met with Patricia Purvis, the registered manager, and the home secretary. 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 Brochure
- The "Patient's Guide" including the "Standard Form of Client Contract"
- A sample of written policies and procedures, including those in relation to:
 - "Management of Residents' Comfort Fund" revised February 2016
 - "Dealing with Clients' finances and property" October 2015
 - "Confidentiality" January 2016
 - "Reporting and Notification of Incidents" June 2016
 - "Complaints" October 2016
- Four Service Users' finance files
- A sample of receipts in respect of hairdressing treatments facilitated in the home
- A sample of income and expenditure records and cash balances held for service users

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 July 2016

The most recent inspection of the home was an unannounced care inspection; the inspection report did not include a Quality Improvement Plan (QIP).

4.2 Review of requirements and recommendations from the last finance inspection dated 9 December 2009

A finance inspection was carried out on 9 December 2009 on behalf of RQIA; the findings were not brought forward to the inspection on 13 December 2016.

4.3 Is care safe?

Discussion established that the home secretary had worked in the home for approximately twelve years and regularly received training. This training also included Protection of Vulnerable Adults (POVA) which she had most recently completed in August 2016. The secretary confirmed that she was aware of how to receive and deal with a complaint and escalate any concerns. She was also able to clearly describe and explain the home's controls to handle any money or valuables deposited for safekeeping.

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 for service users were lodged with the home for safekeeping. The home had a written safe record in place, and each entry had been signed and dated. There was evidence that the record was most recently reconciled and signed and dated by two people in October 2016.

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?

The registered manager confirmed that no representative of the home was acting as nominated appointee for any service user nor were any personal allowance monies being received directly on behalf of any service user. However, the home did receive money from service users or their representatives to be spent mainly on hairdressing services.

As noted above, discussion established that family representatives deposited money with the home to pay primarily for the cost of hairdressing services facilitated in the home. Cash was being held for a number of service users on the day. The home maintained records of income and expenditure in respect of the lodgements and payments from each service user's balance of cash deposited for safekeeping. The home referred to these records as "Personal finance record of _____".

Receipts for the deposit of the money were available and these were routinely signed and dated by two people. The home secretary described how two members of head office staff reviewed the records at regular intervals, a review of a sample of the records reflected that these checks had been recorded. The inspector noted that while there was evidence of review at these separate intervals, there was no evidence that two people had reconciled the records on at least a quarterly basis.

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

As noted above, the home facilitated hairdressing services in the home which attracted an additional fee. Records reflected that the hairdresser provided receipts/treatment records in respect of the treatments provided to service users. A review of a sample of the receipts evidenced that the majority of information required had been recorded, however the receipts were not signed by the hairdresser or by a representative of the home to verify that the treatment had been provided.

A recommendation was made to ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the service user or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each service user.

The registered manager confirmed that the home did not provide transport services.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see the completed property records for a sample of four service users. The registered manager explained that this was an area for improvement which she had identified prior to the inspection. She provided a template which she was planning to implement for all of the service users in the home; however this had not yet commenced.

Of the sample of four service users' property records, only one record was available, this was dated 2013 and had been signed by one person, there was no evidence that it had been updated over time.

A requirement was made to ensure that each service user has a record of the furniture and personal possessions which they have brought into their rooms. The record should be maintained throughout their stay in the home and be reconciled at least quarterly. The record should be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. The inspector noted that all of the service users' records should be updated accordingly.

The home operated a comfort fund on behalf of service users and a written policy and procedure was in place to guide administration of the fund. A bank account was in place to safeguard funds and this was named appropriately in favour of service users in the home. Records of income and expenditure in respect of the fund were being maintained; regular checks had been recorded, however as noted above, these had not been reconciled by two people, at least quarterly.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that each service user in the home has a record of furniture and personal possessions which they have brought into their room; ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; and ensuring that records of treatments provided to service users which carry an additional cost, are appropriately maintained.

Number of requirements	1	Number of recommendations	2
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4.5 Is care compassionate?

Both the registered manager and the home secretary spoke compassionately about how the controls in place to safeguard service users' money. The home manager also described the home's arrangements to obtain feedback from service users on a regular basis.

Arrangements for service users to access their money outside of normal office hours were discussed with the home manager and it was clear from discussion that an appropriate arrangement would be in place to facilitate this.

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?

There was a clear organisational structure within the home and following discussion with the registered manager and the home secretary, it was evident that they were both familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables. The home secretary confirmed that she would be aware of the home's policy on complaints handling and she was aware of her responsibilities with respect to whistleblowing. The home also had a number of written financial policies and procedures in place, which had been reviewed recently.

Discussion established that for all but one service user, the home were paid care and accommodation fees via the HSC trust. For the remaining service user, the charges being raised by the home agreed to those detailed in the HSC trust payment remittance.

As noted above, the home had money deposited for safekeeping on behalf of a number of service users. A sample of service users' records was reviewed and it was noted that written personal monies authorisations were in place for these service users. The authorisation included the standard phrase "I authorise the nurse manager, clerical staff and/or the diversional therapist to hold my money and purchase items for me as and when required."

Advice was provided to the registered manager in respect of considering expanding or revising the wording of the personal monies authorisations in place to ensure that they are appropriately detailed.

Discussion was held regarding service users' written financial agreements; this established that finance files were held and a sample of four files was selected. A review of the four files identified that a copy of the home's third party top-up agreement was held on file for each of the four service users; however there were no signed agreements on each of the four service users' files.

Discussions established that the home provided a written agreement to each service user at the time of admission; however this was not updated to reflect revised terms and conditions over time. Three of four files contained a signed receipt identifying that the service user or their representative had received a copy of the "patient guide" (which referred to including a "standard form of client contract"); the fourth file did not contain a signed receipt.

These findings were discussed with the registered manager and it was highlighted that the home must have evidence that each service user had been provided with a written agreement detailing the terms and conditions of their residency in the home.

In addition, the inspector noted that each service user's agreement should be updated to reflect any changes (such as changes in fees, including regional increases in tariffs).

A requirement was made in respect of this finding.

Areas for improvement

One area for improvement was identified as part of the inspection. This related to ensuring that each service user is provided with a written agreement setting out the terms and conditions of their residency in the home including fees and financial arrangements. The agreement must detail the fees payable, the persons by whom the fees are payable and the method of payment.

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 Patricia Purvis, 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 DHSSPS Care Standards for Nursing Homes (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 19 (2) Schedule 4 (10) Stated: First time To be completed by: 13 January 2017	<p>The registered provider must ensure that a record of furniture and personal possessions brought by a service user into their room is maintained by the home.</p> <p>Response by registered provider detailing the actions taken: A form of record of furniture and personal possessions brought into the home by the service user has now been introduced and this will be maintained by the home.</p>
Requirement 2 Ref: Regulation 5 (1) Stated: First time To be completed by: 13 January 2017	<p>The registered provider must ensure that each service user is provided with a written agreement setting out the terms and conditions of their residency in the home including fees and financial arrangements. The agreement must detail the fees payable, the persons by whom the fees are payable and the method of payment.</p> <p>Response by registered provider detailing the actions taken: We already provide each resident (or their representative) upon admission with a statement or agreement setting out the terms of residency, the services provided, our weekly fee and third party contribution - as required by Regulation 5(1), Regulation 4 and Minimum Standard 2 and Clause 5 of our Regional Service Provider Contract. We have already written to our RQIA Inspector pointing out our extreme difficulty in specifying detailed financial arrangements as the above-mentioned legislation and standards contain conflicting guidance, coupled with the practicalities of admission and the fact that we are not made privy to residents' financial arrangements. To try and overcome these conflicts we have amended our Patient Guide and have submitted a revised version to RQIA for approval in accordance with Regulation 6. The Inspection Report requires us to update our residency agreements whenever the regional nursing rate increases – this will be very difficult to achieve because it proves almost impossible to encourage residents or representatives to return signed residency agreements following first admission, let alone an annually updated agreement. We shall inform every resident/representative in writing of any updates to the residency agreement and request them to sign and return to us. Should the signed original or signed update not be returned within two weeks this will be recorded in the residents' admin file. Notwithstanding this, we shall endeavour to ensure we obtain updated residency agreements in respect of every resident just as soon as the RQIA approves our revised Patient Guide.</p>
Recommendations	
Recommendation 1 Ref: Standard 14.25 Stated: First time	<p>The registered provider should ensure that a reconciliation of money and valuables held and accounts managed on behalf of service users 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>To be completed by: 31 December 2016 and at least quarterly thereafter</p>	<p>Response by registered provider detailing the actions taken: A reconciliation of residents' money and valuables held by the home is already carried out by a senior member of head office staff at least quarterly and is signed, and will now be countersigned accordingly. We have also updated our form of resident's authorisation for the home to hold and spend the resident's "personal money" in accordance with Minimum Care Standard 14.</p>
<p>Recommendation 2 Ref: Standard 14.13 Stated: First time</p>	<p>The registered provider should ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the service user or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each service user.</p>
<p>To be completed by: 14 December 2016</p>	<p>Response by registered provider detailing the actions taken: When any service is facilitated by the home the third party service provider and the service user (or staff member) will sign the treatment record or receipt to verify the service and the associated cost.</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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