

Unannounced Finance Inspection Report 21 February 2017



Lisnisky

Type of Service: Nursing Home

Address: 16 Lisnisky Lane, Portadown, Craigavon BT63 5RB

Tel No: 02838339153

Inspector: Brieg Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lisnisky took place on 21 February 2017 from 10:15 to 15:30 hours.

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

Is care safe?

A safe place was available in the home to store service users' money, valuables and records; however this was not accessible at the commencement of the inspection as keys were not available. One area for improvement was identified during the inspection; this related to ensuring that records are at all times available for inspection in the home.

Is care effective?

Controls to ensure service users' money and valuables were safeguarded were in place; however, two areas for improvement were identified during the inspection. These related to ensuring that staff adhere to the home's financial record keeping policies and procedures and embed these into practice consistently; and ensuring that where any service is facilitated in the home, the record is signed by the person providing the treatment and is countersigned by a member of staff, who can verify the treatment took place and associated cost to the service user.

Is care compassionate?

The home had a range of methods in place to encourage feedback from families or their representatives. The welcome pack contained information for new service users including that in respect of fees and funding-related matters. No areas for improvement were identified during the inspection.

Is the service well led?

A number of indicators of governance and oversight arrangements were evidenced; no areas for improvement were identified during the inspection.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the quality improvement plan (QIP) within this report were discussed with Juliana Velasco, the deputy 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 was carried out on 16 March 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 21 February 2017.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare/Maureen Claire Royston	Registered manager: Edith Harrison
Person in charge of the home at the time of inspection: Juliana Velasco (Deputy manager)	Date manager registered: 17 July 2009
Categories of care: NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI	Number of registered places: 63

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last 12 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.

During the inspection, the inspector met with Juliana Velasco, deputy manager, and Marilyn Braga, the nurse in charge; the registered manager was not on duty on the day of inspection. The inspector subsequently met with the regional business support administrator who arrived later in the inspection. 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
- Training record for the home administrator (Adult Safeguarding)
- The "FSHC Valuables Record"
- A sample of the home's policies in respect of safeguarding service users' money and valuables
- A sample of income, expenditure, banking and reconciliation records
- A sample of records for services facilitated in the home for which there is an additional charge
- A sample of charges made to service users or their representatives (for care and accommodation)
- A sample of the service users' social fund records
- Four service user finance files
- Four signed service user agreements
- Four personal monies authorisations
- Four records of service users' personal property (in their rooms)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 October 2016

The most recent inspection of the home was an unannounced medicines management inspection; no QIP was issued following the inspection.

4.2 Review of requirements and recommendations from the last finance inspection dated 16 March 2010

As noted above, a finance inspection was carried out on 16 March 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 21 February 2017.

4.3 Is care safe?

The home had one full time administrator and evidence was reviewed which confirmed that she had received adult safeguarding training.

During discussion, the deputy 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. On meeting the nurse in charge on arrival, it became apparent that neither the nurse in charge nor the deputy manager had access to the safe place containing service users' monies and service users' financial records. The inspector was informed that the home administrator had a set of keys to the safe place; however she was not working in the home on the day of inspection.

Discussions established that a set of keys to the safe place was available in the manager's office and a member of staff at the home forcibly gained access to a locked space containing the manager's set of keys. This identified that had the finance inspection not been taking place that day, access to the safe place in the home (containing service users' money) and access to service users' financial records would have been improbable.

A requirement was made for the registered person to ensure that records are at all times available for inspection in the home.

After a short time, the regional business support administrator arrived which helped to facilitate the inspection by providing the records required as part of the inspection.

The home had a written safe contents record: "FSHC Valuables Record"; a review of this evidenced that the safe contents record had last been reconciled in December 2016 and this record had been signed by two people.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that records are at all times available for inspection in the home.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Discussion established that FSHC was receiving the social security benefits for one service user; however, there was clear written evidence that FSHC were not the service user's appointee. The home was also in receipt of the personal monies for five service users which was being received directly from two HSC trusts. There was clear evidence available to trace the receipt of these monies by FSHC on behalf of the identified service users.

In the majority of cases, the home was 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 is an additional charge, such as hairdressing, newspapers, podiatry or other sundries.

A sample of the records for income and expenditure incurred on behalf of service users was reviewed. It was noted that the home maintained "personal allowance account statements" detailing income and expenditure, together with other records to substantiate each transaction, such as a copy receipt for cash/cheque lodgement or a hairdressing or podiatry treatment record. The inspector traced a sample of transactions and was able to evidence the relevant documents, for example a receipt for expenditure or a receipt for a lodgement which had been made.

There was evidence that records of personal monies held on behalf of service users were reconciled and signed and dated by two people on a monthly basis. However, it was noted that the service users' monthly personal monies reconciliation for the month of February 2017 had already been drafted and signed by the home administrator.

It was noted that the home also had a service users' comfort fund; income and expenditure records were maintained which were reconciled and signed and dated by two people every month.

A review of the comfort fund records evidenced that the comfort fund reconciliation for the month of February 2017 had also already been drafted and this was dated 28 February 2017. This record had been signed by both the registered manager and the home administrator.

These findings evidenced a significant departure from accepted record keeping practice; records should not be dated in the future. Reconciliations of money held on behalf of service users are required to be carried out on at least a quarterly basis and should be signed and dated by two people on that date.

A recommendation was made to ensure that staff in the home adhere to the home's financial record keeping policies and procedures and embed these into practice consistently.

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. The information on hairdressing treatment records as required by DHSSPS Minimum Standard 14.13 was being consistently recorded; however this was not the case for podiatry treatments facilitated within the home. A review of a sample of the records evidenced that they had been signed by the podiatrist; however they had not been signed by a representative of the home.

A recommendation was made to ensure that where any service is facilitated in the home, the record is signed by the person providing the treatment and countersigned by a member of staff who can verify the treatment took place and associated cost to the service user.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for four service users. Each service user sampled had a "Record of Residents Belongings" in place which had been signed and dated by two people in February 2017 in each case. A sample of items reviewed identified that they were well described.

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

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that staff adhere to the home's financial record keeping policies and procedures and embed these into practice consistently and ensuring that where any service is facilitated in the home, the record is signed by the person providing the treatment and countersigned by a member of staff, who can verify the treatment took place and associated cost to the service user.

Number of requirements	0	Number of recommendations	2
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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 deputy manager and she was able to clearly describe the home's arrangements in place to safeguard service users' monies.

Discussion with the deputy manager 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

welcome pack contained information for new service users including information on fees and funding-related matters.

Arrangements for service users to access money outside of normal office hours were discussed with the deputy manager and she was able to explain 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 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, as outlined in the service user guide. A range of written policies and procedures were available to guide practice in the area of safeguarding service users' money and valuables.

A list of the current service users in the home was provided and a sample of four files selected. A review of the files identified that three service users had a signed written agreement on their file, which reflected the current fee arrangements. Previous written agreements detailing (out of date) financial arrangements were also evidenced on the service users' files.

A review of one service user's file evidenced that their agreement did not match the HSC trust payment remittance. The HSC trust payment remittance detailed that a third party top up payment was being paid to the home in respect of the service user; however the service user's agreement did not detail this payment as part of the service user's weekly fee.

Following the inspection, discussion with the home's business support administrator confirmed that the payment should not have been made to the home in respect of this service user and payments made by the third party to the trust (who in turn paid the home) would be refunded. It was noted that the service user's agreement, as reviewed during the inspection, was therefore correct.

A review of a sample of four service users' files evidenced that the home used documents entitled "Financial assessment Part 1, 2 and 3". These documents were used to detail the home's assessment of whether the service user could manage their own money (Part 1); what arrangements were in place regarding the management of the service user's personal allowance money (Part 2); and what authority the home had to make purchases of goods or services on behalf of the service user (Part 3).

A sample of four service user files was reviewed; this evidenced that all four service users had "Financial assessment" Parts 1, 2 and 3 on their respective files.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 discussed with Juliana Velasco, the deputy 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 **the web portal** 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 (3) (b) Stated: First time To be completed by: 22 February 2017	<p>The registered provider must ensure that the records referred to in paragraphs (1) and (2), (b) are at all times available for inspection in the home by any person authorised by the Regulation and improvement Authority to enter and inspect the nursing home.</p> <p>Response by registered provider detailing the actions taken: On the day of inspection it was exceptional circumstances that Manager and admin were both off. Going forward records will be accessible and provided by manager and or admin.</p>
Recommendations	
Recommendation 1 Ref: Standard 36 Stated: First time To be completed by: 22 February 2017	<p>The registered provider should ensure that staff in the home adhere to the home's policies and procedures and embed these into practice consistently.</p> <p>Response by registered provider detailing the actions taken: The company policies and procedures in relation to finance have been discussed with staff and staff are aware of the need to adhere to these. All new or bank staff will be inducted in relation to the procedures.</p>
Recommendation 2 Ref: Standard 14.13 Stated: First time To be completed by: 22 February 2017	<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>Response by registered provider detailing the actions taken: A spread sheet has been devised for services to the home, staff and the service provider have been informed that invoices will not be paid unless there is witnessed evidence that the treatment has been given or the goods have been provided.</p>



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