

# Unannounced Finance Inspection Report 17 November 2016



## Mountvale

**Type of service: Nursing Home**

**Address: Brewery Lane, Meeting Street, Dromore BT25 1AH**

**Tel no: 02892699480**

**Inspector: Brieg Ferris**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mountvale took place on 17 November 2016 from 10:20 to 13:30 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 and the home administrator was familiar with controls in place to safeguard service users' money and valuables. No areas for improvement were identified.

### Is care effective?

Controls in place in respect of documenting service users' money and valuables were found to be in place; however, three areas for improvement were identified as part of the inspection. These related to records of treatments facilitated in the home (which attract an additional fee) ensuring that records of service users' furniture and personal possessions (in their rooms) are in place; and ensuring that property records for each service user are reconciled by two people at least quarterly.

### Is care compassionate?

A review of a sample of records evidenced that service users or their representatives had over time, been sent written notification of any changes to the fees payable. With the exception of invoicing service users' representatives for care fees and hairdressing services, the home was not involved in supporting any service user with their money. No areas for improvement were identified during the inspection.

### Is the service well led?

While governance and oversight arrangements were found to be in place, one area for improvement was identified during the inspection. This related to ensuring that service users are provided with written agreements and also ensuring that the home has appropriately followed up on having the signed documents returned.

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 Mountvale which provides both nursing and residential care.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

Details of the quality improvement plan (QIP) within this report were discussed with Linda Kennedy, 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 9 January 2008 on behalf of RQIA; the findings from this inspection were not brought forward to the inspection on 17 November 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mountvale Private Nursing Home Ltd/William Trevor Gage	<b>Registered manager:</b> Linda Kennedy
<b>Person in charge of the home at the time of inspection:</b> Linda Kennedy	<b>Date manager registered:</b> 18 June 2012
<b>Categories of care:</b> RC-I, NH-I, NH-PH, NH-PH(E)	<b>Number of registered places:</b> 51

## 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 the home administrator; 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 registered manager was not on duty during the inspection, however feedback from the inspection was provided to the registered manager by telephone the following day.

The following records were examined during the inspection:

- The home's Statement of Purpose encompassing the Service User Guide
- Four service users' finance files
- Two signed service user agreements
- A sample of correspondence to service users or their representatives detailing notification of changes to the fees payable
- A sample of records detailing hairdressing services facilitated in the home
- Written Policies including those in respect of:
  - Accounting and Financial Control arrangements
  - Confidentiality
  - Gifts to staff and donations to the home
  - Provision of Service users' personal furniture
  - Donations to the Comfort Fund
  - Whistleblowing
- A sample of records relating to the service users' comfort fund
- A sample of service users' property/furniture and personal possessions

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 18 October 2016**

The most recent inspection of the home was an unannounced care inspection. The completed QIP from this inspection was approved and 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 9 January 2008 on behalf of RQIA; the findings from this inspection were not brought forward to the inspection on 17 November 2016.

### **4.3 Is care safe?**

The home administrator noted that she had received training on the Protection of Vulnerable Adults (POVA). The registered manager confirmed that this had most recently taken place in October 2014.

The home administrator described how service users' family members were highly involved in supporting service users with their money and as such, the home had a minimal role in handling service users' money or valuables. She described that the home was involved only to the extent of billing service users' representatives for hairdressing services facilitated in the home. There is further detail on these arrangements in section 4.4 of the report.

The home had a safe place available; however this did not contain any money or valuables deposited for safekeeping. It was the home's policy to not (routinely) hold money or valuable items for service users.

The home administrator explained that service users' representatives were advised to take home any valuables belonging to their loved one. The home's policy in this regard was clearly detailed within the home's statement of purpose and resident guide.

The administrator also noted that there was a locked storage unit within each room and that service users would use this to store cash or other items.

During feedback, 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care effective?

Discussion with the home administrator and registered manager identified that no representative of the home was acting as nominated appointee (managing the social security benefits) of any service user. It was also confirmed that the home were not in direct receipt of any personal monies for service users in the home. The administrator advised that the home did not provide transport to service users.

The home administrator explained that the only matters which the home dealt with in respect of fees or financial arrangements were invoicing for care and accommodation services and for hairdressing services facilitated in the home.

A sample of the invoices raised for a number of service users evidenced that the correct amounts were being charged by the home.

The administrator explained that a hairdresser visited the home on a regular basis; it was noted that the current charges were included in the residents guide and in the home's written agreement with service users. The administrator explained that the hairdresser kept a record of service users to be treated and following the treatments, she would write an individual receipt. The administrator would in turn, raise an invoice for the treatment provided to each service user which she advised she would leave in each service user's room.

She noted that family members would subsequently pay her by cheque or cash and in turn the home would arrange to pay the hairdresser.

A sample of the treatment records ("receipts") were reviewed and it was noted that these contained most of the details required on these records; however, they did not include the signature of a representative of the home to verify that the patient had received the treatment.

A recommendation was made to ensure that the hairdressing treatment records were also signed by a member of staff from the home to verify that the treatment had been provided to the service user.

Discussions established that the home operated a comfort fund on behalf of the service users in the home. Clear records of income and expenditure were in place, entries were routinely countersigned; and regularly reconciled by the home administrator and the registered manager.

A written policy and procedure was in place to guide the administration of the fund. A bank account was also in place which was appropriately named in favour of the service users in the home; bank statements were regularly reconciled.

A sample of four service users' personal property records were selected for review and the administrator provided the inspector with two property books. It was noted that only one of the four records sampled was included in the books provided and that the remaining records may be in "the store"; this was confirmed as being where the home kept archived records.

As the records for three of the four service users sampled were not readily available in the home, a requirement was made to ensure that a record is maintained of furniture and personal possessions brought by a service user into the room occupied by each patient.

The fourth record of property was reviewed; it was noted to have been made in 2014. The records had been signed by one person and there was no evidence that it had been updated.

It was highlighted that these records must be made on admission to the home and kept up to date throughout the service user's stay in the home. Any additions or disposals must be signed and dated by two people and they must be reconciled by two people at least quarterly.

A recommendation was made to ensure that all of the service users' property records are reviewed and brought up to date accordingly.

### Areas for improvement

Three areas for improvement were identified during the inspection. These related to records of hairdressing treatments facilitated in the home and records of property and personal possessions in each service user's room.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>2</b>
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### 4.5 Is care compassionate?

Discussions were held regarding arrangements in the home to support service users with their money. The administrator and registered manager confirmed that (with the exception of invoicing service users' representatives for care fees and hairdressing) the home was not involved in supporting any service user with their money.

The home administrator explained that when a service user was admitted to the home, the arrangements about payment of fees or where to store any valuable items would be explained. She noted that the service user or their representative would be discouraged from bringing large amounts of money or expensive items into the home.

Discussion took place regarding service users having access to money outside of normal office hours. The registered manager explained the contingency arrangement which would be in place to cope with these circumstances.

A review of a sample of finance files evidenced that service users or their representatives had, over time, been sent written notification of any changes to the fees payable and the rationale for this. However, there is further discussion on notification to service users or their representatives in section 4.6 of the report.

It was noted that the home had a range of methods to obtain feedback from service users or their representatives, including service users' meetings.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

A broad range of written policies and procedures for the management of service users' money and valuables were in place; a review of a sample of these evidenced that they had most recently been reviewed in April 2016.

There was a clear organisational structure within the home, which was set out in the home's statement of purpose and service user guide. Following discussion with the home administrator and the registered manager, it was evident that they were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables and escalating any concerns as appropriate.

Four service user records were sampled in order to review the written agreements in place between the home and the service user/their representative. Two of the four service users sampled had a signed agreement on their file. In addition, there were letters on the files advising of changes to the fees over time; the letters had been returned signed from the representatives to indicate that they accepted the change to the original agreement.

A review of the remaining two files, however, failed to evidence that a written agreement had been provided to the service users or their representatives and there were no letters on file updating the service users or their representatives of the changes in fees over time. These findings were discussed with the home administrator who advised that there was ongoing difficulty in obtaining signatures from the representatives of the two service users sampled.

The inspector acknowledged this difficulty, but noted that the files failed to evidence that there had been any attempts by the home to provide a written agreement or subsequent updates/notifications of any change to the agreement.

The inspector noted that the home should ensure that where there is difficulty in securing signatures on such documents, the home must clearly evidence that the documents have been provided to the relevant parties and that the home has followed up appropriately on having the signed documents returned.



A requirement was made in respect of this finding.

### Areas for improvement

One area for improvement was identified during the inspection, in relation to providing written agreements to service users and evidencing that the home has followed up appropriately on having the signed documents returned.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	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 Linda Kennedy, 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 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 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 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 (April 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](mailto: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

<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (10)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 November 2016	<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><b>Response by registered provider detailing the actions taken:</b> A record of furniture and personal possessions brought in by service users will be maintained in the Home</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 5 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 December 2016	<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 patient 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 service to which each fee relates (b) the method of payment of the fees and the person by who the fees are payable.</p> <p><b>Response by registered provider detailing the actions taken:</b> This information will be provided to each patient on admission.</p>

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> First time  <b>To be completed by:</b> 18 November 2016	<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><b>Response by registered provider detailing the actions taken:</b> The person providing the service and a member of staff now signs the Treatment record to verify the treatment of goods provided</p>
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<b>Recommendation 2</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be completed by:</b> 18 December 2016	The registered provider should ensure that an inventory of property belonging to each service user 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.  All of the service users' property records should be reviewed and brought up to date accordingly.
	<b>Response by registered provider detailing the actions taken:</b> An inventory of property belonging to each service user will be maintained in the Home and reconciled quarterly

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



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